# Form **990**

#### **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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

Open to Public Inspection

B Chock # applicable   Charmon of organization Priorities USA   Demployer Identification number   Address charmon   Charmon of the priority   Charmo	A	For the	2011 cale	ndar year, or tax year beginning April 27 , 2011, and ending	Dec	31	, 20 11			
Name change   India return   Power of the property   India return   Power of the property   India return   Power of the power of the power in the power of the property   Power of the power in the power in the power of the power in the power in the power of the power in the power in the power of the power in the p	В	Check if a	applicable:	C Name of organization Priorities USA		D Employ	er identification number			
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Terminated   Property   Proper			-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telepho	ne number			
Terminated   Chy or town, state or country, and ZIP+4   Washington, DC 20036   G Gross receipte \$ 2,265,866.75	$\overline{V}$		-	1718 M Street, NW #26	4		202-728-7780			
Aprilication pencing   Same as above   Same and acties of principal officer. Sean Sweeney   Holy is play goup neutron femiliates?   Very   No. **Same and acties of principal officer. Sean Sweeney   Holy is play goup neutron femiliates?   Very   No. **Same as a above				<del></del>						
Application pending   Fixer-axed actives of principal officer: Sean Sweeney   Moj   sets a group return for efficient?   Ves   No   No   No   No   No   No   No   N	$\Box$			Washington, DC 20036	1,	G Gross re	eceipts \$ 2.266,866,75			
Same as above   High year all affiliates included?   Yee   New Priorities usal org   Soricial   A   Insert no.   4947(0)(1) or   527   High year all affiliates included?   Yee   No. * of their halfs, lees independent voting members of the governing body (Part VI, line 1a).   2011   Mistato diegal domaide:   DC   Sorial varieties   DC   Sorial varieties   DC   Sorial varieties   Sorial var	$\overline{\Box}$				-					
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The organization is dedicated to mobilizing Americans to preserve, protect and promote the middle class, and to ensure apportunity and freedom for the next generation. We advocate for exonomic policies that generate jobs here in America through innovation, eduction and investment in the infrastructure vital to our future success.  2 Check this box ▶ 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).  4 Number of independent voting members of the governing body (Part VI, line 1a).  5 Total number of individuals employed in calendary year 2011 (Part V, line 2a).  5 Total number of individuals employed in calendary year 2011 (Part V, line 2a).  5 Total number of individuals employed in calendary year 2011 (Part V, line 2a).  5 Total number of individuals employed in calendary year 2011 (Part V, line 2a).  5 Total number of individuals employed in calendary year 2011 (Part V, line 2a).  5 Total number of individuals employed in calendary year 2011 (Part V, line 2a).  5 Total number of individuals employed in calendary year 2011 (Part V, line 2a).  5 Total number of individuals employed in calendary year 2011 (Part V, line 2a).  5 Total number of individuals employed in calendary year 2011 (Part V, line 2a).  6 Total number of individuals employed in calendary year 2011 (Part V, line 2a).  7 Total number of individuals employed in calendary year 2011 (Part V, line 2a).  8 Contributions and grants (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 1h).  10 (Part VIII, column (A), lines 34, 4, and 7d).  11 (Other revenue (Part VIII, column (A), lines 34, 4, and 7d).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 4).  15 Salaries, other compensation, employee benefits (Pa	_		<del></del>			W Outlo	or legal dornicle.			
Americans to preserve, protect and promote the middle class, and to ensure apportunity and frieedom for the next generation.  We advocate for economic polities that generate jobs here in America through innovation, eduction and investment in the infrastructure vital to our future success.  Check this box		_			nization is	dedicate	ad to mobilizing			
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b Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	Ą					-				
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8 Contributions and grants (Part VIII, line 1h)		D 1	ver une	ated business taxable income from Form 990-1, line 34	Prior Voc					
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4) 16 Professional fundraising fees (Part IX, column (A), line 14) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Signature Block  11 Interpretation of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid  25 Professional fundraising fees (Part X, line 26) 26 Signature dorficer  27 Total assets (Part X, line 26) 28 Signature Block  19 Print/Type preparer's name  Preparer's signature  Print/Type or print name and title  Printin's name  Printin's address ▶  Phone no			دعادده	inner and grants (Dart VIII line 11)	THUI TOO					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9	i								
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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  Signature of officer  Date  Print/Type or print name and title  Preparer's signature  Preparer's signature  Date  Check ☐ if PTIN  Preparer's name  Firm's name  Firm's address ▶  Phone no.	al as et	20		· · · · · · · · · · · · · · · · · · ·		0	1,086,722.55			
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May the IRS discuss this return with the preparer shown above? (see instructions)			Firm's ac		Phone	e no.				
	May	y the IRS	3 discuss	this return with the preparer shown above? (see instructions)			Yes No			

