CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

APRIL 30, 2020

Prepared for	
	ACRONYM 1200 G STREET NW NO. 800 WASHINGTON, DC 20005
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

	0		Return of Organization Exempt Fron	n Income Ta	Y	OMB No. 1545-0047	
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)							
(Re	v. Jan	,					
Depa Interr		Open to Public Inspection					
			► Go to www.irs.gov/Form990 for instructions and the la ar year, or tax year beginning MAY 1, 2019 and ending	APR 30, 20	20		
B	heck if	C Name of	organization	D Employer ide		ion number	
a	pplicab	ole:	5				
X	Addr	ess ge ACRO	NYM				
	Name Chan	e ge Doing bu	isiness as	82-163	0469	1	
	Initial returr	<u>~</u>	and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone nur	nber		
	Final returr	1200	G STREET NW 800	(202)3	60-5	071	
	termi ated	n- City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		18,426,491.	
	Amer returr	n WASH	INGTON, DC 20005	H(a) Is this a grou		'n	
	_Appli_tion_	F Name a	nd address of principal officer: TARA MCGOWAN	for subordin	ates?	Yes X No	
	pend		AS C ABOVE	H(b) Are all subordina	ates includ	ded? Yes No	
		empt status: [527 If "No," attac	ch a list.	. (see instructions)	
			ANOTHERACRONYM.ORG	H(c) Group exem	ption n	umber 🕨	
KF	ⁱ orm o	of organization: 🗌	X Corporation Trust Association Other ► L Y	Year of formation: 201	7 <u>m</u> St	tate of legal domicile: DC	
Pa	art I						
ġ	1	Briefly describ	e the organization's mission or most significant activities: SEE PART	'III, LINE	1.		
anc							
ern	2		$\kappa ightarrow ightarrow ightarrow$ if the organization discontinued its operations or disposed of r		et asset	S.	
Š	3		ing members of the governing body (Part VI, line 1a)		3	4	
ن ه	4		ependent voting members of the governing body (Part VI, line 1b)		4	3	
Activities & Governance	5		of individuals employed in calendar year 2019 (Part V, line 2a)		5	1	
ivit	6		of volunteers (estimate if necessary)		6	2	
Act			business revenue from Part VIII, column (C), line 12		7a	0.	
	b	Net unrelated	business taxable income from Form 990-T, line 39		7b	0.	
				Prior Year		Current Year	
an	8		and grants (Part VIII, line 1h)	9,450,17	0.	18,417,644.	
Revenue	9		ce revenue (Part VIII, line 2g)	1,59		0.	
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	67		8,847.	
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,452,44		18,426,491.	
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	775,00		0.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14				0.	193,618.	
ses	15	Brofossional fi	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 121,270.		0.	0.	
Expense	10a	Total fundraisi	$\frac{121}{270}$				
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	6,489,47	8.	14,014,319.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,264,47		14,207,937.	
	19		expenses. Subtract line 18 from line 12	2,187,96		4,218,554.	
es		nevenue less		Beginning of Current Y		End of Year	
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)	2,191,23		6,411,505.	
Ass I Ba	21	,	(Part X, line 26)	6,44		8,159.	
Net -unc	22		fund balances. Subtract line 21 from line 20	2,184,79		6,403,346.	
	art II			,,		, , , , , , , , , , , , , , , , , , , ,	
		-	declare that I have examined this return, including accompanying schedules and sta	atements, and to the best	of my kn	owledge and belief, it is	
			Declaration of preparer (other than officer) is based on all information of which prep		,	_ , .	
			,				

Sign Here	Signature of officer VERNON GAIR, TREASURER Type or print name and title		Date					
Paid	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature Rectored b. Locasty,	Date 03/18/21	Check PTIN if self-employed P00288314				
Preparer								
Use Only	Firm's address 4550 MONTGOMERY							
	BETHESDA, MD 20814-2930 Phone no. (301) 951-9090							
May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)							

	1 990 (2019) ACRONYM	82-1630469 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: ACRONYM IS A DIGITAL-FIRST SOCIAL WELFARE ORGANIZ.	ATTON ON A MISSION TO
	ADVANCE PROGRESSIVE ISSUES AND CAUSES AT THE LOCA	
	LEVELS THROUGH THE DEVELOPMENT OF CUTTING-EDGE DI	
	CAMPAIGNS AND STATE-OF-THE-ART NONPARTISAN (CONTI	NUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not list	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	Im services?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants are required to report are required to report the amount of grants are required to	
	revenue, if any, for each program service reported.	ations to others, the total expenses, and
4a	(Code:) (Expenses \$ 13,718,290 · including grants of \$) (Revenue \$
	ACRONYM RAN A NUMBER OF NONPARTISAN VOTER REGISTR	ATION AND
	GET-OUT-THE-VOTE PROGRAMS. ACRONYM ALSO CONDUCTED	
	MOBILIZATION TRAININGS ON DIGITAL MEDIA, COMMUNIC	
	FOR PROGRESSIVE ORGANIZATIONS. THESE PROGRAMS REA	
	OVER 15 STATES AND HELPED TO DRIVE CIVIC EDUCATION.	N, ENGAGEMENT AND
	ACTION.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 13,718,290.	
		Form 990 (2019)
93200	2 01-20-20 2	
	<u>ک</u>	

