Form **990**

Return of Organization Exempt From Income Tax Under section 50 1(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

_	roi an	2017 Calendar year, or tax year beginning and ending			
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre	ROCK THE VOTE			
L	Name chang	Doing business as		02-0	767157
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telephone number	r
	Final return	1875 CONNECTICUT AVENUE, NW, 10TH FL.		(202) 719-9910
	termin ated		\neg	G Gross receipts \$	997,625.
Г	Amen		H(a) Is this a group re		
F	Applic		\neg		? Yes X No
	tiòn pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
-	Ŧ		527		
<u>+</u>	ı ax-ex	empt status: X 501(c)(3)	_		list. (see instructions)
				H(c) Group exemptio	n number >
			rear o	formation; ZUUS	State of legal domicile; DC
P		Summary		TOW 3370 WOD	TT T73 MT037
ė	1	Briefly describe the organization's mission or most significant activities: THE EDUC	A'I'	TON AND MOR	ILIZATION
Activities & Governance		OF YOUTH TO PARTICIPATE IN THE DEMOCRATIC PR			
er.n	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of r	nore	than 25% of its net as	
Š		Number of voting members of the governing body (Part VI, line 1a)			10
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
ŝ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	14
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	3283
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 34			0.
_	T		П	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	\vdash	4,148,508.	987,555.
		Program service revenue (Part VIII, line 2g)	\vdash	52,100.	10,000.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	\vdash	0.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	\vdash	10,308.	70.
			\vdash	4,210,916.	997,625.
_	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	\vdash	191,893.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	\vdash	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	\vdash	866,502.	585,093.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	⊢		
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 65,020.	\vdash	122,499.	13,043.
×	b				
_	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	╙	5,023,892.	730,470.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	⊢	6,204,786.	1,328,606.
	19	Revenue less expenses. Subtract line 18 from line 12	-	-1,993,870.	-330,981.
Ssets or Balances			Beg	inning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		1,158,748.	833,137.
Net As Fund B	21	Total liabilities (Part X, line 26)		165,950.	171,320.
		Net assets or fund balances. Subtract line 21 from line 20		992,798.	661,817.
P	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	ateme	nts, and to the best of m	y knowledge and belief, it is
true	е, соггес	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer	has any knowledge.	
Sig	jn	Signature of officer		Date	
He	re	CAROLYN DEWITT, PRESIDENT/EXECUTIVE DIREC	TOI:	R	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Pai	d	FRANK H. SMITH Frank H. Smith	_ [1:	1/14/18 self-employ	± ₽00639053
Pre	parer	Firm's name RAFFA, P.C.		Firm's EIN ▶	52-1511275
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850			
	-	WASHINGTON, DC 20036		Phone no. (2	02) 822-5000
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		, , _	X Yes No
1110	, 610 11	committee property around above (500 monatorio)			

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 202,281. including grants of \$) (Revenue \$

4e Total program service expenses ► 1,100,021.



Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) or ganizations. 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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			۱
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			۱,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			, .
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13		13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign in dividuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х



Form 990 (2017) ROCK THE VOTE Part IV Checklist of Required Schedules (continued)

			Yes	_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	2.5		\vdash
2.70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Ontart to M. Miller and a Fore Office			x
	Schedule K. If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) or ganizations. Did the organization engage in an excess benefit			١
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<u> </u>
30				x
	contributions? If "Yes," complete Schedule M	30		_
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		x
	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			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			١
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		-	000	



Form 990 (2017) ROCK THE VOTE Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
_			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter-0- if not applicable 14								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1							
	(gambling) winnings to prize winners?	1c	Х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 1								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	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		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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 account)?	4a		X					
b	If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	_	├					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x					
	any contributions that were not tax deductible as charitable contributions?	6a		_					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
-	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b							
7	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		х					
b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b							
	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	\vdash					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a								
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter.								
	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
a	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	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								
	Enter the amount of reserves on hand			v					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2017)					



ROCK THE VOTE 02-0767157 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 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. 10 b 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 relationship with any other Х 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website W Upon request Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► CAROLYN DEWITT - (202) 719-9910

