*** PUBLIC DISCLOSURE COPY ***

Form 990 (Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

19 Open to Public

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address ROCK THE VOTE Name change 02-0767157 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (202) 719-9910 Final return/ 1440 G STREET, NW termin-ated 1,338,580. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende d WASHINGTON, DC 20005 H(a) Is this a group return F Name and address of principal officer: CAROLYN DEWITT Yes X No for subordinates? pending SAME AS C ABOVE Yes H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► ROCKTHEVOTE . ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Other > L Year of formation: 2005 M State of legal domicile: DC Association Part I Summary Briefly describe the organization's mission or most significant activities: THE REGISTRATION, EDUCATION AND Governance MOBILIZATION OF YOUTH TO PARTICIPATE IN THE DEMOCRATIC PROCESS AND 2 Check this box 🕨 🔛 if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 4 Number of independent voting members of the governing body (Part VI, line 1b) త 13 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 5702 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year 2,310,685. 1,338,580. 8 Contributions and grants (Part VIII, line 1h) Revenue 65,000. 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 250. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,375,935. 1,338,580. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 52,250. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 395,703. 440,237. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 60,637. b Total fundraising expenses (Part IX, column (D), line 25) 910,756. 916,105. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,358,709. 1,356,342. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,017,226. -17,762. 19 Revenue less expenses. Subtract line 18 from line 12 58 Beginning of Current Year End of Year sets 1,709,751. 1,749,361. 20 Total assets (Part X. line 16) 73,250. 41,465. 21 Total liabilities (Part X, line 26) E Se 1,676,111. 1,668,286. 22 Net assets or fund balances, Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/24/20 Signature of officer Sign CAROLYN DEWITT, PRESIDENT/EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/16/20 "sdf-employed P00639053 Paid FRANK H. SMITH rank H. Firm's name MARCUM LLP Firm's EIN ▶ 11-1986323 Preparer Firm's address 1899 L STREET, Use Only NW, SUITE 850

LHA For Paperwork Reduction Act Notice, see the separate instructions. 932001 01-20-20

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

WASHINGTON, DC 20036

Form 990 (2019)

X Yes No

Phone no. (202) 227-4000

Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ 1,100,945. Total program service expenses

Form 990 (2019)

THE ROLE OF THIRD-PARTIES AND TECHNOLOGICAL ENHANCEMENTS. ROCK THE VOTE UPGRADED ITS REVOLUTIONARY CANVASSER APP; SECURED A COMMITMENT FROM

932002 01-20-20

	990 (2019) ROCK THE VOTE 02-0767	157	P	age
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes, " complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, "complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	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			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			١
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			۱,,
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			١,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	١		
	or more? If "Yes, " complete Schedule F, Parts I and IV	14b	\vdash	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			v
40	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			v
	or for foreign individuals? If "Yes, " complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? 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	40		х
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_^

20b

20a

16511116 150872 RTV

complete Schedule G, Part III

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes, " complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			٠
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_
32	The state of the s	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
04	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1 45		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15	-		
	Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
0.000	(gambling) winnings to prize winners?	1c		(2019)
932004	1 01-20-20	rorm	330	(2019)

Form 990 (2019)

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15

excess parachute payment(s) during the year?

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

If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

ROCK THE VOTE 02-0767157 Page 6 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 on 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 No Yes 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 on Schedule O. 10 b Enter the number of voting members included on 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 officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 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 9 organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 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 in Schedule O how this was done

3	Did the organization have a written whistleblower policy?	13	Λ	\perp
4	Did the organization have a written document retention and destruction policy?	14		Х
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			

Section C. Disclosure

17	List the states with which a copy of this Formula	rm 990 is required to be filed 🛭	►AL,AK	, AR , CA	, CO, CT	,FL,GA	,нт,ть	,KS,	, KY

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

	_ Own webs	ne	_	^	notne	rs w	BUSIL	e	Λ	. 0	ponrec	uest	_	Otner	(explail	non	Scn	eaure	0)
_			_				_												

19	Describe on 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	ightharpoons	
	CAROLYN DEWITT - (202) 719-9910		
	1440 C CORRED NW WAGHINGTON DC 2000E		