11440317 745960 00541 2019.05070 ACRONYM

	990 (2019) ACRONYM 82-1630	469	Р	age 3
Pa	t 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	v	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3	х	
4				
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part III</i>	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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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			<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	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
.e 14a	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 other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
01 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
932003			990	(2019)

3 2019.05070 ACRONYM

m 990 (2019)
	Chas

1 41				
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		37	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		NT /	_
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 31			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	
932004	4 01-20-20 4	Form	990	(2019)
	4			

11440317 745960 00541

2019.05070 ACRONYM

|--|

Form 990 (2019)	ACRONYM
Part IV	Che	cklist of Required Schedules (continued)

			163
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1		
b		04	x
b		2b	
30	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	+
чa	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	
h	If "Yes," enter the name of the foreign country	та	-
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a		5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-
6a			1
ou	any contributions that were not tax deductible as charitable contributions?	6a	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		<u> </u>
	were not tax deductible?	6b	x
7	Organizations that may receive deductible contributions under section 170(c). N/A		
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?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		
	to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
	sponsoring organization have excess business holdings at any time during the year? ${ m N/A}$	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \mathbb{N}/A	9b	<u> </u>
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		
40	amounts due or received from them.)	10	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-
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. Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	-
а	Is the organization licensed to issue qualified health plans in more than one state? <u>N/A</u> Note: See the instructions for additional information the organization must report on Schedule O.	158	
h			
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		
~		•	
с 14а		14a	
b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a	+
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		+
	excess parachute payment(s) during the year?	15	1
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	
-			<u> </u>

ACRONYM

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2019)

Part V

Yes

No

Х

Х

X X

Form **990** (2019)

Х

х

Х

932005 01-20-20

11440317 745960 00541

If "Yes," complete Form 4720, Schedule O.

orm	990 (2019) ACRONYM		82-163			ag
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-		a "No" r	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (D. See in	structions.			_
	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					-
				1	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			3		L
	Enter the number of voting members included on line 1a, above, who are independent	1b	a catla a c	-		L
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					L
~	officer, director, trustee, or key employee?			. 2		┝
3	Did the organization delegate control over management duties customarily performed by or under the		-			l
4	of officers, directors, trustees, or key employees to a management company or other person?					╀
4	Did the organization make any significant changes to its governing documents since the prior Form 9			·		╀
5	Did the organization become aware during the year of a significant diversion of the organization's as			·		╀
6 7-	Did the organization have members or stockholders?			. 0		╀
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			7-		
h	more members of the governing body?			. 7a		╀
b				76		l
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			. 7b		┟
		-	-	8a	х	ľ
a h	The governing body? Each committee with authority to act on behalf of the governing body?				X	ł
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			. 00		ł
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		l
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					-
		0101140			Yes	Γ
10a	Did the organization have local chapters, branches, or affiliates?			10a		t
	If "Yes," did the organization have written policies and procedures governing the activities of such c					t
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		l
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boc			11a	Х	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,				t
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	L
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					t
	in Schedule O how this was done			12c	х	l
13	Did the organization have a written whistleblower policy?			13		T
14	Did the organization have a written document retention and destruction policy?					T
15	Did the process for determining compensation of the following persons include a review and approv					T
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•			l
а	The organization's CEO, Executive Director, or top management official			15a	Х	Γ
	Other officers or key employees of the organization					T
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					T
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wit	ha			l
	taxable entity during the year?			16a		Γ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its pa	rticipation			Γ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization	S			l
	exempt status with respect to such arrangements?			. 16b		
эес	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-	T (Section 501(c)	(3)s only	/) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sch	edule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	interest policy,	and fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records			
	VERNON GAIR - (202)360-5071					
	C/O ACRONYM 1200 G STREET NW STE 800, WASHINGTON,	DC	20005			
3200	6 01-20-20			Form	9 90	(2
. ~						
40	317 745960 00541 2019.05070 ACRONYM			005	541_	_

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Compensated
	Employees, and Independe	ent Contractors		