1875 CONNECTICUT AVENUE, NW, 10TH FL., WASHINGTON, DC 20009

Form 990 (2017) ROCK THE VOTE 02-0767157 Page 7

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	ıniza	tion	cor	nper	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)	(C)					(D)	(F)		
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both a officer and a director/truster		h an	compensation	compensation	amount of		
	week				rector trastee)		,	from the	from related	other
	(list any hours for	individual trustee or director				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	5 8	aals			18308		(W-2/1099-MISC)	(**271033****100)	organization
	organizations	Push	nsflufonal trustee		8,	eduo		(,		and related
	below	Bubi	ngou	às:	Key employee	Highest comp employee	le le			organizations
	line)	βū	list	Officer	ře y	High	Former			
(1) AMANDA BROWN, DIRECTOR UNTIL	2.00									_
01/2017, CO-CHAIR - AS OF 01/2017		Х		Х	<u> </u>		<u> </u>	0.	0.	0.
(2) FRANK SMITH, TREASURER UNTIL	2.00									_
01/2017, CO-CHAIR - AS OF 01/2017		Х		Х	_		_	0.	0.	0.
(3) JON RUBIN, CHAIR UNTIL	2.00									
01/2017, DIRECTOR - AS OF 01/2017		Х	Ш	Х	<u> </u>	_	<u> </u>	0.	0.	0.
(4) HEATHER SMITH, DIRECTOR UNTIL	2.00	x		.,				,	_ ا	_
01/2017, TREASURER - AS OF 01/2017	2 00	X	\vdash	Х	H	\vdash	⊢	0.	0.	0.
(5) LARA BERGTHOLD	2.00	x		х				0.	ا م	_
SECRETARY	2.00	_	\vdash	Δ.	\vdash	\vdash	\vdash	0.	0.	0.
(6) JEFF AYEROFF DIRECTOR	2.00	x						0.	0.	_
(7) CHRIS MELODY FIELDS FIGUEREDO	2.00	^	\vdash	\vdash	\vdash	\vdash	\vdash	0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(8) WAYNE JORDAN	2.00		\vdash		\vdash	\vdash	\vdash	·	Ů.	•
DIRECTOR	2100	x						0.	0.	0.
(9) JESSE MOORE	2.00	Г				\vdash				
DIRECTOR		х						0.	0.	0.
(10) MICHAEL SKOLNIK	2.00					Г	П			
DIRECTOR		Х						0.	0.	0.
(11) CAROLYN DEWITT	40.00									
PRESIDENT/EXECUTIVE DIRECTOR				Х				140,000.	0.	15,932.
		lacksquare			_		_			
		L	\vdash		⊢	\vdash	L			
		\vdash	\vdash	\vdash	\vdash	\vdash	\vdash			
					Г		Г			
							\Box			

Form 990 (2017)

PCOPY

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	Position (do not check more than or box, unless person is both officer and a director/truste			than is bot	one han	(D) Reportable	(E) Reportable compensatio	(E) Reportable compensation from related			ed of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	าร	fr org an	pensa rom th anizat d relat anizati	e ion ed
							Г						
		Г											
		Г			Г	Г	Г						
		Г					Г						
		Г					Г						
					Г		Г						
							Г						
1b Sub-total c Total from continuation sheets to Part V							<u> </u>	140,000.		0.	1	5,9	32 0
d Total (add lines 1b and 1c) Total number of individuals (including but n							<u>▶</u>	140,000.	0.000 of reportab	0 .	1	5,9	32
compensation from the organization							_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s									mployee on		3		Х
For any individual listed on line 1a, is the su and related organizations greater than \$15	ım of reportab	le co	mp	ensa	ation	and	d ot	•	the organization		4	х	
Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contributions are contributed in the organization of the contribution of the organization of th	accrue compe	nsati	ion f	rom	any	unr	elat		idual for services	š	5	**	х
Section B. Independent Contractors	piete Scriedur	601	Or Sc	JCII.	рега	SOIT .					3		
 Complete this table for your five highest co the organization. Report compensation for 										npens	ation	from	
(A) Name and business	address							(B) Description of s	ervices	С	ompe	C) nsatio	n
DAVID PRUTER 7752 QUITASOL STREET, CARLSBAD, CA 92009 MANAGER MANAGER							DESIGNER & D MANAGER	ATA		10	6,7	50	
							\dashv						
							\dashv						
							\dashv						

Form **990** (2017)