Pa	n	۵	2

Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Priorities USA is dedicated to mobilizing Americans to preserve, protect and promote the middle class, and to ensure opportunity
	and freedom for the next generation. We advocate for economic policies that generate jobs here in America through innovation,
	eduction and investment in the infrastructure vital to our future success. The organization supports policies that are fiscally
	responsible and reflect American's core value of fairness.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	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 and section 4947(a)(1) trusts 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 \$ 722,455.71 including grants of \$ 0 ) (Revenue \$ 0 )
	Priorities USA engaged in direct advocacy of public policies that advantage the middle class, including: preservation of federal
	funding for Pell Grants that help make college affordable for children of middle class families; continuation of the payroll tax
	cuts that disproportionately benefited middle class families and stimulated the economy; opposition to budget reform proposals
	that would disadvantage middle class families; and advocating for higher tax rates on millionaires. Priorities USA used its
	website, paid media advertisements, earned media, and social media to advance these issues. This included paying to
	produce two video advertisements that aired on Priorities USA's website (http://www.prioritiesusa.org/) and on YouTube on the
	issue of Pell Grants and tax rates.
	Trans VD
4b	(Code: ) (Expenses \$ 75,000 including grants of \$ 75,000 ) (Revenue \$ 0 )
	Priorities USA promotes social welfare purposes of non-profit 501c groups that share similar missions. In 2011, Priorities USA made
	grant of \$75,000 to American Bridge 21st Century Foundation, a nonprofit 501(c)(4) organization, solely to support its social
	welfare mission, including to support Federal policies that will advantage the majority of middle class Americans.
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)
	(Expenses \$\frac{1}{2}\text{ including grants of \$\frac{1}{2}\text{ (Revenue \$\frac{1}
4e	Total program service expenses ▶
	Form <b>990</b> (2011)

Part	Checklist of Required Schedules		Yes	No
	10 (17) (18) (19) (19) (19) (19) (19) (19) (19) (19		res	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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>✓</b>	ļ
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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; 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		✓
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	1	
	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		1
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		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
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, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
ь	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		<b>✓</b>
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		1
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		1
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		1
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		1
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	000	
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Part	V 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? If "Yes," complete Schedule I, Parts I and II	21	1	
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? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Schedule J.	23		1
	umproyado. Il 100, compercio della d	23		<u> </u>
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 Schedule K. If "No," go to line 25	24a		✓
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
а	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
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? If "Yes," complete Schedule L, Part II.	26		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		1
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		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Ilne 1	34		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	1	
		Forr	n <b>990</b>	(2011)

Part	Check if Schedule O contains a response to any question in this Part V			
	Check it ochedule O contains a response to any question in this rait v	·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
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 9			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓_	<u> </u>
	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?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		1
b	If "Yes," enter the name of the foreign country:			<b>—</b>
~	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?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		,	
1.	organization solicit any contributions that were not tax deductible?	6a	<b>V</b>	<del> </del>
b	gifts were not tax deductible?	6b	1	
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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	···	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del> </del>
f g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		$\vdash$
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 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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a 9b		<del> </del>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	30		<del> </del>
10 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 . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	120		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
12 12	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
a	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			<del>  </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .		n <b>99</b> 0	(2011)
				(, , )

orm 99	0 (2011)				⊃age 6
Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	rough 7b below, s in Schedule O. S	and ee ins	for a tructi	"No" ions.
	Check if Schedule O contains a response to any question in this Part VI				
Section	on A. Governing Body and Management				· · · · · · · · · · · · · · · · · · ·
		r		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.	1a 4			
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets?	4 5 6 7a		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		1
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	idertaken during			
а	The governing body?		8a 8b	<b>V</b>	
9 9	Each committee with authority to act on behalf of the governing body?	ot be reached at	9	•	1
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven		ode.)	<u> </u>
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	f such chapters, pt purposes?	10a		<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	/e rise to conflicts?	12a 12b		<b>✓</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c		
13 14 15	Did the organization have a written whistleblower policy?	and approval by and decision?	13		1
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		15a 15b		<b>√</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	ilar arrangement	16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organizatio participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b		
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ None				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	and 990-T (Section	501	(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing doc and financial statements available to the public during the tax year.				oolicy,
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and records	of the	€	
	organization: ► Megan Brengarth 1718 M Street, NW #264 Washington, DG 20036 (202) 728-7780		Fon	n <b>99</b> 0	(2011)

Form	990	(2011)	

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

#### 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 no		d org	aniz	atio	n c	ompe	nsa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (describe	(do n box, office	eot ch unles er aund	s persor d a direc		ore than one on is both an otor/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Ŭ.	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Jonathan Mantz										
Director	0.5	1						0	0	ē.
(2) Rob McKay										
Director	0.5	✓						0	O	9
(3) Ellen Malcolm										
Director	0.25	✓						0	0	0
(4) Jay Dunn										
Director	0.5	✓						0	0	0
(5) Todd Schulte										
Chief of Staff	20			✓				24,090.34	o.	508.44
(6) William Burton										
Senior Strategist	20			1				69,052.80	. 0	1,497.21
(7) Sean Sweeney										
Senior Strategist-Treasurer	20			1				69,052.80	o	0
(8) Megan Brengarth										
Assistant Treasurer	20			✓				18,163.94	0	325.36
(9)										
(10)										
(11)										
(12)										
(13)										
[14]										