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

Х

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than -	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	ia a a I	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		and related
	below	d ual t	utiona	L_	mplo)	st col	5			organizations
	line)	ndivi	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) TARA MCGOWAN	40.00	-	_		-					
PRESIDENT & CEO	10.00	x		x				0.	300,000.	8,215.
(2) MICHAEL DUBIN	0.10									
DIRECTOR		X						0.	0.	0.
(3) NAOMI ABERLY	0.10									
DIRECTOR		X						0.	0.	0.
(4) DAVID PLOUFFE	0.10									
DIRECTOR		X						0.	0.	0.
(5) CONNOR GAUGHAN (SEE SCHEDULE O)	0.10									
DIRECTOR		X						187,000.	0.	0.
		4								
		4								
		<u> </u>	<u> </u>							
		4								
		1	I I	1	1	1				

	990 (2019) ACRONYM									82-1	630	469	P	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box,	not c , unle	ss pe	ition more rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org an	pensa rom th anizat d relat anizati	e :ion :ed
	Subtotal								187,000.	300,0			8,2	15.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)				<u></u>				0. 187,000.	300,0			8,2	0. 15.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	ove	e) wh	no re	eceived more than \$100	0,000 of reportab	le		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>		-	-	•	•		Ŭ		2		3	Tes	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	ation	n and	d otl	-	the organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indiv			5		x
-	tion B. Independent Contractors									4 100.000 f				
1	Complete this table for your five highest con the organization. Report compensation for t								n the organization's tax		npens			
	(A) Name and business CKWOOD STRATEGY	address							(B) Description of s	ervices	С)) ompe		n
198	INDIAN AVENUE, PORTSN JRIER NEWSROOM	MOUTH, F	RI	02	287	71		1	MEDIA CONSUL	TING	2	,56	1,0	99.
110	00 15TH STREET NW, WASP JELINK, 1342 FLORIDA AV			DC	20	000)5		MEDIA CONSUL TECHNOLOGY	TING	1	,45	6,6	75.
WAS	SHINGTON, DC 20009 RKINS COIE LLP		<u> </u>						CONSULTING			33	2,3	28.
РО	BOX 24643, SEATTLE , W LECTIVE CONSCIENCE LLC		1					-	LEGAL SERVIC	ES		19	8,6	37.
-	1 SHERMAN AVENUE, WASH Total number of independent contractors (in								GENERAL CONS above) who received m			18	7,0	00.
	\$100,000 of compensation from the organiz	zation 🕨				()					Form	990 (;	2019)

932008 01-20-20

			/	RONYM				82-1630	469 Page 9
Pa	rt V	/	I Statement of Re	evenue					
			Check if Schedule O	contains a respo	nse or note to any l	ine in this Part VIII			
						(A) Total revenue	Related or exempt		Revenue excluded
its	1	а	Federated campaigns	1a					
àrar oun			Membership dues			-			
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events]			
Gift			Related organizations						
ns, Simi			Government grants (cont						
itio er S		f	All other contributions, gifts,						
Oth			similar amounts not included		18,417,644	<u>.</u>			
ont		-	Noncash contributions included in						
<u>a</u> C		h	Total. Add lines 1a-1f			18,417,644.	,		
•	~				Business Code				
vice	2	a h							
Ser		b c			_				
am		d							
Program Service Revenue		e			_				
Pr		f	All other program service	revenue					
			Total. Add lines 2a-2f						
	3		Investment income (inclue	ding dividends, ir	nterest, and				
			other similar amounts)		►				
	4		Income from investment of						
	5		Royalties						
	•			(i) Real	(ii) Personal	-			
	6		Gross rents	6a		-			
			Less: rental expenses Rental income or (loss)	6b 6c		-			
			Net rental income or (loss)	, 					
	7		Gross amount from sales of	(i) Securiti	es (ii) Other				
	•		assets other than inventory	7a		-			
		b	Less: cost or other basis			-			
anı			and sales expenses	7b					
evenue		с	Gain or (loss)	7c					
<u>م</u>			Net gain or (loss)		►				
Other	8	а	Gross income from fundraisi	ng events (not					
ò			including \$	of					
			contributions reported on	-					
			Part IV, line 18		8a	-			
			Less: direct expenses Net income or (loss) from						
			Gross income from gamir						
	Ū		Part IV, line 19						
		b	Less: direct expenses		9b	-			
			Net income or (loss) from		s >				
	10	а	Gross sales of inventory,	less returns					
			and allowances		10a				
		b	Less: cost of goods sold		10b				
		С	Net income or (loss) from	sales of inventor					
sn					Business Code				0.01-
ue ue	11		SERVICE REFUNDS		900099	8,847.			8,847.
Miscellaneous Revenue		b			-	+			
isc∉ Re		с С	All other revenue						
Σ			Total. Add lines 11a-11d			8,847.			
	12		Total revenue. See instruction			18,426,491.		. 0.	8,847.
93200	9 01	-20					•	-	Form 990 (2019)