10471114 786783 RTV

\$100,000 of compensation from the organization



2 Total number of independent contractors (including but not limited to those listed above) who received more than

		Check if Schedule O conta	ins a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
ir al	b	Membership dues						
S, E		Fundraising events						
E E		Related organizations						
1 <u>3</u> .8		Government grants (contribution						
rioi		All other contributions, gifts, grants						
를		similar amounts not included abov	e 1f	987,555.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>8 0</u>	h	Total. Add lines 1a-1f		·····	987,555.			
		0111 T110 110MDD DD	a arren	Business Code	10 000	10 000		
<u>ē</u>	2 a	ONLINE VOTER RE		900099	10,000.	10,000.		
e 🕏	b							
le S	С							
Program Service Revenue	d							
ě	e							
- 1		All other program service rever	nue		10,000.			
-		Total. Add lines 2a-2f			10,000.			
	3	Investment income (including of						
	,	other similar amounts) Income from investment of tax						
	4 5	Royalties		proceeds				
	3	noyaities	(i) Real	(ii) Personal				
	6 a	Gross rents	(y rious	(ii) i discitat				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	.,	.,				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
Revenue		Gross income from fundraising including \$						
e e		contributions reported on line	1 c). See					
		Part IV, line 18	,					
Other	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	raising events					
	9 a	Gross income from gaming act	tivities. See					
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gami	ng activities	<u></u>				
	10 a	Gross sales of inventory, less r						
		and allowances						
		Less: cost of goods sold						
ł	С	Net income or (loss) from sales						
-		Miscellaneous Revenue)	Business Code	7.0			7.0
		MISCELLANEOUS		900099	70.			70.
	b							
	c	A II - 44		\vdash				
	d	All other revenue			70.			
	12	Total. Add lines 11a-11d Total revenue. See instructions.			997,625.	10,000.	0.	70.
	14	rotal levelide. Occilion dentillo.			JJ. 1023 ·	20,000.	٥.	, , , ,

Form 990 (2017) ROCK THE VOTE
Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All oth	ner organizations must co	mplete column (A).	
_	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C) I	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	155,932.	81,085.	57,543.	17,304.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	221 027	212 520	0 032	10 265
7	Other salaries and wages	331,827.	312,530.	9,032.	10,265.
8	Pension plan accruals and contributions (include	4 001	4 026	42	1.0
_	section 401(k) and 403(b) employer contributions)	4,881. 53,302.	4,826. 43,053.	6,579.	12. 3,670.
9	Other employee benefits	39,151.	31,276.	5,627.	2,248.
10	Payroll taxes	39,131.	31,2/0.	5,027.	2,240.
11	Fees for services (non-employees):				
	Management	94,214.		94,214.	
	Legal	25,815.		25,815.	
	Accounting	23,013.		23,013.	
a	Lobbying Professional fundraising services. See Part IV, line 17	13,043.			13,043.
	Investment management fees	15,045.			15,045.
	Other, (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	170,697.	158,091.	12,606.	
12	Advertising and promotion	37,697.	37,697.		
13	Office expenses	2,727.	700.	2,012.	15.
14	Information technology	263,642.	255,029.	4,457.	4,156.
15	Royalties				
16	Occupancy	43,517.		43,517.	
17	Travel	25,344.	15,843.	4,144.	5,357.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	45 501	20.000	15 610	
22	Depreciation, depletion, and amortization	45,721.	30,078.	15,643.	
23	Insurance	17,530.		17,530.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) DUES AND SUBSCRIPTIONS	2,761.	1,804.	957.	
a	REGISTRATION FEES	415.	1,004.	415.	
b	MISCELLANEOUS	390.		390.	
d	G&A ALLOCATION	0.	128,009.	-136,959.	8,950.
-		0.	120,009.	130,333.	0,550.
	All other expenses	1,328,606.	1,100,021.	163,565.	65,020.
25 26	Joint costs. Complete this line only if the organization	1,520,000.	1,100,021.	200,000.	03,020.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	in total and a state (note asserted)				Form 990 (2017)