Part VII Section A. Officers, Directors, Trus  (A)	(B)			(C Pos	c) ition			(D)	mployees (co (E)	ntinued)	(F)	
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	office or directo	unles	s pe	rson	than of the both side of the both side of the side of	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fr related organizations (W-2/1099-MIS	C) C	Estimate amount other other ompens from the organization of the or	t of r ation ne ition ited
(15)												
(16)												
(17)												
(18)												**************************************
(19)							-					
(20)							-					
(21)							_					
(22)							-					
(23)							-					
(24)	<u> </u>						-					
(25)							_					
1b Sub-total		<u> </u>			L	•	<b>&gt;</b>	180,359.88		0		2,331.01
c Total from continuation sheets to Part d Total (add lines 1b and 1c)							<b>▶</b>	180,359.88		0		0 2,331.01
Total number of individuals (including bu reportable compensation from the organ	t not limited	to th					∋) w	ho received m	ore than \$100	,000 of		
3 Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc Schedule J	tor, o	or tr uch	uste <i>indi</i>	e, vidu	key e		oloyee, or high			3	es No ✓
4 For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	,	? h	f "Ye	s,"	complete Sch	edule J for . 	such	4	1
5 Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe compi	nsat lete	tion Sch	froi iedu	n any ile J t	un for s	related organiz such person	ation or indiv	idual	5	1
Section B. Independent Contractors						~						
Complete this table for your five highest compensation from the organization. Re year.	compensat port compe	ed ind nsatio	depe on fo	end or th	ent ne c	contr alenc	acti lar y	ors that receive year ending wit	ed more than h or within the	\$100,000 e organiz	of ation'	s tax
(A) Name and business add	dress							( <b>B)</b> Description of s	ervices	Comp	(C) pensatio	on
Paul Begala 8200 Greensboro Drive Suite 900 Mc			to:	no.	200		1	mmunication C	onsulting			4,249.32 6,202.37
Covington & Burling, LLP 1201 Pennsylvania Aver	nue, nvv vva	sung	wn,	טט	200		1.5	gai Jervices				v.4V6.V/
						، ليم		acco ficted at	2/(0)pc			· · · · · · · · · · · · · · · · · · ·
2 Total number of independent contractor received more than \$100,000 of compen	ors (includit sation from	the o	rgai	ot niza	tion	.eu ((	. Tr	nose listed abo	ove) WIIO			<b>190</b> (2011)

Second   S	Part	VIII	Statement of Revenue				
Description				Total revenue	function		(D) Revenue excluded from tax under sections 512, 513, or 514
Description	क्ष	1a	Federated campaigns 1a				
Business Code   Business Cod	ran	b		1			
Business Code   Business Cod	ñ,G		· · · · · · · · · · · · · · · · · · ·	1			4
Business Code   Business Cod	ifts ar A	i -		1			
Business Code   Business Cod	n ii			1			
Business Code   Business Cod	Sign						
Business Code   Business Cod	te e	•					
Business Code   Business Cod	₽₽		<u> </u>	1			
Business Code   Business Cod	a S	_		2,266,866.75			
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties   8   Royalties							
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties   8   Royalties	en	2a		1		·	
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties   8   Royalties	Sev.						
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties   8   Royalties	ce						
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties   8   Royalties	eιν						
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties   8   Royalties	E S						
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties   8   Royalties	gra						
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	2					ed to the second	
4   Income from investment of tax-exempt bond proceeds   5   Royalties		3	Investment income (including dividends, interest,				
Property   Personal   Personal			and other similar amounts)				
Gross rents		4	Income from investment of tax-exempt bond proceeds ▶				
Ga Gross rents		5	Royalties				
Description			(i) Real (ii) Personal				
Rental income or (loss)  d Net rental income or (loss)  Part forsa mount from sales of assets other than inventory  b Less: cost or other basis and sales expenses.  c Gain or (loss).  d Net gain or (loss).  b Net gain or (loss)  See Part IV, line 18  b Less: direct expenses.  b Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses.  b Net income or (loss) from fundraising events  See Part IV, line 19  a Less: clirect expenses.  b c Net income or (loss) from gaming activities.  See Part IV, line 19  a Less: clirect expenses.  b c Net income or (loss) from gaming activities.  10a Gross sales of inventory, less returns and allowances.  a Less: cost of goods sold.  b Net income or (loss) from sales of inventory.  Miscellaneous Revenue  Business Code  11a  b C All other revenue.  e Total. Add lines 11a–11d.  > 2,266,866.75  0 0 0		6a	Gross rents				
d Net rental income or (loss)		b	Less: rental expenses				
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)		C	Rental income or (loss)				4
Bases other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) d Net gain or (loss)  Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		d	1102 1011121 11001110 01 (1000)				
b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) .  b Net gain or (loss) . c Gain or (loss) . c Gain or (loss) . c Net gain or (loss) . See Part IV, line 18 . c Net income or (loss) from fundraising events .  b Less: direct expenses . c Net income from gaming activities . See Part IV, line 19 . c Net income or (loss) from gaming activities .  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold . c Net income or (loss) from sales of inventory .  Miscellaneous Revenue Business Code  11a b .  Miscellaneous Revenue Business Code  11a b . c All other revenue . e Total. Add lines 11a-11d .  12 Total revenue. See instructions .  2,266,866.75 0 0 0		7a	dross amount with dates of			_	· ,
and sales expenses .  c Gain or (loss) .  d Net gain or (loss) .  d Net gain or (loss) .  b Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
Total revenue. See instructions. ▶  Cain or (loss)		b					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
c Net income or (loss) from fundraising events . ▶  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 . ▶  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 . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue e Total. Add lines 11a–11d ▶  12 Total revenue. See instructions ▶ 2,266,866.75 0 0 0		đ	Net gain or (loss)		N 1983 A 1984		
c Net income or (loss) from fundraising events . ▶  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 . ▶  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 . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue e Total. Add lines 11a–11d ▶  12 Total revenue. See instructions ▶ 2,266,866.75 0 0 0	<u>a</u>	0-	Creas income from fundraising				
c Net income or (loss) from fundraising events . ▶  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 . ▶  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 . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue e Total. Add lines 11a–11d ▶  12 Total revenue. See instructions ▶ 2,266,866.75 0 0 0	JE	oa					
c Net income or (loss) from fundraising events . ▶  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 . ▶  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 . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue e Total. Add lines 11a–11d ▶  12 Total revenue. See instructions ▶ 2,266,866.75 0 0 0	ě						
c Net income or (loss) from fundraising events . ▶  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 . ▶  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 . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue e Total. Add lines 11a–11d ▶  12 Total revenue. See instructions ▶ 2,266,866.75 0 0 0	r B		0 0 101 11 10				
c Net income or (loss) from fundraising events . ▶  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 . ▶  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 . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue e Total. Add lines 11a–11d ▶  12 Total revenue. See instructions ▶ 2,266,866.75 0 0 0	the	h					
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 . ▶  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 . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue e Total. Add lines 11a–11d ▶  12 Total revenue. See instructions ▶ 2,266,866.75 0 0 0 0	Ò			100 000 000 000			
See Part IV, line 19 a  b Less: direct expenses b  c Net income or (loss) from gaming activities . ▶  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 . ▶  Miscellaneous Revenue Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d ▶  12 Total revenue. See instructions ▶ 2,266,866.75 0 0 0 0							
b Less: direct expenses b			See Part IV, line 19 a				
c Net income or (loss) from gaming activities .    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 .    Miscellaneous Revenue		b					
returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code  11a b c d All other revenue e Total. Add lines 11a–11d							•
returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code  11a b c d All other revenue e Total. Add lines 11a–11d		10a	Gross sales of inventory, less				
C Net income or (loss) from sales of inventory .         Miscellaneous Revenue       Business Code         11a                 b                 c                 d       All other revenue           e       Total. Add lines 11a–11d           12       Total revenue. See instructions							
Miscellaneous Revenue       Business Code         11a		b	Less: cost of goods sold b				
11a b c d All other revenue  Total. Add lines 11a–11d  Total revenue. See instructions		C	Net income or (loss) from sales of inventory				
b			Miscellaneous Revenue Business Code				
c		11a					
d All other revenue       ■         e Total. Add lines 11a–11d       ■         12 Total revenue. See instructions       ■       2,266,866.75       0       0       0		b					
e Total. Add lines 11a–11d ▶         12 Total revenue. See instructions ▶       2,266,866.75       0       0		С	J. DUIDAUGA SANTAN SANT				
<b>12 Total revenue.</b> See instructions ▶ 2,266,866.75 0 0 0		d					**
		12	Total revenue. See instructions	2,266,866.75	0	0	Form <b>990</b> (2011)