	990 (2019) ACRONYM			82-16	530469 Page 1
	rt IX Statement of Functional Expens ion 501(c)(3) and 501(c)(4) organizations must corr		or organizations must as	malata aaluma (A)	
secu			-		
	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	nse or note to any line in (A) Total expenses	this Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	152,667.	136,000.	16,667.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	34,375.		34,375.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			,	
9	Other employee benefits	2,054.		2,054.	
10	Payroll taxes	4,522.		4,522.	
1	Fees for services (nonemployees):				
a	Management				
b	Legal	250,612.		250,612.	
	Accounting	5,900.		5,900.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Э	column (A) amount, list line 11g expenses on Sch 0.)	826,143.	802,518.		23,625
12	Advertising and promotion		,		,
13	Office expenses	6,062.	1,337.	4,725.	
14	Information technology	273,228.	273,228.		
15	Royalties		,		
6	Occupancy	5,641.		5,641.	
17	Travel	10,959.	9,530.		1,429
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	41,882.		41,882.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ADV. & MEDIA OUTREACH	12,491,311.	12,491,311.		
b	ADVERTISING PRODUCTION	99,832.	3,616.		96,216
С	BANK & MERCHANT FEES	1,999.		1,999.	
d	FEES AND SUBSCRIPTIONS	750.	750.		
е	All other expenses	1.4. 0.0 0.0 -			
25	Total functional expenses. Add lines 1 through 24e	14,207,937.	13,718,290.	368,377.	121,270
26	Joint costs. Complete this line only if the organization				

932010 01-20-20

11440317 745960 00541

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

______ if following SOP 98-2 (ASC 958-720)

Form **990** (2019)

Form **990** (2019)

	11
2019.05070	ACRONYM

Form 990 (2019)	ACRONYM	
Part X	Balance S	heet	

га		Dalance Sheet				
		Check if Schedule O contains a response or note	e to any line in this Part X			L
	-			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		591,238.	1	6,211,505.
	2	Savings and temporary cash investments		1,400,000.	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described	l in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
4	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
		Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		200 000	11	200 000
	12	Investments - other securities. See Part IV, line 1		200,000.	12	200,000.
	13	Investments - program-related. See Part IV, line 1	E		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,191,238.	15	6,411,505.
	16	Total assets. Add lines 1 through 15 (must equa		6,446.	16	8,159.
	17	Accounts payable and accrued expenses	E	0,110.	17 18	0,10,
	18 19	Grants payable			19	
	20	Deferred revenue			20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F			20	
ß	22	Loans and other payables to any current or form			21	
Liabilities	~~	trustee, key employee, creator or founder, subst				
lide		controlled entity or family member of any of thes			22	
Ë	23	Secured mortgages and notes payable to unrela	E CONTRACTOR OF CO		23	
	24	Unsecured notes and loans payable to unrelated	E CONTRACTOR E C		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines				
		of Schedule D	<i>,</i> .		25	
	26	Total liabilities. Add lines 17 through 25		6,446.	26	8,159.
		Organizations that follow FASB ASC 958, che	ck here 🕨 🔀			
Ce		and complete lines 27, 28, 32, and 33.				
alan	27	Net assets without donor restrictions		2,184,792.	27	6,403,346.
Ä	28	Net assets with donor restrictions			28	
ŭ		Organizations that do not follow FASB ASC 95	58, check here 🕨 📃			
ř		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or eq			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			31	
ž	32	Total net assets or fund balances		2,184,792.	32	6,403,346.
	33	Total liabilities and net assets/fund balances		2,191,238.	33	6,411,505. Form 990 (2019)
						Earm YY() (2010