Form 990 (2019)

m 990 (2019) 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.
 See instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not d	Pos heck	ition more	l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ssper	rson is	s both	nan	compensation	compensation	amount of
	week	-	ceram	a a a	recto	r/trus/	18 6)	from	from related	other
	(list any hours for	director						the	organizations	compensation from the
	related	900	8			soled		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	trus bee or	institutional trustes		8	ubdu		(** 27 1000 111100)		and related
	below	dividual	100m	bu	Key employee	stop	les .			organizations
	line)	Indivi	hsth	Officer	Keye	Highest compens employee	Former			
(1) CAROLYN DEWITT	40.00									
PRESIDENT/EXECUTIVE DIRECTOR		L		Х				120,000.	0.	11,843.
(2) AMANDA BROWN LIERMAN	2.00									
CO-CHAIR		Х	_	Х				0.	0.	0.
(3) FRANK SMITH	2.00									
CO-CHAIR		Х		Х	_			0.	0.	0.
(4) HEATHER SMITH	2.00									
TREASURER - UNTIL 03/2019		Х	_	Х	<u> </u>	_	_	0.	0.	0.
(5) LARA BERGTHOLD	2.00			l						_
SECRETARY		Х	_	Х	_			0.	0.	0.
(6) JEFF AYEROFF	2.00									_
DIRECTOR		Х	_	_	<u> </u>		_	0.	0.	0.
(7) CHRIS MELODY FIELDS FIGUEREDO	2.00								_	_
DIRECTOR, TREASURER - AS OF 03/2019		Х	-	-	<u> </u>		_	0.	0.	0.
(8) RUSSELL GLASS	2.00								_	_
DIRECTOR	2 00	Х	-		-			0.	0.	0.
(9) WAYNE JORDAN	2.00	.,							_	_
DIRECTOR	2 00	Х	\vdash		\vdash			0.	0.	0.
(10) DERAY MCKESSON DIRECTOR	2.00	х						0.	0.	0.
(11) JESSE MOORE	2.00	Α.	\vdash	\vdash	\vdash	\vdash	\vdash	0.	0.	<u> </u>
DIRECTOR	2.00	х						0.	0.	0.
(12) JON RUBIN	2.00	_	\vdash	\vdash	\vdash			0.	0.	<u></u>
DIRECTOR - UNTIL 03/2019	2.00	x						0.	0.	0.
(13) MICHAEL SKOLNIK	2.00	Α	\vdash	\vdash	\vdash	\vdash			0.	<u>.</u>
DIRECTOR	2.00	x						0.	0.	0.
22100101		-	\vdash	\vdash	\vdash	\vdash	\vdash		•	<u>.</u>
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Form 990 (2019)

932007 01-20-20

Form 990 (201)	9) ROCK THE	VOTE								02-0	7671	157	P	age
D 1 1/11	ction A. Officers, Directors, Trus		olov	ees.	and	Hic	ahes	st Co	ompensated Employee					
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	١		Posi	ition			Reportable	Reportable	,	Es	timate	d
		hours per	box	not d unles	ssper	son is	s both	han	compensation	compensatio		an	nount	of
		week	offic	er an	dadi	irecto	r/trus	ntee)	from	from related	ı		other	
		(list any	director						the	organization			pensa	
		hours for related	ъ	9			appe		organization	(W-2/1099-MK	SC)		om th	
		organizations	96 98	bushe		2	ibdii		(W-2/1099-MISC)			_	anizat d relat	
		below	ndividual trus tee	tiona		ey employee	st con						anizati	
		line)	ndîvî	nstitutional	Officer	ey er	Highest compensated employee	Former				0. g.		
			<u> </u>											
			-			_	-	⊢			\longrightarrow			_
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			1											
1b Subtotal								<u> </u>	120,000.		0.	1	1,8	43
	m continuation sheets to Part V							▶	0.		0.			0
d Total (ad	ld lines 1b and 1c)							<u> </u>	120,000.		0.	1	1,8	43
	mber of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	е			
compens	sation from the organization												Yes	No
a Did the e		dimeter to other	1					. la i ali			١		res	N
	organization list any former officer			-	-	-		_		-	- 1	2		Х
	If "Yes, " complete Schedule J for s ndividual listed on line 1a, is the si								ar an empanantian from t		}	3		
												4		Х
	ed organizations greater than \$15 person listed on line 1a receive or											4		
	to the organization? If "Yes," con					-		siate	d organization or individ	iuai ior services	- 1	5		Х
	dependent Contractors	ipiete Scheduli	9 110	W SI	ich f	rers!	on .							
	e this table for your five high est co	mpensated ind	lepe	nder	nt co	ntra	acto	rs th	at received more than \$	100,000 of com	pensat	ion fro	om	
the organ	nization. Report compensation for	the calendar ye	ear e	ndin	ng w	ith c	r wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0		
	Name and business	address							Description of s	ervices	C	ompe	nsatio	n