### 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) but are not required to complete columns (B), (C), and (D).

<del>Q</del> Quii	ed to complete columns (b), (c), and (b).	- 4 1	n this Dort IV		
	Check if Schedule O contains a respons				
Do no Bb, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	75,000	75,000		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	182,690.89	94,999.26	28,353.11	59,338.52
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 8	Other salaries and wages	84,907.86	44,152.09	11,038.05	29,717.72
9	Other employee benefits	4,565.27		4,565.27	
10	Payroll taxes	102,966.22	57,661.08	16,464.60	28,840.54
11	Fees for services (non-employees):				
a	Management				
b	Legal	116,202.37	60,425,23	23,240,48	32,536.66
c	Accounting				······································
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	8,289.05		8,289.05	
14	Information technology	27,793.13	14,932,42	2,679.31	10,181.40
15	Royalties				
16	Occupancy	33,357.46		33,357.46	
17	· · ·	9,337.36	4,855,43	1,867,47	2,614.46
18	Travel	3,007.00	7,800.40	1,007.41	2,011,10
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	16,905		16,905	
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.)				
а	Website and Maintenance	132,875	132,875		
b	Subscription	7,374.70	3,174.70		4,200
C	Research	19,984.41	19,984.41		
d	Media Consulting	357,515.33	357,515.33		
е	All other expenses	380.15		380.15	
25	Total functional expenses. Add lines 1 through 24e	1,180,144.20	865,574.95	147,139.95	167,429.30
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011)
					EORED 2525 12(173)

F	Part X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	1,078,814.42
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
ts	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	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)	0	6	0
Assets	7	Notes and loans receivable, net	0		0
Ä	8	Inventories for sale or use	0	8	0
	9 10a	Prepaid expenses and deferred charges	0	9	0
		other basis. Complete Part VI of Schedule D 10a 7,908,13			
	ь	Less: accumulated depreciation 10b 0	ol	10c	7.908.13
	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	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0	16	1,086,722.55
	17	Accounts payable and accrued expenses	0	17	0
	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
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			_
E.	23	La contraction of the contractio	0	22	0
_	24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23 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	0	24	0
		·		25	The state of the s
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	0	27	0
Ba	28	Temporarily restricted net assets	0	28	0
P	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Baland		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds	0	30	1,086,722.55
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	0
Ä	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
Š	33	Total net assets or fund balances	0	33	1,086,722.55
	34	Total liabilities and net assets/fund balances	0	34	1,086,722.55

Form **990** (2011)

Form	990	(201	1)	

Page 12

Par	t XI Reconciliation of Net Assets	·····			
	Check 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	2	2,266,8	366.75
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,180,1	44.20
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,086,7	722.55
4	The state of the s	4			0
5		5	***************************************		0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	1	,086,7	22.55
Part	XII Financial Statements and Reporting			· · · · · · · · · · · · · · · · · · ·	
	Check if Schedule O contains a response to any question in this Part XII				. 🗆
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting from a prior year or checked "Other," explassion changed its method of accounting the prior of the	ain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	1	1
b	Were the organization's financial statements audited by an independent accountant?		2b		1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account.	siaht	2c		<u>'</u>
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.		20		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in			
	the Single Audit Act and OMB Circular A-133?	est H.t	3a		,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	, , , the	Ja		-√
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	its	3b		
				. 990	(2011)
			7 00	000	(2.011)

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2011

Name of the organization		Employer identification number				
Priorities USA		45-2305224				
Organization type (check one):						
Filers of: Section:						
Form 990 or 990-EZ	√ 501(c)( 4 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private found	ation				
	☐ 501(c)(3) taxable private foundation					
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule (7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See				
General Rule						
For an organization property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II.	000 or more (in money or				
Special Rules						
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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.						
during the year, tot	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does no nust answer "No" on Part IV, line 2, of its Form 990; or check the box o 0-PF, to certify that it does not meet the filing requirements of Schedule	n line H of its Form 990-EZ or on				