Form 990 (2019)	ACRONYM	82-16	30469	Pag	ge 12
Part XI Red	onciliation of Net Assets				
Che	k if Schedule O contains a response or note to any line in this Part XI				
1 Total rever	ue (must equal Part VIII, column (A), line 12)	1	18,426		
2 Total expe	nses (must equal Part IX, column (A), line 25)	2	14,207	7,9	37.
3 Revenue le	ss expenses. Subtract line 2 from line 1	3	4,218		
4 Net assets	or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,184	1,7	92.
5 Net unreal	zed gains (losses) on investments	5			
6 Donated s	ervices and use of facilities	6			
7 Investmen	expenses	7			
	l adjustments	8			
9 Other cha	ges in net assets or fund balances (explain on Schedule O)	9			0.
10 Net assets	or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10	6,403	3,3	46.
Part XII Fin	Incial Statements and Reporting				
Che	k if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 Accountin	method used to prepare the Form 990: 🛛 Cash 📃 Accrual 🗔 Other		_		
If the orga	ization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a Were the c	rganization's financial statements compiled or reviewed by an independent accountant?		2 a		X
If "Yes," cl	eck a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
separate b	asis, consolidated basis, or both:				
	rate basis Consolidated basis Both consolidated and separate basis				
b Were the c	rganization's financial statements audited by an independent accountant?		2 b		X
If "Yes," cl	eck a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
consolidat	ed basis, or both:				
Sep:	rate basis Consolidated basis Both consolidated and separate basis				
	ine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
review, or	compilation of its financial statements and selection of an independent accountant?		2c		
-	ization changed either its oversight process or selection process during the tax year, explain on Sc				
	of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	IB Circular A-133?		3a		X
b If "Yes," di	the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
or audits, e	xplain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

00 1600/60	
02-1030409	2-1630469

ACRONYM	

of gamzation type (oncont o	noj.
Filers of:	Section:
Form 990 or 990-EZ	$\fbox{ 501(c)(4) (enter number) organization }$
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	(0.47(c)/1) popovement sheritable trust treated as a private foundation

↓ 4947(a)(1) nonexempt charitable trust treated as a private foundation

____ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990	, 990-EZ, o	or 990-PF)	(2019)
----------------------	-------------	------------	--------

Name of organization

ACRONYM

Employer identification number

82-1630469

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$15,526.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$10,305.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$5,234.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>N/A</u>	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-0	6-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

14 2019.05070 ACRONYM

Schedule B	(Form §	990, 9	990-EZ,	or 990-PF)	(2019)
------------	---------	--------	---------	------------	--------

Name of organization

ACRONYM

Employer identification number

82-1630469

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	<u>N/A</u>	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	<u>N/A</u>	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$235,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	<u>N/A</u>	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-0	6-19	Schedule B (Form	l 990, 990-EZ, or 990-PF) (2019)

00541__1

11440317 745960 00541

15 2019.05070 ACRONYM

2019

Name of organization

ACRONYM

Employer identification number

82-1630469

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	<u>N/A</u>	\$20,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	<u>N/A</u>	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	<u>N/A</u>	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-0	6-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

16 2019.05070 ACRONYM

Name of organization

N/A

(d)

Type of contribution

X

Person Payroll

Noncash

(Complete Part II for

82-1630469

(c)

Total contributions

\$_

4,570,000.

ACRONYM

Part I

(a)

No.

19

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$348,998.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	N/A	\$50,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24 923452 11-		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) n 990, 990-EZ, or 990-PF) (2019)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Name of organization

ACRONYM

Employer identification number

82-1630469

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<u>N/A</u>	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	<u>N/A</u>	\$100,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	<u>N/A</u>	\$1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>30</u> 923452 11-0	N/A	\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

18 2019.05070 ACRONYM

Name of organization

ACRONYM

Employer identification number

82-1630469

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$33,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	<u>N/A</u>	\$85,135.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	<u>N/A</u>	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	N/A	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-0	6-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

ACRONYM

Employer identification number

82-1630469

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37	N/A	- \$ <u>12,750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	N/A	\$ <u></u> 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	N/A	\$500,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	N/A	\$100,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	N/A	\$100,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	N/A	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-0	6-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

20 2019.05070 ACRONYM

Name of organization

ACRONYM

82-1630469

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	<u>N/A</u>	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</u>	<u>N/A</u>	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	N/A	\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-0	6-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

ACRONYM .

82-1630469

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionadditionaddita	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>	<u>N/A</u>	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	N/A	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>54</u> 923452 11-0	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

. .

ACRONYM

82-1630469

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<u>N/A</u>	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	N/A	\$ <u>35,560.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-0	6-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

23 CRONYM

11440317 745960 00541

1 2019.05070 ACRONYM

Name of organization

ACRONYM

Employer identification number

82-1630469

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	<u>N/A</u>	\$18,507.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-0	N/A	\$ <u>14,893.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

24 2019.05070 ACRONYM

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

ACRONYM

Part I

(a)

No.

67

(a)

No.

68

(a)

No.

69

(a)

No.

70

(a)

No.

71

(a)

No.

N/A

N/A

N/A

N/A

N/A

\$

23452 11-06-19	

	25	
2019.05070	ACRONYM	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Person Payroll Noncash

(Complete Part II for noncash contributions.)

Name of organizatior

82-1630469

(c)

Total contributions

7,500.

5,816.

5,086.

5,000.