(A) Name and business address	(B) Description of services	(C) Compensation
NGP VAN INC., 1445 NEW YORK AVENUE, NW, SUITE 200, WASHINGTON, DC 20005	CRM SOFTWARE	120,000.
DAVID PRUTER 7752 QUITASOL STREET, CARLSBAD, CA 92009	DESIGNER & DATA MANAGER	119,200.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

Form **990** (2019)

 $\mathbf{CQPY}_{\!_{1}\!_{V}}\!\underline{\mathbf{Y}}_{\!_{1}}$

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

_	Check if Schedule O contains a response or note to any line in this Part VIII								
				(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under		
					Turiction revenue	Dusiness revenue	sections 512 - 514		
20 20	1 a	Federated campaigns 1a							
, Gifts, Grants nilar Amounts	b	Membership dues 1b							
ତ୍ ଥ	c	Fundraising events 1c							
ξ¥	d	Related organizations 1d		1					
2 8		Government grants (contributions) 1e		1					
Contributions, Gif and Other Similar	f	All other contributions, gifts, grants, and							
풀힐			338,580.						
울히	_	Noncash contributions included in lines 1a-1f	330,3001	1					
등림	9	Total. Add lines 1a-1f		1,338,580.					
0.0		Total. Add lines 1a-11	Business Code	±,330,300.					
			Business Code						
ا <u>ق</u>	2 a								
Program Service Revenue	b								
e S	С.								
Ēģ	d								
ğΠ	е								
۱ ۵		All other program service revenue							
\rightarrow		Total. Add lines 2a-2f							
	3	Investment income (including dividends, intere							
		other similar amounts)							
	4	Income from investment of tax-exempt bond p							
	5	Royalties							
		(i) Real	(ii) Personal						
	6 a	Gross rents 6a							
	b	Less: rental expenses 6b							
	С	Rental income or (loss) 6c							
	d	Net rental income or (loss)	<u></u>						
	7 a	Gross amount from sales of (i) Securities	(ii) Other						
		assets other than inventory 7a							
	b	Less: cost or other basis							
의		and sales expenses 7b							
Other Revenue	С	Gain or (loss) 7c							
ê l	d	Net gain or (loss)							
ē		Gross income from fundraising events (not							
ㅎ		including \$ of							
		contributions reported on line 1c). See							
		Part IV, line 18							
	b	Less: direct expenses 8b							
		Net income or (loss) from fundraising events	>						
		Gross income from gaming activities. See							
		Part IV, line 19 9a							
	b	Less: direct expenses 9b							
		Net income or (loss) from gaming activities							
		Gross sales of inventory, less returns							
		and allowances 10a							
	b	Less: cost of goods sold 10t		1					
		Net income or (loss) from sales of inventory							
\neg		Alcount of 1999) Holli Sales of Hivelitory	Business Code						
s l	11 a								
e e	b								
ke Ha	c								
Miscellaneous Revenue	4	All other revenue							
Σ	u	Total. Add lines 11a-11d	>						
-				1,338,580.	0.	0.	0.		
_	14	Total revenue, See instructions		E, JJU, JUU.	· ·		5000 (0040)		