Name of organization Priorities USA Employer identification number

45-2305224

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 1,900,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$54,200	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 250,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization Priorities USA Employer identification number

45-2305224

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional space	ce 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) Descríption of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
************		s	
(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
		s	

Name of or Priorities (			E	mployer identification number 45-2305224		
Part III	Exclusively religious, charitable, et that total more than \$1,000 for the For organizations completing Part III,	year. Complete columns (a) three enter the total of exclusively rel	ough <b>(e) and</b> the fo igious, charitable, e	8), or (10) organizations flowing line entry.		
	contributions of \$1,000 or less for the Use duplicate copies of Part III if add		nce. See instruction	s.) <b>&gt;</b> \$		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held		
Part I						
		(e) Transfer of gift		· · · · · · · · · · · · · · · · · · ·		
	Transferee's name, address, ar	d ZIP + 4 R	elationship of transf	eror to transferee		
				***************************************		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
		vanesana and and and and and and and and and				
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4 Re	elationship of transfe	eror to transferee		
-						
-			****	***************************************		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
-						
				***********************		
-						
	(e) Transfer of gift					
	Transferee's name, address, and	d ZIP + 4 Re	lationship of transfe	ror to transferee		
-				~~~~		
-			<b>■ 1.</b>			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, and	I ZIP + 4 Re	lationship of transfe	ror to transferee		
		***************************************				

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization

Employer identification number

Prior	nes osa		45-2305224
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds 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 he	eld in d	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control	1?	· · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant		
-	only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	r anv	other nurnose
	conferring impermissible private benefit?		· · · · Yes . No
Par	Conservation Easements. Complete if the organization answered "Yes" to	o For	P 990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	01011	11 990, Fait IV, line 7.
•	Preservation of land for public use (e.g., recreation or education) Preservation of		<b></b>
		a centr	fied historic structure
2	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution easement on the last day of the tax year.	ın tne	of a conservation
	easoment on the last day of the tax year.		
		-	Held at the End of the Tax Year
a	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements	. [	2b
C	Number of conservation easements on a certified historic structure included in (a)		2c
đ	Number of conservation easements included in (c) acquired after 8/17/06, and not of		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or term tax year $\blacktriangleright$	inated	by the organization during the
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, insp	ection.	, 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 e	easeme	
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easen	nents d	during the year
-	►\$	nonto (	dding the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section	n 170/bV4\/B\
_	(i) and section 170(h)(4)(B)(ii)?	00000	· · · · □ Yes □ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue a		
•	balance sheet, and include, if applicable, the text of the footnote to the organization's final	ncial si	tatements that describes the
	organization's accounting for conservation easements.	i ioiai o	tatomonts that describes the
Pari	Organizations Maintaining Collections of Art, Historical Treasures, or C	<b>Ythor</b>	Similar Accete
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	J.11101	Offilial Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r		a statement and bull-ness to set
,	works of art, historical treasures, or other similar assets held for public exhibition, edu	evenue	e statement and balance sneet
	public service, provide, in Part XIV, the text of the footnote to its financial statements that	deenrit	hee those items
h			
IJ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, edu	venue	statement and balance sheet
	public service, provide the following amounts relating to these items:	cation,	, or research in turtherance of
	6. Devenues included in Form 000 Death III.		
	(i) Revenues included in Form 990, Part VIII, line 1		. > \$
^	(i) Revenues included in Form 990, Part VIII, line 1		<i>.</i> ► \$
2	if the digalization received of held works of art, historical treasures, or other similar a	assets	tor tinancial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter		
а	Revenues included in Form 990, Part VIII, line 1		. > \$
b	Assets included in Form 990, Part X		• •

Schedule D (Form 990) 2011	Page 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (c	ontinued)
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant collection items (check all that apply):	nt use of its
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 purp	ose in Par
XIV.	
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?	′es ∏ No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990 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	es 🗌 No
b If "Yes," explain the arrangement in Part XIV and complete the following table:	
Amount	
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
· · · · · · · · · · · · · · · · · · ·	es 🗌 No
b If "Yes," explain the arrangement in Part XIV.	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	
	r years back
1a Beginning of year balance	·
b Contributions	<del> </del>
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:	V   N-
	Yes No
(i) unrelated organizations	
(ii) related organizations	
4 Describe in Part XIV the intended uses of the organization's endowment funds.	LL
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.	
	ok value
(investment) (other) depreciation	
1a Land	<del></del>
b Buildings	
c Leasehold improvements	
d Equipment	7,908.13
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶	7,908.13