02-0767157 Page 11 ROCK THE VOTE

Form 990 (2017)
Part X | Balance Sheet

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	743	, <u>, , .</u>	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	660,519.	1	287,857
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	355,000
4	Accounts receivable, net		4	2,672
5	Loans and other receivables from current and former officers, directors,			
1	trustees, key employees, and highest compensated employees. Complete			
1	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined unde			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
1	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Description and defended above a	1 10 722	9	10,67
1 -	Land, buildings, and equipment: cost or other	2077521	Ť	2070.
""	basis. Complete Part VI of Schedule D 10a 555,928	3.		
١,	Less: accumulated depreciation 10b 496,754		100	59,17
11	Investments - publicly traded securities		11	33,11
			12	
12	Investments - other securities. See Part IV, line 11		13	
13	Investments - program-related. See Part IV, line 11	100 000	14	109,27
14	Intangible assets			8,48
15	Other assets. See Part IV, line 11	4 450 540	15 16	833,13
16	Total assets. Add lines 1 through 15 (must equal line 34)		17	67,35
17	Accounts payable and accrued expenses		18	07,33
18	Grants payable		19	
19	Deferred revenue		 ``	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		ΙI	
1	parties, and other liabilities not included on lines 17-24). Complete Part X of	110 150		102 06
	Schedule D	110,150.		103,96
26	Total liabilities. Add lines 17 through 25	165,950.	26	171,32
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
1	complete lines 27 through 29, and lines 33 and 34.	077 000		100 10
27	Unrestricted net assets	877,028.	27	192,12
28	Temporarily restricted net assets			469,69
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	992,798.	33	661,81
34	Total liabilities and net assets/fund balances	1,158,748.	34	833,13



02-0767157 Page 12 ROCK THE VOTE

	1990 (2017) ROCK THE VOTE	04	-0/0/13	/	Pag	e ız		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				[
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				25.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3					
3	Revenue less expenses. Subtract line 2 from line 1	3				81. 98.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
_	column (B))	10	6	61	, 81	17.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				l	<u> </u>		
			_		es	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	_	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2	b 2	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,					
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	:,	١.				
	review, or compilation of its financial statements and selection of an independent accountant?		2	c 2	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit					
	Act and OMB Circular A-133?		3	a	_	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3					
			Fo	m 9	90 c	2017)		

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Employer identification number

		CK THE VOTE					0	2-0767157		
Part	I Reason for Publ	ic Charity Status	All organizations must c	omplete th	is part.) Se	e instructions				
The ora	anization is not a private fo	undation because it is:	(For lines 1 through 12,	check only	one box.)					
1 □	7		on of churches describe							
2 □			(Attach Schedule E (For							
з 🗆			anization described in s			ii).				
4	¬ · · ·		njunction with a hospita			-	(iii). Enter	the hospital's name.		
	city, and state:		,,				()	,		
5		ed for the benefit of a co	ollege or university owne	d or operat	ted by a o	overnmental u	nit describ	oed in		
-	section 170(b)(1)(A)(iv				, 9					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 🗓		-	antial part of its support				ne deneral	nublic described in		
,	section 170(b)(1)(A)(vi)		artial part of its support	ii oiii a gov	ommonta	ant or nome	ic general	public described in		
8 			(1)(A)(vi). (Complete Par	+11.\						
9 🗆			in section 170(b)(1)(A)		ad in coniu	inction with a	land-grant	college		
3 L	-	-	culture (see instructions)				_	-		
	university:	ina grant conege or agri	culture (see manactions)	. Litter the	rianio, oit	y, and state of	tric coneg	6 01		
10		rmally raceives: (1) mor	e than 33 1/3% of its sup	oport from	contributio	one mambare	hin face o	nd arece receipts from		
			ect to certain exceptions e (less section 511 tax) fr					-		
	See section 509(a)(2).		(less section 5 i i tax) ii	OIII DUSIII e	sses acqu	ined by the or	gariizatiori	alter Julie 30, 1975.		
11 🗆	¬		sively to test for public s	afaty Saas	ection 50	00(a)(A)				
12			sively for the benefit of, t	-			my out the	nurnoses of one or		
12 _			ed in section 509(a)(1)							
			of supporting organization					THECK THE DOX III		
а [supervised, or controlled		-		_	, aivina		
a			egularly appoint or elect							
		st complete Part IV, S		a majority	or the dire	ctors or truste	es or ure s	apporting		
h [d or controlled in connec	tion with it	e eunnort	ed omanizatio	n/e\ hv ha	wina		
			anization vested in the			_		_		
	-	must complete Part IV,		same perse	ziis tiiat ot	ontroi oi iiiana	ge the sup	ported		
c [ng organization operated	in connec	tion with :	and functional	lv integrate	ed with		
			s). You must complete				y mitograti	od mui,		
а [porting organization ope				ted organi	zation(s)		
			zation generally must sa							
			mplete Part IV, Section				· arraccorre			
е [written determination fro				II. Type III			
		_	onally integrated support			, , , , , , , , , , , , , , , , , ,	, ., po			
f E	nter the number of support		, , , , , , ,	9 0 1 9 4						
	rovide the following informs									
	(i) Name of supported	(ii) EN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
Total								l		