932009 01-20-20

a Management

6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Х Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (**D**) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 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, 97,564. 26,369. 131,843. 7,910. trustees, and key employees

7	Other salaries and wages	237,048.	213,023.	5,711.	18,314.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,611.	5,983.	187.	441.
9	Other employee benefits	34,125.	29,781.	2,113.	2,231.
10	Payroll taxes	30,610.	25,618.	2,701.	2,291.
11	Fees for services (nonemployees):				

b	Legal	50,151.	50,151.	
С	Accounting	74,627.	74,627.	
d	Lobbying			
е	Professional fundraising services. See Part IV, line 17			

	invostriont management rees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	255,719.	221,293.	18,572.	15,854.
12	Advertising and promotion	89,516.	88,766.		750.
13	Office expenses	9,464.	8,059.	855.	550.
14	Information technology	297 297	289 295	4 305	3 697

15	Royalties				
16	Occupancy	57,867.	49,235.	4,644.	3,988.
17	Travel	23,967.	20,876.	534.	2,557.
18	Payments of travel or entertainment expenses				

19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,564.	37,577.	1,069.	918.
23	Insurance	13,411.	11,337.	1,116.	958.

24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	3,846.	1,967.	1,750.	129.

	amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	3,846.	1,967.	1,750.	129.
b	REGISTRATION FEES	400.	338.	33.	29.
С	MISCELLANEOUS	276.	233.	23.	20.
d					
	All other expenses				

е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,356,342.	1,100,945.	194,760.	60,637
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

for any federal, state, or local public officials

Form 990 (2019)

932010 01-20-20

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,001,736.	1	737,364.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			544,959.	3	747,925.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ä	9				19,801.	9	30,100
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	608,524.			
	b	Less: accumulated depreciation	10b	556,287.	69,727.	10c	52,237.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, Iin		12			
	13	Investments - program-related. See Part IV, Iir		13			
	14	Intangible assets	97,768.	14	86,266.		
	15	Other assets. See Part IV, line 11		15,370.	15	55,859.	
	16	Total assets. Add lines 1 through 15 (must e			1,749,361.	16	1,709,751.
	17	Accounts payable and accrued expenses	41,852.	17	41,465.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). C	omplete Part X	21 200	_	•
		of Schedule D			31,398.		41.465
	26	Total liabilities. Add lines 17 through 25		▶ ▼	73,250.	26	41,465.
ø		Organizations that follow FASB ASC 958, o	check here				
ě		and complete lines 27, 28, 32, and 33.			1 247 046		707 157
alai	27				1,347,946. 328,165.		797,157. 871,129.
g B	28	Net assets with donor restrictions			320,103.	28	0/1,123.
Š		Organizations that do not follow FASB ASC	3 958, check	nere 🕨 📖			
ř		and complete lines 29 through 33.					
ş	29	Capital stock or trust principal, or current fun				29	
SSG	30	Paid-in or capital surplus, or land, building, or		-4661-		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,676,111.	31	1,668,286.
ž	32	Total net assets or fund balances			1,749,361.		1,709,751.
_	33	Total liabilities and net assets/fund balances			1,/47,301.	33	1,709,751.

Form 990 (2019)



Form	990 (2019) ROCK THE VOTE	02-	076715	7	Pag	e 12
Pai	Tt 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	1,3	38	,58	0.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3	56	,34	2.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	17	,76	2.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,6	76	,11	1.
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	,93	7.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,6	68	,28	6.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				[
	•				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					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	\neg	х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:	011 0				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?		2		\neg	х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	540.0,				
	Separate basis Consolidated basis Both consolidated and separate basis					
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit		$^{-}$	\neg	
•	review, or compilation of its financial statements and selection of an independent accountant?		2	.		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
Ja	A 1	gio Muu	" 3	a		х
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	ad and		+	\dashv	
D	ii res, and the organization undergo the required addit or addits: if the organization did not undergo the requir	eu au u	"	ı	- 1	