\$

\$

\$

\$

\$

c)	(d)
tributions	Type of contribution
<u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
c)	(d)
tributions	Type of contribution

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

X

Х

Name of organization

82-1630469

ACRONYM

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

11440317 745960 00541

26 2019.05070 ACRONYM

art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, char	prough (e) and the following line e	try For organization	19
	completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	Dace is needed.	iess for the year. (Enter	tnis into. once.) 🖛 🌱
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi		
_	Transferee's name, address, and	I ZIP + 4	Relationsh	ip of transferor to transferee
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
—				
		(e) Transfer of gi	it	
ŀ	Transferee's name, address, and	I ZIP + 4	Relationsh	ip of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi	<u> </u>	
-	Transferee's name, address, and	I ZIP + 4	Relationsh	ip of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
—				
	.	(e) Transfer of gi		
	Transferee's name, address, and	I ∠IP + 4	Relationsh	ip of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

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

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

Nan	ne of organization ACRONYN	r			Emplo	oyer identification 82-16304	
Pa		ganization is exempt unde	r section 501(c) o	or is a section 5	527 or		.0.5
1 2	Provide a description of the organi Political campaign activity expend Volunteer hours for political campa	zation's direct and indirect political tures	campaign activities ir	ı Part IV.	▶\$	-	,432.
Pa	art I-B Complete if the or	ganization is exempt unde	r section 501(c)(3	3).			
2 3	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made?	incurred by organization managers on 4955 tax, did it file Form 4720 fo	s under section 4955 r this year?		.►\$	Yes	No
	If "Yes." describe in Part IV.						
Pa	art I-C Complete if the or	ganization is exempt unde	r section 501(c),	except section	501(0		
1	Enter the amount directly expende	d by the filing organization for sect	on 527 exempt functi	on activities	▶\$	199	,432.
2	Enter the amount of the filing orga exempt function activities	nization's funds contributed to othe	•		▶\$		
3	Total exempt function expenditure		d on Form 1120-POL,		▶\$	199	,432.
4	Did the filing organization file Form	1120-POL for this year?				Yes	X No
5	made payments. For each organiz contributions received that were p	mployer identification number (EIN) ation listed, enter the amount paid f romptly and directly delivered to a s additional space is needed, provid	from the filing organization organization filing and the second sec	ation's funds. Also e nization, such as a s	nter the	e amount of politic	cal
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	n's	(e) Amount of contributions rec promptly and delivered to a s political organ If none, ente	eived and directly eparate ization.
				1			

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

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 A					1630469 Page2
Part II-A Complete if the organ	nization is exe	empt under section	on 501(c)(3) and file	ed Form 5768 (e	election under
section 501(h)).					
	-	• • •	in Part IV each affiliated	group member's nai	me, address, EIN,
expenses, and share	, ,				
B Check ▶ if the filing organizatio	n checked box A a	and "limited control" p	rovisions apply.		(h) Affiliated averue
	on Lobbying Expo ures" means amo	enditures ounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influe			F		
c Total lobbying expenditures (add line					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (
f Lobbying nontaxable amount. Enter	the amount from th	ne following table in bo	oth columns.		
If the amount on line 1e, column (a) or (b) is: The lo	bbying nontaxable an	nount is:		
Not over \$500,000		f the amount on line 1	э.		
Over \$500,000 but not over \$1,000,0	000 \$100,0	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500		00 plus 10% of the ex			
Over \$1,500,000 but not over \$17,00		\$225,000 plus 5% of the excess over \$1,500,000.			
Over \$17,000,000	\$1,000	,000.			
	050/ (1) 40				
g Grassroots nontaxable amount (ente					
 h Subtract line 1g from line 1a. If zero o i Subtract line 1f from line 1c. If zero o 					
j If there is an amount other than zero					
reporting section 4911 tax for this ye					Yes No
		veraging Period Unde			
(Some organizations that	t made a section		t have to complete all o	of the five columns	below.
	Lobbying Expe	enditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a 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					
				Sahadula C / Far	m 000 ar 000 EZ) 0010

Schedule C (Form 990 or 990-EZ) 2019

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(t)
of the	lobbying activity.	Yes	No	Amo	ount
a b c d e f f j 2a b c d	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: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).			Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year on 501(c)	2 ? 3 (5), or se		e 3, is
	answered "Yes."				
	Dues, assessments and similar amounts from members	cal	2a		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
instru PAE	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group inctions); and Part II-B, line 1. Also, complete this part for any additional information. TTI-A, LINE 1:				
THE	E ORGANIZATION MADE INDEPENDENT EXPENDITURES IN SUP	PORT C	F CAN	DIDATI	ES

FOR PUBLIC OFFICE.