Schedule A (Form 990 or 990-EZ) 2017 ROCK THE VOTE 02-0767157 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1352762.	3045665.	3226140.	4148508.	987,557.	12760632.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1352762.	3045665.	3226140.	4148508.	987,557.	12760632.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6054975.
6	Public support, Subtract line 5 from line 4.						6705657.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1352762.	3045665.	3226140.	4148508.	987,557.	(f) Total 12760632.
	Gross income from interest.					·	
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,331.	5,567.	331.	9,581.		16,810.
9	Net income from unrelated business	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,790.	6,962.	900.	727.	70.	11,449.
11	Total support. Add lines 7 through 10	27.70	0,75021	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12788891.
	Gross receipts from related activities.	etc (see instruction	nns)			12	88,150.
	First five years. If the Form 990 is for		,	d. fourth, or fifth ta	x vear as a sectio		,
	organization, check this box and stop	-	, , , , , , , , , , , , , , , , , , , ,	a,, o	,		ightharpoons
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (line 6, column (f) di	vided by line 11, o	olumn (f))		14	52.43 %
	Public support percentage from 2016			177		15	63.87 %
	33 1/3% support test - 2017. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	_					- T
b	33 1/3% support test - 2016. If the	. ,					
-	and stop here. The organization qual						▶□
17a							or more.
	7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization						
h	10% -facts-and-circumstances tes						
	more, and if the organization meets to						
	organization meets the "facts-and-cir-						.
18	Private foundation. If the organization				,		I
10	Tivate roundation. If the organization	an alumot oneok a	DONOTHINE TO, 10	a, 100, 17a, 01 17t		dule A (Form 990	

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 ROCK THE VOTE Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtractline 7c from line 6.)						
	ction B. Total Support						
$\overline{}$	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(a) 2010	(6) 20 14	(6) 2010	(4) 2010	(6) 2017	(i) rotai
	Gross income from interest,						
100	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
_	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from			-		18	%
	33 1/3% support tests - 2017. If the			on line 14 and lin			
198							1/ 18 110t
	more than 33 1/3%, check this box a	-	-				P
ľ	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che		-			-	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501 (c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		res	NO
	1		
	2		
	3a		
	3b		
	2-		
	3c		
	4a		
	4b		
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	9b		
	9с		
	10a		
	iva		
	10b		
m 9	90 or 99	0-EZ)	2017

Schedule A (Forr

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	and an experiment of game and the		Yes	No
	Did the directory to stop or many bankin of any or many supported experientians have the power to		163	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		_	_
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	\Box	_
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	 -		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		I

COPY

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must con	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which ti	he organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
_	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
-8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017



02-0767157 Page 8 Schedule A (Form 990 or 990-EZ) 2017 ROCK THE VOTE Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS 2013 AMOUNT: \$ 0. 2014 AMOUNT: 6,962. 2015 AMOUNT: 900. 2016 AMOUNT: 727. 2017 AMOUNT: 70. ADMINISTRATION FEES 2013 AMOUNT: \$ 2,790. 2014 AMOUNT: 0. 2015 AMOUNT: 0. 2016 AMOUNT: 0. 2017 AMOUNT: 0.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2017

Name of the organiza	Employer identification number						
	ROCK THE VOTE	02-0767157					
Organization type(ch							
Filers of:	ilers of: Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	tion is covered by the General Rule or a Special Rule. iii01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.					
General Rule							
	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling in any one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509 any one cont	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
year, total co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contribu is checked, e purpose. Dor	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\infty\$						
but it must answer "N	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), at it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to rtify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number ROCK THE VOTE 02-0767157

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		s100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		s100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$75,000.	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number 02-0767157

110011	1112 1012		0707137
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization

Employer identification number

ROCK THE VOTE

02-0767157

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
-		<u> </u>	
(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	
(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
-			
453 11-01		\$Sahadula B /Farm	990, 990-EZ, or 990-PF) (i