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Name	Name of the organization Employer identification number								
		ROCK	THE VOTE					0	2-0767157
Par	tΙ	Reason for Public C	Charity Status (All organizations must co	mplete thi	s part.) Se	e instructions	3.	
The o	rgan	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1 [A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2 [A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1990 or 99	0-EZ).)			
з [A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	ii).		
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5 [An organization operated for	or the benefit of a col	llege or university owned	oroperate	ed by a go	vemmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7 [X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	mmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [A community trust describe	d in section 170(b)	(1)(A)(vi). (Complete Pari	t II.)				
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from o	ontributio	ns, membersh	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of it	ts support t	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	_	See section 509(a)(2). (Cor	mplete Part III.)						
11 ļ		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12 [An organization organized a	and operated exclusi	vely for the benefit of, to	perform ti	ne function	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	rsection	509(a)(2).	See section 8	509(a)(3). (Check the box in
		lines 12a through 12d that						_	
а					-				
		the supported organization			majority o	f the direc	tors or truste	es of the su	pporting
	_	organization. You must c							
b		Type II. A supporting org	_				_		_
		control or management o			ame persor	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus							
С		_ Type III functionally inte						iy integrate	a with,
		its supported organization		-					
a		Type III non-functionally							
		that is not functionally int	_		-			an attentiv	eness
_		requirement (see instructi	•					. T	
е		Check this box if the orga					Type I, Type	ii, Type iii	
	Ente	functionally integrated, or er the number of supported o	**	nally integrated supporting	ig organiz	auon.			
				d amanization(a)					
g_		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	No	support (see in	structions)	support (see instructions)
				above (see instructions))					

Schedule A (Form 990 or 990-EZ) 2019 ROCK THE VOTE 0 2 - 0 7 6 7

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3226140.	4148508.	987,557.	2310685.	1338580.	12011470.
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	3226140.	4148508.	987,557.	2310685.	1338580.	12011470.
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)						4959464.
6	Public support. Subtract line 5 from line 4.						7052006.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3226140.	4148508.	987,557.	2310685.	1338580.	12011470.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	331.	9,581.				9,912.
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.)	900.	727.	70.	250.		1,947.
11	Total support. Add lines 7 through 10						12023329.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	127,100.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501 (c)(3)	
_	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	58.65 %
15	Public support percentage from 2018	Schedule A, Part I	II, line 14			15	59.43 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	. ,					
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	 2019. If the org. 	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac			_		_	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the 'facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 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	olovi, prodoc comp	roco i di citti					
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(6	2019	(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-							
7	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							
7:	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(6	2019	(f) Total
9	Amounts from line 6							
10:	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources							
ŀ	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)					504/	1401	
14	First five years. If the Form 990 is for	r the organization's	first, second, thin	d, fourth, or fifth ta	ax year as a section	n 501 (c)(3) organiza	tion,
_	check this box and stop here							
	ction C. Computation of Publi					T T		
	Public support percentage for 2019 (I			olumn (f))		15		%
	Public support percentage from 2018					16		%
	ction D. Computation of Inves					T T		
	Investment income percentage for 20			ne 13, column (f))		17		%
	Investment income percentage from	,				18		%
19	33 1/3% support tests - 2019. If the	_					, and line 17	'is not
	more than 33 1/3%, check this box ar							▶□
t	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re thar	n 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted or	ganization	▶∐
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

16511116 150872 RTV

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
32		
10a		
10b		
990 or 99	0-EZ)	2019

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Pa	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		
c	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		_
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (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 inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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.			
a	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	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule A (Form 990 or 990-EZ) 2019

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	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 the	e organization is responsive	:	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
止	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017 Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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						
2015 AMOUNT: \$	900.					
2016 AMOUNT: \$	727.					
2017 AMOUNT: \$	70.					
2018 AMOUNT: \$	250.					
2019 AMOUNT: \$	0.					