11440317 745960 00541

Schedule C (Form 990 or 990-EZ) 2019

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ)
Dena	tment of the Treasury	Attach to Form 990.		Open to Pub		ic
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organizatio		Employer i			mber
		ACRONYM	82-1	L63046	9	
Ра	rt I Question	s Regarding Compensation				
	a				Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments				
		spending account Personal services (such as maid, chauffer	Jr, chet)			
h	If any of the bayes	on line to are abacked, did the organization follow a written policy regarding poyment or				
b		on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		ui		
2	•	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice			2		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization'	c			
Ũ		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
		ther organizations Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	-	ce payment or change-of-control payment?		4a		Х
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?				Х
с		ceive payment from, an equity-based compensation arrangement?				Х
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	evenues of:				
а	The organization?			5a		X
b		zation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	วท			
	contingent on the r					
а						X
b		zation?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				37
_		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				v
r.		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		lid the organization also follow the rebuttable presumption procedure described in		_		
		n 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990) 2019

932111 10-21-19

Schedule J (Form 990) 2019

82-1630469

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

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

	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits			
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) TARA MCGOWAN () 0			0.	0.		0.	
PRESIDENT & CEO	i) 293,000	. 7,000.		0.	8,215.	308,215.	0.	
) 187,000	. 0.	0.	0.	0.	187,000.	0.	
DIRECTOR (i	-	. 0.	0.	0.	0.	0.	0.	
(i								
()							
(i								
()							
(i								
()							
(i								
)							
(i	i)							
)							
(i	i)							
)							
(i	i)							
)							
(i	i)							
()							
(i	i)							
()							
(i	i)							
()							
(i	i)							
()							
(i	i)							
(
(i	i)							
()							
(i	i)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

DURING THE CALENDAR YEAR, ACRONYM DID NOT PAY A SALARY TO ITS CEO. A

WHOLLY-OWNED FOR PROFIT SUBSIDIARY, LOCKWOOD STRATEGY, INC. DID PAY

TARA MCGOWAN COMPENSATION OF \$300,000. SALARY IS SET BY REVIEWING

COMPENSATION FOR ORGANIZATIONS OF SIMILAR SIZE AND ACTIVITY AND

APPROVED BY THE BOARD.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Employer identification number 82 - 1630469

ACRONYM

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GOVERNMENT ACCOUNTABILITY ADVOCACY, VOTER REGISTRATION AND

GET-OUT-THE-VOTE PROGRAMS.

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

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND THEN REVIWED BY

MANAGEMENT. A DRAFT OF THE RETURN IS PROVIDED TO THE GOVERNING BODY AND

LEGAL COUNSEL FOR REVIEW AND APPROVAL PRIOR TO FILING THE FORM WITH THE

INTERNAL REVENUE SERVICE.

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

BOARD MEMBERS MUST AFFIRMATIVELY ASSERT ON AN ANNUAL BASIS THAT THEY HAVE NO CONFLICT OF INTEREST WITH THE ORGANIZATION IN THEIR ROLE AS A DIRECTOR OR OFFICER. IF A CONFLICT ARISES, THE AFFECTED MEMBER RECUSES HIMSELF FROM ANY DISCUSSION OF THE MATTER, AND THE REMAINING BOARD MEMBERS MAKE A DECISION BASED ON THE BEST INTERESTS OF THE ORGANIZATION.