Name of org	ganization			Employer identification number
	THE VOTE	dributions to organizations descri	had in eacti	02-0767157 on 501(c)(7), (8), or (10) that total more than \$1,000 for
Part III	the year from any one contributor. Complete	columns (a) through (e) and the f	ollowing line	entry. For organizations
	Use duplicate copies of Part III if addition		00 or less for tr	ne year. (Enter this into, once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				l
-				
- 1		(e) Transfer of	gift	
	Transferee's name, address, a	and ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
+		(e) Transfer of	gift	
	T			
İ	Transferee's name, address, a	ind ZIP + 4	, n	elationship of transferor to transferee
		_		
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
+		(e) Transfer of	gift	
	Tourstone le manuel address a	- 17ID - 4		
İ	Transferee's name, address, a	ind ZIP + 4	K	elationship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				l
+		(e) Transfer of	gift	
	Transferee's name, address, a	ind ZIP + 4	R	elationship of transferor to transferee
I		1		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam	ne of organization			Empl	oyer identification number
_	ROCK TH				02-0767157
Pa	art I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
3	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campains	tures ign activities		► \$	
	rt I-B Complete if the org				
	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	►\$	
	If the organization incurred a section				
	Was a correction made?				Yes No
D ₂	olf "Yes," describe in Part IV. art I-C Complete if the org	ranization is evennt und	or saction 501/a	except section 501	/a\/3\
	Enter the amount directly expended				
2	Enter the amount of the filing organ			-	
•	exempt function activities Total exempt function expenditures				
3					
4	line 17b Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	polover identification number (FIN	I) of all section 527 pol	litical organizations to which	h the filing organization
•	made payments. For each organiza			_	
	contributions received that were pr				•
	political action committee (PAC). If	additional space is needed, provi	de information in Part I	V.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	, , ,	, , ,	(-,	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
_					

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17



Part II-A Complete if the org section 501(h)).	anization is exen	npt under section	n 501(c)(3) and fil	ed Form 5768 (el	ection under				
A Check ► if the filing organiza expenses, and shar	tion belongs to an affil re of excess lobbying e	expenditures).		group member's nam	e, address, EIN,				
Limit	tion checked box A an ts on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influ b Total lobbying expenditures to influ c Total lobbying expenditures (add li	8,000. 1,000. 9,000.								
d Other exempt purpose expenditure e Total exempt purpose expenditure f Lobbying nontaxable amount. Ente	1,309,498. 1,318,498. 206,850.								
Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,5	The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e.								
g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zero j If there is an amount other than ze	51,713. 0. 0.								
reporting section 4911 tax for this year? 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)									
	Lobbying Expen	ditures During 4-Yea	ar Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total				
2a Lobbying nontaxable amount b Lobbying ceiling amount	260,296.	229,875.	454,114.	206,850.	1,151,135.				
(150% of line 2a, column(e))					1,726,703.				
c Total lobbying expenditures	395.	125.	500.	9,000.	10,020.				
d. Greenwate postavable amount	65,074.	57,469.	113,529.	51,713.	287,785.				
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	03,014.	37,403.	223,323.	31,713.	431,678.				
f Grassroots lobbying expenditures	395.	125.	500.	8,000.	9,020.				

Schedule C (Form 990 or 990-EZ) 2017



Schedule C (Form 990 or 990-EZ) 2017 ROCK THE VOTE 02-076715 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For ea	nch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)		
	lobbying activity.	Yes	No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	$\overline{}$				
	Media advertisements?					
	Mailings to members, legislators, or the public?	-				
	Publications, or published or broadcast statements?	$\overline{}$				
	Grants to other organizations for lobbying purposes?	$\overline{}$				
	Direct contact with legislators, their staffs, government officials, or a legislative body?	$\overline{}$				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-				
	Other activities?	-				
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), or se	ction		
	· · · · · · · · · · · · · · · · · · ·			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members	, 011	1	74,	10 0, 10	
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	 I				
_	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	itical				
	expenditure next year?		. 4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part	IV Supplemental Information					
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group li	st); Part II-A	, lines 1 a	and 2 (see		
instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.					
_						