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

RC	OCK THE VOTE	02-0767157				
Organization type (check o	ne):					
Filers 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					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) any one contributo	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.					
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.						
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						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

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

Name of organization

Employer identification number

ROCK T	THE VOTE		02-0767157
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		s400,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		s157,50	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3		s150,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
4		\$131,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$100,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
6		\$100,00	Person X Payroll

CORY

Name of organization Employer identification number

ROCK THE VOTE 02-0767157 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Total contributions Type of contribution Name, address, and ZIP + 4 7 Person Payroll 35,000. Nonc ash (Complete Part II for noncash contributions.) (a) (c) Total contributions No. Name, address, and ZIP + 4 Type of contribution 8 X Person Payroll 27,250. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll Nonc ash (Complete Part II for noncash contributions.) (a) (c) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution

		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll

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

Noncash (Complete Part II for noncash contributions.) Name of organization

Employer identification number

ROCK THE VOTE

02-0767157

Part II	Noncash Property (see instructions). Use duplicate copies of Part I		-0707137
(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
		<u> </u>	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		s	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
$-\Big $		s	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 4 Name of organization Employer identification number ROCK THE VOTE 02-0767157 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. attos.) > \$_ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transfer or to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

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

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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.

2019
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

) (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organization of organization	tions: Complete Part III.		Emr	loyer identification number
Ivan	•	E MOME		Emp	02-0767157
Da	ROCK TH	E VOTE panization is exempt under	coction FO1(c) or	ris a section 527 or	
Га	Complete it the org	gamzation is exempt under	section sorter of	15 a Section 521 0	yanızatıon.
	Provide a description of the organiz				
	Political campaign activity expendit				\$
3	Volunteer hours for political campai	ign activities			
D-	t. D. Commisto if the one		+: F04/-\/0\		
$\overline{}$		ganization is exempt under			
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	·····	§
	Enter the amount of any excise tax				
	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	r this year?		
					Yes No
Do.	o If "Yes," describe in Part IV. art I-C Complete if the org	anization is evenut under	continu FO1/a)	voont coation E01/	-1/21
		<u> </u>		<u> </u>	
	Enter the amount directly expended				\$
2	Enter the amount of the filing organ				
	exempt function activities			>	\$
3	Total exempt function expenditures				
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en			-	
	made payments. For each organiza	-			-
	contributions received that were pro-				te segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	e information in Part IV	'.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0-	delivered to a separate
					political organization.
_					If none, enter -0
_					
_					
_					
_					
_					
				I	1

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

Schedule C (Form 990 or 990-EZ) 2019

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Part II-A Complete if the org	anization	ı is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						===
A Check ► ☐ if the filing organiza expenses, and shar	_			Part IV each amiliated	group member's name	e, address, EIN,
		, ,	d "limited control" pro	vicione anniv		
Limi	ts on Lobb	ying Exper		visions apply.	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence publi	c opinion (c	rassroots lobbying)		6,000.	
b Total lobbying expenditures to influ	-				1,500.	
c Total lobbying expenditures (add li	_				7,500.	
d Other exempt purpose expenditure					1,348,842.	
e Total exempt purpose expenditure		1c and 1d)			1,356,342.	
f Lobbying nontaxable amount. Ente				columns.	210,634.	
If the amount on line 1e, column (a) o	r (b) is:	The lobi	bying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of I	ine 1f)			52,659.	
h Subtract line 1g from line 1a. If zer	o or less, er	nter-0			0.	
i Subtract line 1f from line 1c. If zero	or less, en	ter-0			0.	
j If there is an amount other than ze	ro on either	line 1h or l	ine 1 i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	year?				L	Yes No
(Some organizations ti	hat made a	section 50	raging Period Under: 01(h) election do not h ate instructions for lin	nave to complete all o	of the five columns be	low.
	Lobb	ying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	454	,114.	206,850.	209,377.	210,634.	1,080,975.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						1,621,463.
c Total lobbying expenditures		500.	9,000.	16,000.	7,500.	33,000.
d Grassroots nontaxable amount	113	,529.	51,713.	52,344.	52,659.	270,245.
e Grassroots ceiling amount (150% of line 2d, column (e))						405,368.
	I		ı	I	I	I

8,000.

500.

Schedule C (Form 990 or 990-EZ) 2019

15,000.

Schedule C (Form 990 or 990 EZ) 2019 ROCK THE VOTE 02-0767157 Page 3 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)).