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

THE CEO'S COMPENSATION FROM ACRONYM WAS APPROVED BY THE INDEPENDENT BOARD

MEMBERS UPON REVIEW OF SALARY DATA FROM ORGANIZATIONS OF COMPARABLE SIZE

AND ACTIVITY. THE CEO WAS ALSO COMPENSATED BY A FOR-PROFIT SUBSIDIARY,

LOCKWOOD STRATEGY. LOCKWOOD STRATEGY'S INDEPENDENT DIRECTORS APPROVED THIS

COMPENSATION PURSUANT TO ITS OWN INTERNAL CONFLICT POLICIES. SEE SCHEDULE

J.
```

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

Schedule O	(Form 990	or 990-EZ)	(2019

Name of the organization

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

PART VII, SECTION B

CONNOR GAUGHAN WAS COMPENSATED THROUGH A LIMITED LIABILITY COMPANY,

COLLECTIVE CONSCIENCE LLC, FOR GENERAL CONSULTING SERVICES TO THE

ORGANIZATION, AND NOT FOR HIS SERVICE AS A BOARD MEMBER. THIS

COMPENSATION HAS BEEN REPORTED BOTH ON PART VII SECTION A (AS

COMPENSATION RECEIVED BY HIM) AND ON PART VII, SECTION B, AS PAYMENTS

TO COLLECTIVE CONSCIENCE LLC.

SCHEDULE C, PART I-C, QUESTION 4

THE ORGANIZATION DID NOT FILE A FORM 1120-POL DURING THE CURRENT YEAR

BECAUSE IT DID NOT HAVE ANY INVESTMENT INCOME.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Com	Related Organizations plete if the organization answered Atta Go to www.irs.gov/Form990		OMB No. 1545-004 2019 Open to Public Inspection					
Name of the organizat	ion ACRONYM	Ē				Em	nployerident 82-1630	ification n)469	umber
Part I Identificati	on of Disregarded Entities. Compl	ete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
	(a) ress, and EIN (if applicable) disregarded entity	(b)(c)(d)Primary activityLegal domicile (state or foreign country)Total incomeEnd-or				(e) End-of-year assets E			g
		_							
		_							
		_							
		_							
	ion of Related Tax-Exempt Organians during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, t	because it had one	or more	e related tax-e	exempt	
	(a) ne, address, and EIN 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))	Dire	(f) ct controlling entity	cont en	(g) 512(b)(13) trolled tity?
PACRONYM - 82-178 1400 L STREET NW WASHINGTON, DC 2		PAC	DISTRICT OF COLUMBIA	527		ACRONY		Yes	No
		_							
		_							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 ACRONYM

(a)	(b)	(c) Legal	(d)				(f)		g)		ר)	(i)		(j)	(k)	
Name, address, and EIN of related organization	Primary activity	domicile (state or	Direct controlling entity	(related	(related, unrelated,		e of total come		are of of-year	1 · ·	ortionate tions?	Code V-UB amount in bo	nx ma	anaging	Percen owners	tag ship
		foreign country)	-	excluded from tax under sections 512-514)				assets				20 of Schedu K-1 (Form 106	ile pa	artner?		
					,					Yes			////			
Part IV Identification of Related O organizations treated as a co				Complete if t	he organizati	ion ans	wered "Yes	s" on Fo	rm 990, Pa	art IV,	line 34	4, because it ha	ad one	e or m	ore rela	ted
(a)			(b)	(c)	(d)		(e)		(f)		(g)		(h)		(i) Sectio	
Name, address, and I	EIN	Primary activity		Legal domicile	Direct cont	trolling	Type of	entity	Share o				Percentag		512(b)((13)
of related organization	on			(state or foreign	entity	/	(C corp, s or tru		inco	me		end-of-year assets	owne	rship	control entity	ıled γ?
				country)				151)				255615			Yes	No
LOCKWOOD STRATEGY, INC 82-	4595611															
1050 CONNECTICUT AVE NW																
NASHINGTON, DC 20036		DIGITAL C	ONSULTING	DE	ACRONYM		C CORP		5,14	13,396.		164,248.		.00%	Х	
COURIER NEWSROOM, INC 83-4	159180															
8588 RICHMOND HIGHWAY #90545		INTERNET														
ALEXANDRIA, VA 22309		PUBLISHIN	G/BROADCASTI	DE	ACRONYM		C CORP	1,412,39		2,390	0. 4,097,502.		02. 64.76 ⁹		Х	
SHADOW, INC 83-2962958																
7676 RICHMOND HIGHWAY UNIT 6164																
ALEXANDRIA, VA 22306		TECHNOLOG	Y	DE	ACRONYM		C CORP		20	8,384	⁴ .	1,274,793.	84	.42%	Х	

37

Schedule R (Form 990) 2019 ACRONYM

Part V	Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
--------	--	--

Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	ſ	X
	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f	ľ	X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s	Х	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	·		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PACRONYM	S	350,000.	ACTUAL AMOUNT
(2) COURIER NEWSROOM, INC.	м	2,656,975.	ACTUAL AMOUNT
(3) LOCKWOOD STRATEGY, INC.	М	6,868,243.	ACTUAL AMOUNT
_(4)			
(5)			
(6)	20		

Schedule R (Form 990) 2019 ACRONYM

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 sections 512-514)	(e) Are a partners 501(c) orgs.) all s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	() Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	al or F ging ier?	(k) Percentage ownership
			30000113 3 12 3 14)	Yes I	No			Yes	No	(101111003)	Yes	NO	
												+	
												+	
												+	
												+	
												_	

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

LOCKWOOD STRATEGY, INC.

DIRECT CONTROLLING ENTITY: ACRONYM

NAME OF RELATED ORGANIZATION:

COURIER NEWSROOM, INC.

DIRECT CONTROLLING ENTITY: ACRONYM

NAME OF RELATED ORGANIZATION:

SHADOW, INC.

DIRECT CONTROLLING ENTITY: ACRONYM

932165 09-10-19

11440317 745960 00541

40 2019.05070 ACRONYM Schedule R (Form 990) 2019