(6	Investments — Other Securi  a) Description of security or category		
	(including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
, ,	l derivatives		
	held equity interests		
(3) Other			
(A)			
(B)			
(C)	······································		
(D)	·		
(E)	***********************		
(F) (G)			
(H)			
<del>(!)</del>			
	(b) must equal Form 990, Part X, col. (B) line 12.	1 🕒	
Part VIII	Investments—Program Rel		X line 13
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
	(a) Section of Mysecularity type	(b) Dook value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
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Schedu	ule D (Form 990) 2011			Page <b>4</b>
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	ial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,266,866.75
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,180,144.20
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	1,086,722.55
4	Net unrealized gains (losses) on investments		4	h-1/h- ka
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	***************************************
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	1,086,742.55
Part				
1	Total revenue, gains, and other support per audited financial statements		11	2,266,866.75
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<del></del>
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
c	Recoveries of prior year grants		-	
d	Other (Describe in Part XIV.)		-	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,266,866.75
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			2,200,000.70
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)		-	
C	Add lines <b>4a</b> and <b>4b</b>		4c	n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,266,866.75
	XIII Reconciliation of Expenses per Audited Financial Statements With Ex			
	Total expenses and losses per audited financial statements		1	1,180,144.20
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		- <del>'</del> -	1,100,144.20
a	Donated services and use of facilities		-	
b	Prior year adjustments		-	
C	Other losses		-	
d	Other (Describe in Part XIV.)		- 1	
е	Add lines 2a through 2d	· · · ·	2e	<u>U</u>
3	Subtract line 2e from line 1		3	1,180,144.20
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		- 1	
b	Other (Describe in Part XIV.)		4.1	
_C	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,180,144.20
Part	XIV Supplemental Information			
Part V	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b dditional information.			

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Vame of the organization

Priorities USA

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

20

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number

45-2305224

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. . . . . . . . . . . .

► Attach to Form 990.

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?

Part I General Information on Grants and Assistance

Schedule I (Form 990) (2011) **%**□ (h) Purpose of grant or assistance to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Social Welfare Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' (g) Description of non-cash assistance . . . . . (f) Method of valuation (book, FMV, appraisal, other) • • • • • • Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash (e) Amount of non-grant cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 75,000 Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501c4 27-5278038 (D) EIN 1 (a) Name and address of organization (1) American Bridge 21st Century (2) Floor 3 Washington DC 20005 Foundation 729 15th Street NW Part III 9 9 (12) ® € 9 E 8 6 Ê

Schedule | (Form 990) (2011)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	ividuals in the U	nited States, Com	plete if the organiz	ation answered "Yes" to l	orm 990, Part IV, line 22.
	(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
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Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	e this part to provide and mission of	ide the information	n required in Part I,	line 2, and any other add	itional information.
vera to be	vere to be used by the grantee solely for its social welfare mission, including to support Federal policies that will advantage the majority of middle class Americans.	re mission, including	) to support Federal p	olicies that will advant	age the majority of middle cla	ss Americans.
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					1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
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			revenue de la companya de la company			Schedule I (Form 990) (2011)

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Priorities USA** 

Employer identification number 45-2305224

Form 990 Part I Line 1 Briefly describe the organization's mission or most significant activities: We promote national security policies that
protect our nation, defend our interests and enhance America's position as a respected world leader.
Form 990 Part III Line 1 Briefly describe the organization's mission: We promote national security policies that protect our nation, defend our
our interests and enhance America's position as a respected world leader.
Form 990 Part VI Section C Line 19: Priorities USA does not make its governing documents available to the public. In 2011, Priorities USA
did not have a conflict of interest policy or financial statements.
4
Form 990 Part VI Section B Line 11b: The Form 990 was drafted by staff and reviewed by key employees and counsel to Priorities USA prior
to its being provided to Directors and subsequently filed with the IRS.

### Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

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

▶ File a separate application for each return.

OMB No. 1545-1709

<ul> <li>If you are</li> </ul>	filing for an Automatic 3-Month Extension	complete	only Part I and check t	his box	. ,		▶ 🗸
<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automatic) 3-N	fonth Exte	nsion, complete only F	art II (on page 2	of thi	is form).	_
Do not cor	mplete Part II unless you have already been	granted an	automatic 3-month ext	ension on a previ	ously	filed For	m 8868.
a corporati 8868 to re- Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Person a). For more details on the electronic filing of	nal (not aut forms liste al Benefit (	tomatic) 3-month extensed in Part I or Part II with Contracts, which must	sion of time. You the the sent to the	can e of Fo	electronica orm 8870,	ally file Form Information