Fore	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description)	(b)	
of the lobbying activity.		Yes No		Amount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
_	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			A!	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio				o :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, IIne	3, IS
_					
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	eal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pro-				
_	expenditure next year?		4		
Dar	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Prov	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	list); Part II-/	A, lines 1 a	nd 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
_					
_					

Schedule C (Form 990 or 990-EZ) 2019



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

Pai	TI Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, line		
		(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 w		
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_			Yes No
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	ion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it is	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservat	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stateme	ents that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	,	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		I gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2019



_	dule D (Form 990) 2019 ROCK THI		10-1-1-17-		L O		02-07			1ge 2
	rt III Organizations Maintaining C							(contin	ued)	—
3	Using the organization's acquisition, accession	on, and other records,	cneck any of the	following that mar	ke signi	ricant u	ise of its			
	collection items (check all that apply): Public exhibition			- h						
а		d		change program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	-	-	-	-		se in Part	XIII.		
5	During the year, did the organization solicit or					sets		٦.,		1
Par	to be sold to raise funds rather than to be ma rt IV Escrow and Custodial Arrang					000		Yes		No
rai	reported an amount on Form 990, Par		e ir the organizati	on answered "Yes	on For	rm 990	, Part IV, I	ine 9, or		
10	Is the organization an agent, trustee, custodia		ny for contribution	ne or other seeste i	not in al	udad				
Ia	on Form 990, Part X?					uaea		Yes		No
h	If "Yes," explain the arrangement in Part XIII a							_ res) NO
	ii res, explain the analigement in Part Allia	and complete the lond	wing table.			П		Amount		
	Reginging balance					1c		Amount		
	Beginning balance					1d				
	Additions during the year					1e				
	Distributions during the year Ending balance					1f				
	Did the organization include an amount on Fo							Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.				-			_ 163	\vdash	1
Par										
		(a) Current year	(b) Prior year		$\overline{}$	Three v	ears back	(e) Four	vears	hack
1a	Beginning of year balance	(a) containe your	(2) 1 1101 1001	(0) 1110 (00.10 00.1	1 (4)	1111100 }	0010 00011	(0):00:	yours	0.0011
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance (line 1a, column (a	a)) held as:						_
	Board designated or quasi-endowment	•	%	-,,						
	Permanent endowment >									
	c Term endowment > %									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
3a	Are there endowment funds not in the posses		on that are held a	and administered fo	or the o	rganiza	tion			
	by:	Ü						ſ	Yes	No
	(i) Unrelated organizations							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a.	See Form 990, Par	t X, line	10.				
	Description of property	(a) Cost or oth	ner (b) Cos	st or other (c) Accu	mulate	d	(d) Book	value	9
_		basis (investme	ent) basis	s (other)	depre	ciation				
1a	Land									
b	Buildings									
С	Leasehold improvements									

Schedule D (Form 990) 2019

18,851.

537,436.

3,313.

48,924.

52,237.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

22,164.

586,360.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2019



Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5		
Pai	TXII Reconciliation of Expenses per Audited Financial S		es per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d				
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 1			
b	Other (December in Dect VIII.)				
	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b				
c _5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line				
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 't XIII Supplemental Information.	18.)	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5	,	
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 't XIII Supplemental Information.	18.) d 4; Part IV, lines 1b and 2b; Pa	5	,	
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5	,	
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5	,	
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5	,	
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5	,	
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5	,	
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5	,	
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5	,	
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line *t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) d 4; Part IV, lines 1b and 2b; Pa	5		