Schedule C (Form 990 or 990-EZ) 2017



SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ROCK THE VOTE

Employer identification number 02-0767157

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only					
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring					
_	impermissible private benefit?							
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).						
	Preservation of land for public use (e.g., recreation or	education) $igsqcup Preservation of a his$	torically important land area					
	Protection of natural habitat	Preservation of a cer	tified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form						
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements							
b	Total acreage restricted by conservation easements							
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c					
d	Number of conservation easements included in (c) acquired		ture					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax					
	year ▶							
4	Number of states where property subject to conservation ea							
5								
	violations, and enforcement of the conservation easements							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year					
_	<u> </u>							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year					
	► \$		00-1/41/00/01					
8	8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)							
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservat							
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for							
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
. u	Complete if the organization answered "Yes" on Form		And Ommar Addator					
10	If the organization elected, as permitted under SFAS 116 (A)		ment and halance cheet works of art					
Ia	historical treasures, or other similar assets held for public ex							
	the text of the footnote to its financial statements that descr	,	ance of public service, provide, in Part Alli,					
h	If the organization elected, as permitted under SFAS 116 (A)		at and balance sheet works of art historical					
	treasures, or other similar assets held for public exhibition, e							
	relating to these items:	ducation, or research in furtherance of pr	ablic service, provide the following amounts					
	-		▶ ¢					
	(i) Revenue included on Form 990, Part VIII, line 1		. .					
2	If the organization received or held works of art, historical tre	pasures or other similar assets for financi						
-	the following amounts required to be reported under SFAS 1		ai gaii, piovide					
_			▶ \$					
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X							
D	maseta iliviuudu ili Fuffil 330, Falt A							

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Schedule D (Form 990) 2017



_	dule D (Form 990) 2017 ROCK TH									Page 2		
Pai	t III Organizations Maintaining C											
3	Using the organization's acquisition, access	ion, and other record	ls, check an	y of the	following tha	t are a si	gnificant	use of its	collection	items		
	(check all that apply):											
а	Public exhibition	d			hange progra	ams						
b	Scholarly research	е	☐ Oth	er								
С	Preservation for future generations											
4	Provide a description of the organization's c		-		-			ose in Par	XIII.			
5	During the year, did the organization solicit of								1	—		
Day	to be sold to raise funds rather than to be m								Yes	□ No		
Pai	t IV Escrow and Custodial Arran		ete if the org	anizatio	n answered '	Yes" on	Form 990), Part IV,	line 9, or			
_	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custod								1	□		
	on Form 990, Part X?							L	Yes	∟ No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:								
									Amount			
	Beginning balance											
	Additions during the year											
	Distributions during the year											
	Ending balance Did the organization include an amount on F								Yes	T No.		
							ity?		」 Yes	⊢ No		
	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete						0					
· u	Eliastinoit i aliasi complete	(a) Current year	(b) Prior		(c) Two year	_		/ears hack	(a) Four	years back		
10	Beginning of year balance	(a) Current year	(b) Filor	yeai	(c) I wo year	3 Dack	(u) rinico	rear 3 back	(e) rour	rours back		
	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships					$\neg \uparrow$						
	Other expenditures for facilities					\neg						
	and programs											
f	Administrative expenses											
	End of year balance											
	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1a, c	olumn (a	a)) held as:							
	Board designated or quasi-endowment	•	%	,	,,							
	Permanent endowment ▶		_									
	Temporarily restricted endowment ▶											
	The percentages on lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	re held a	and administe	red for th	ne organi:	zation	_			
	by:								`	Yes No		
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sche	dule R?					3b			
4	Describe in Part XIII the intended uses of the		wment fund	ds.								
Pai	t VI Land, Buildings, and Equipm	nent.										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lir	ne 11a. S	See Form 990), Part X,	line 10.					
	Description of property	(a) Costoro		. ,	orother		cumulate	- 1	(d) Book	value		
		basis (investr	nent)	basis	(other)	dep	reciation					
	Land											
	Buildings							-				
	Leasehold improvements				0 000		14.1					
	Equipment	I .			9,978.		14,4	_		,569.		
	Other				5,950.	4	82,3	45.		,605.		
Total	. Add lines 1a through 1e. (Column (d) must e	egual Form 990, Part	x. column (B). line 1	IUC.)			•	23	,174.		

Schedule D (Form 990) 2017



(5)(7)(8)103,965. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \blacktriangleright

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

Schedule D (Form 990) 2017



COPY

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ROCK THE VOTE

Part I Questions Regarding Compensation

Employer identification number 02-0767157

	at 1 Questions regarding compensation					
			Yes	No		
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
_						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
7	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		х		
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X		
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X		
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40				
	11 165 to any of miles 420, list the persons and provide the approach amounts for each item in a tim.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		Х		
	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		Х		
	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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Schedule J (Form 990) 2017