Part I	Automatic 3-Month Extension of Tim	e. Only su	bmit original (no copi	es needed).			
A corporat	ion required to file Form 990-T and requi	esting an a	automatic 6-month ext	ension-check t			
All other co	orporations (including 1120-C filers), partners	hips, REMI	Cs, and trusts must use	Form 7004 to re	aues	t an exten	sian of time
to file incon	ne tax returns.			nter filer's identifyi			
Type or	Name of exempt organization or other filer, see	instructions.		Employer iden			
print	Priorities USA			7		2305224	(=114) (1
File by the	Number, street, and room or suite no. If a P.O. b						
due date for 1718 M Street, NW, Suite 264							
filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.	Washington, DC 20036-4504						
Enter the Re	eturn code for the return that this application	is for (file a	separate application for	r each return) .			. 0 1
Applicatio	n	Return	Application				Return
Is For		Code	Is For				Code
Form 990		01	Form 990-T (corporation	on)			07
Form 990-		02	Form 1041-A				08
Form 990-		01	Form 4720				09
Form 990-		04	Form 5227				10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069	·			11
rom 990-	T (trust other than above)	06	Form 8870				12
Telephone If the orga If this is fo	The organization  No. ▶ 202-728-7780  nization does not have an office or place of b r a Group Return, enter the organization's four e group, check this box ▶ ☐ . If	usiness in t Ir digit Grou	the United States, check up Exemption Number (	GEN)		 . If thi	s is
a list with th	e names and EINs of all members the extensi	on is for.	• (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 1		uo,
1 I requentil for th	uest an automatic 3-month (6 months for a consumer of the exergence of the exercise of t	rporation re	equired to file Form 990 ation return for the orga	-T) extension of to nization named a	ime bove	. The exte	ension is
2 If the	tax year beginning April 27 tax year entered in line 1 is for less than 12 n		11 , and ending ck reason: 📝 Initial reti	December 31 um Final ret	****	, 20	11
	ange in accounting period	T 4700				Ţ****	
nonre	application is for Form 990-BL, 990-PF, 990 fundable credits. See instructions.	-1,4/20,0	er oubs, enter the tentati	ve tax, less any	_		
	s application is for Form 990-PF, 990-T, 4	720 or 60	160 enter env refueda	olo orodit	3a	35	
estim	ated tax payments made. Include any prior ye	ear overdav	ment allowed as a cred	Die creaits and l	O.L	e	
c Balar	nce due. Subtract line 3b from line 3a. Include S (Electronic Federal Tax Payment System). S	e your payn	nent with this form, if red	quired, by using		\$	
Caution. If you	u are going to make an electronic fund withdrawal	with this Es	n 8868 eac Ear 0456 50	Land Care 2070 7	3c	\$	
		THE CHAIN	11 0000, See 1'01111 0453-EU	and Lottl 88/8-FC	) tor p	payment in:	atructions.

Form 8868 (Re	ev. 1-2012)				Page 2
• If you are	filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part II and cl	neck this b	ох <b>.</b>
Note. Only If you are	complete Part II if you have already been gra	nted an aut <b>complete</b> (	omatic 3-month extension on a pre	viously file	ed Form 8868.
Part II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the original (n	o copies	needed).
					ımber, see instructions
Type or print	Name of exempt organization or other filer, see i	nstructions.			ion number (EIN) or
File by the due date for	Number, street, and room or suite no. If a P.O. b	ox, see instr	uctions. Social se	curity numb	per (SSN)
filing your return. See instructions.	City, town or post office, state, and ZIP code. For	r a foreign a	ddress, see instructions.		
Enter the R	eturn code for the return that this application	is for (file a	separate application for each return	ነ)	[]
Application Is For	on	Return Code	Application Is For		Return Code
Form 990		01			
Form 990-	BL	02	Form 1041-A		08
Form 990-	EZ	01	Form 4720		09
Form 990-		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
If this is for the whole ist with the  4	s are in the care of  e No.  nization does not have an office or place of bir a Group Return, enter the organization's four e group, check this box	r digit Grou t is for part h is for.  until g nonths, che	p Exemption Number (GEN) of the group, check this box  , 2 , 20 , and ending ck reason:  Initial return	0	. If this is and attach a
8a If this	application is for Form 990-BL, 990-PF, 990 application is for Form 990-BL, 990-PF, 990 applications.	-T, 4720, o	r 6069, enter the tentative tax, less	any 8a	S
estim	s application is for Form 990-PF, 990-T, 4 ated tax payments made. Include any prior int paid previously with Form 8868.	720, or 60 year over	69, enter any refundable credits payment allowed as a credit and	and any	
c Balan	ce due. Subtract line 8b from line 8a. Include your ronic Federal Tax Payment System). See instructi	ur payment	with this form, if required, by using EF		\$ \$
	Signature and Verificat	ion must	be completed for Part II only.		
nder penaltie nowledge and	es of perjury, I declare that I have examined this dibellef, it is true, correct, and complete, and that I is	form, inclu- am authorize	ding accompanying schedules and sta d to prepare this form.	itements, a	nd to the best of my
gnature >		Title <b>▶</b>		Date ►	
				Fo	orm <b>8868</b> (Rev. 1-2012)

### Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

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

▶ File a separate application for each return.

OMB No. 1545-1709

• If you are	e filing for an Automatic 3-Month Extension e filing for an Additional (Not Automatic) 3	on, complete	only Part I and check the	nis box		> [
Do not co	mplete Part II unless you have already be	en granted ar	nsion, complete only P automatic 3-month ext	art II (on page 2 o ension on a previo	it this form).	m 8868
	filing (e-file). You can electronically file F					
a corporat	ion required to file form 990-11, or an addi	tional (not aut	tomatic) 3-month extens	ion of time. You c	an electronic	ally file Earn
8868 to re	quest an extension of time to file any of t	he forms liste	ed in Part Lor Part II wit	h the exception of	f Form 8870	Information
instruction	Transfers Associated With Certain Persons). For more details on the electronic filing of	onal Benetit of this form v	Contracts, which must isit www.irs.gov/efile.and	be sent to the li	RS in paper	format (see
	Automatic 3-Month Extension of Ti				Charmes & N	ionpronts.
A corporal	tion required to file Form 990-T and rec	ruesting an	automatic 6-month exte	es needed).	in how and	
Part I only			actornatio o month exte	erisioncrieck till	S DOX and C	,ompiete ► Fi