Schedule D (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

ROCK THE VOTE

Employer identification number 02-0767157

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROTECTION OF THEIR FREEDOM TO VOTE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PEOPLE'S RIGHT TO VOTE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PARTNERS LAUNCHING BRANDS FOR DEMOCRACY; AND KICKED OFF INITIATIVES
WITH NEW MAJOR CORPORATE PARTNERS IN THE LEAD UP TO THE 2020 ELECTION.
IN 2019, ROCK THE VOTE PROCESSED MORE THAN 219,000 VOTER REGISTRATION
APPLICATIONS AND HELPED MORE THAN 116,000 INDIVIDUALS LOOK UP THEIR
VOTER REGISTRATION STATUS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
DEMOCRACY CLASS OFFERINGS TO INCLUDE A LESSON PLAN ON THE CENSUS AND
GREW ITS COALITION TO MORE THAN 120 ORGANIZATIONS.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ANOTHER STATE TO ADOPT CONNECTED VOTER REGISTRATION AND BE THE FIRST
STATE TO IMPLEMENT THE COMMON DATA FORMAT; STARTED THE PROCESS TO
IMPLEMENT CONNECTED VOTER REGISTRATION IN A THIRD STATE; AND STARTED
THE PROCESS TO DEVELOP A TOOL TO ENHANCE BALLOT EDUCATION.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION HAS ANSWERED THE QUESTION 'NO' BECAUSE IT DOES NOT HAVE
ANOTHER COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

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

BODY.

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

AN OUTSIDE ACCOUNTANT PREPARES THE FEDERAL FORM 990. THE DRAFT VERSION OF THE FEDERAL FORM 990 IS THEN REVIEWED AND APPROVED BY THE PRESIDENT/EXECUTIVE DIRECTOR AND REVIEWED BY THE BOARD OF DIRECTORS BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

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

A DOCUMENT IS GIVEN TO ALL STAFF ONCE A YEAR FOR THE STAFF TO DISCLOSE AND SIGN WHETHER A POSSIBLE CONFLICT OF INTEREST EXISTS. ADDITIONALLY, THE CONFLICT OF INTEREST POLICY IS GIVEN TO ALL BOARD MEMBERS FOR THEIR REVIEW EVERY YEAR TO SIGN AND INDICATE IF A POSSIBLE CONFLICT OF INTEREST EXISTS. IF AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST ARISES, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OF DIRECTORS OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OF DIRECTORS OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE CHAIR OF THE BOARD OF DIRECTORS OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

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

COMPENSATION FOR THE OFFICERS AND THE KEY EMPLOYEES IS DECIDED BY THE BOARD Schedule O (Form 990 or 990-EZ) (2019)

16511116 150872 RTV

Name of the organization ROCK THE VOTE	Employer identification number 02-0767157
OF DIRECTORS BASED ON COMPARABLE DATA AND RECORDED INTO TH	E BOARD OF
DIRECTORS MEETING NOTES. THE BOARD OF DIRECTORS IS RESPONS	IBLE FOR
REVIEWING AND IMPLEMENTING ANY CHANGES IN COMPENSATION FOR	THE LEADERSHIP,
AS APPROPRIATE, BASED ON COMPARABLE DATA. THIS COMPENSATIO	N STUDY WAS LAST
PERFORMED IN 2016 WHEN THE NEW PRESIDENT/EXECUTIVE DIRECTO	R WAS HIRED.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MO, MS, N	V,NH,NJ,NM,NY,NC
ND,OH,OK,OR,PA,RI,SC,TN,VT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY AND
FINANCIAL STATEMENTS ARE HELD BY APPROPRIATE BOARD MEMBERS	IN THE
ORGANIZATION'S OFFICE AND ARE AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
DESIGNER AND DATA MANAGER:	
PROGRAM SERVICE EXPENSES	110,058.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	110,058.
DIGITAL SUPPORT:	
PROGRAM SERVICE EXPENSES	42,000.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	42,000.

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization ROCK THE VOTE	Employer identification number 02-0767157
DESIGN SUPPORT:	
PROGRAM SERVICE EXPENSES	34,952.
MANAGEMENT AND GENERAL EXPENSES	537.
FUNDRAISING EXPENSES	461.
TOTAL EXPENSES	35,950.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	18,908.
MANAGEMENT AND GENERAL EXPENSES	12,759.
FUNDRAISING EXPENSES	643.
TOTAL EXPENSES	32,310.
FUNDRAISING SUPPORT:	
PROGRAM SERVICE EXPENSES	15,375.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	14,750.
TOTAL EXPENSES	30,125.
PAYROLL PROCESSING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,276.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,276.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	255,719.