All other co	prporations (including 1120-C filers), partne	erships, REMI	Cs, and trusts must use	Form 7004 to req	uest an exten	נם Islon of time
to file incor	ne tax returns.			•		
				ter filer's identifyin		
Type or	Name of exempt organization or other filer, se	e instructions.		Employer identif	ication number	(EIN) or
print	Number, street, and room or suite no. If a P.C	) how see instr	uctions	Social security n	(00)	
File by the due date for	The street and took of sake het hat the	, box, 350 man	0000113,	Social security in	umber (55N)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions.						
Enter the R	eturn code for the return that this application	on is for Ifile a	separate application for	ooob roturn)		
Application				each return) .	• • • •	~~~
Is For	41	Return Code	Application Is For			Return
Form 990		01	Form 990-T (corporation			Code
Form 990-	BL	02	Form 1041-A	211)		07
Form 990-		01	Form 4720			08
Form 990-		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069	Total and the second control of the second s		11
Form 990-	T (trust other than above)	06	Form 8870			12
a Tha back	and to the order of N					
• IIIe DOOKS	are in the care of					
Telephone	No. ▶	F	4X No. ▶			
<ul> <li>If the organ</li> </ul>	nization does not have an office or place of	f business in t	he United States, check	this box		Day [
• If this is fo	r a Group Return, enter the organization's t	our digit Grou	p Exemption Number (G	EN)	. If this	
for the whole	e group, check this box	If it is for part	of the group, check this	box	➤ ☐ and att	ach
a list with the	e names and EINs of all members the exter	nsion is for.				
1 I requ	uest an automatic 3-month (6 months for a	corporation re	equired to file Form 990-	T) extension of tin	16	
until	, 20 , to file the ex	empt organiz	ation return for the organ	nization named ab	ove. The exte	nsion is
	e organization's return for:					
	calendar year 20 or					
<b>&gt;</b>	tax year beginning	20	and anding		20	
2 If the	tax year entered in line 1 is for less than 12	2 months, che	ck reason: I Initial retu	rn	, 20 _	
	ange in accounting period			iii) Li marteto.	,,	
	application is for Form 990-BL, 990-PF, 9	90-T, 4720, a	r 6069, enter the tentation	ve tax, less any		
	fundable credits. See instructions.				3a \$	
<b>b</b> If this	s application is for Form 990-PF, 990-T,	4720, or 60	169, enter any refundab	le credits and		
estim	ated tax payments made. Include any prior	year overpay	ment allowed as a credi	t. :	3b \$	
c Balar EFTP:	ice due. Subtract line 3b from line 3a. Inclu S (Electronic Federal Tax Payment System)	ide your payn See instruct	nent with this form, if req	- 1		
	are going to make an electronic fund withdraw			and Form 9970 CO	3c   \$	fruntia
	Jane Jane Jane Jane Jane Jane Halling	17:51 SING   VII	5556, 565 FORM 0450°EO	and 1 01111 667 9-EO	ior payment ins	MUCTIONS.

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• If you a	are filing for an	Additional (Not Autom	atic) 3-Month Exte	nsion, complete only Part	II and check thi	ic hav	► [7]
Note. Or	ny complete Pa	art II it vou have already	been granted an au	tomatic 3-month extension	On a proviously	S DOX	P 🗹
<ul> <li>If you a</li> </ul>	are filing for an a	Automatic 3-Month Ex	tension, complete	only Part I (on page 1).	on a previously	med FOIII 9	000.
Part II	Additiona	(Not Automatic) 3-	Month Extension	of Time. Only file the or	iginal (no coni	oe needed)	<del></del>
	· · · · · · · · · · · · · · · · · · ·						
Type or	Name of ex	empt organization or other	filer, see instructions	Etitor	filer's identifying Employer identify		
print	Priorities U		,	2	,		r (EIN) or
•	Number, str	eet, and room or suite no.	If a P.O. box, see instr	uctions		15-2305224	
File by the due date for	J	et, NW, Suite 264		[	Social security nu	minoer (55M)	
filing your		r post office, state, and ZIF	code. For a foreign a	ddrass saa instructions	<u> </u>		
return. See instructions.		, DC 20036-4504	000000000000000000000000000000000000000	adioss, see manachons.			
					~~~		
Enter the	Return code fo	r the return that this ap	plication is for (file a	separate application for ea	ch return)		0 1
Applicat							
Is For			Return	Application Is For			Return
Form 990	Λ			is ror			Code
Form 990			01				
Form 990			02	Form 1041-A			08
Form 990			01	Form 4720			09
		400(-) +	04	Form 5227			10
Form 000	0-7 (sec. 40 f(a) 0-T (trust other	or 408(a) trust)	05	Form 6069	·		11
			06	Form 8870 tomatic 3-month extension			12
for the who	for a Group Het ole group, chec e names and El	urn, enter the organizate this box ▶ Ns of all members the €	ion's four digit Grou	ne United States, check thing Exemption Number (GEN of the group, check this bo	i) >×	. If this	e ic
4 Irea	quest an addition	onal 3-month extension	of time until	November 15	, 20 12		
0 (0)	carefical year	, or other tax year	beginning Ap	n(2/ 20 11 and	endina Dec	ember 31	, 20 11 .
	re tax year ente Change in accor	red in line 5 is for less ti unting period	han 12 months, che	ck reason: 📝 Initial retur	n ☐ Final re	iturn	·
7 Stat	te in detail why	you need the extension					
	The organization	is a newly formed entity	. It needs additional	time to collect and organize	information for th	ле	
org	anization's rece	ntly chosen accountants.	, who will, in turn, ne	ed time to prepare a properly	completed, initia	l Form 990.	***************************************
8a If th	is application is	s for Form 990-BL, 990	-PF, 990-T, 4720, o	6069, enter the tentative t	ax, less any		
		dits. See instructions.			8	a \$	
b If th	nis application	is for Form 990-PF, 9	990-T, 4720, or 60	39, enter any refundable	credits and	. *	Andrews Manager Community area of the
estir	mated tax payı	ments made. Include a	มาy prior year overp	payment allowed as a cre-	dit and any		
		usly with Form 8868.			81	b \$	
c Bala	ince due. Subtra	ict line 8b from line 8a. In	clude your payment v	vith this form, if required, by	using EFTPS		
(Elec	tronic Federal T	ax Payment System). See	instructions.		80	c S	
		Signature and V	orification muset l	oe completed for Part I			
					-		
nder penalt nowledge ar	ties of perjury, I nd belief, it is true	declare that I have exame, correct, and complete, a	nined this form, included and that I am authorized	ling accompanying schedules I to prepare this form.	and statements,	and to the b	est of my
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gnature ▶	July 1	7-1-32	Title ▶	reasuren	Date ▶	8/14	1/2017
		di-			**************************************	Form <b>8868</b> (F	Rev. 1-2012)
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