*** PUBLIC DISCLOSURE COPY ***

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A I	or th	e 2020 calendar year, or tax year beginning and	a enaing		
В	Check if applicab	C Name of organization		D Employer identific	cation number
X	Addre	SS ROCK THE VOTE]	
	Name	Doing business as	_	02-07671	57
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return		800	(202) 71	9-9910
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,336,975.
	Amen return	WASHINGTON, DC 20005		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer. CAROLIN DEWLLL		for subordinates	? Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: ► ROCKTHEVOTE.ORG		H(c) Group exemptio	n number 🕨
		f organization: X Corporation Trust Association Other	L Year	of formation: 2005 N	M State of legal domicile; DC
Pa	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: THE	REGIST	RATION, EDUC	CATION AND
Activities & Governance		MOBILIZATION OF YOUTH TO PARTICIPATE IN '			
rnal	2	Check this box if the organization discontinued its operations or disposition of the continued its operations.	sed of more	than 25% of its net ass	sets.
)Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	*************	4	10
80	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	60
/itie	6	Total number of volunteers (estimate if necessary)		6	8762
cţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
۹	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Ø	8	Contributions and grants (Part VIII, line 1h)		1,338,580.	5,235,275.
ž	9	Program service revenue (Part VIII, line 2g)		0.	24,291.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	21,337.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	******	1,338,580.	5,280,903.
	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)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		440,237.	1,110,275.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
cbe	. b	Total fundraising expenses (Part IX, column (D), line 25)	79.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		916,105.	2,751,715.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,356,342.	3,861,990.
	19	Revenue less expenses. Subtract line 18 from line 12	******	-17,762.	1,418,913.
Or	g		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,709,751.	3,125,542.
Net Assets or	21	Total liabilities (Part X, line 26)		41,465.	45,992.
_		Net assets or fund balances. Subtract line 21 from line 20		1,668,286.	3,079,550.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Circulture of officer		Data	
Sig		Signature of officer		Date	
Her	e	CAROLYN DEWITT, PRESIDENT/EXECUTIVE D	TRECTOR	ζ	
		Type or print name and title		Date Check	PTIN
		Print/Type preparer's name Preparer's signature		1 /1 E / 01 if	
Paid		AARON M. FOX	<u> 1</u>	.1/15/21 self-employ	
	parer	Firm's name MARCUM LLP		Firm's EIN ▶	11-1986323
use	Only	Firm's address 1899 L STREET, NW, SUITE 850			02\ 227 4000
		WASHINGTON, DC 20036		Phone no. (Z	02) 227-4000
		RS discuss this return with the preparer shown above? See instructions			Yes No
0320	01 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.		Form 990 (2020)

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ROCK THE VOTE (THE ORGANIZATION) IS A NON-FOR-PROFIT ORGANIZATION
	FOUNDED IN 1990 TO BUILD THE CIVIC POWER OF YOUNG PEOPLE THROUGH VOTER
	REGISTRATION, EDUCATION AND MOBILIZATION AND REDUCING BARRIERS TO
	PARTICIPATION BY MODERNIZING THE CIVIC PROCESS AND FIGHTING FOR YOUNG
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	VOTER REGISTRATION & MOBILIZATION: CREATING A CULTURE SHIFT BY REACHING
	YOUNG PEOPLE WHERE THEY ARE - ON AND OFFLINE - THROUGH TRUSTED
	MESSENGERS WITH MESSAGES THAT INSPIRE AND INFORMATION THAT EMPOWERS
	THEM TO PARTICIPATE IN THE CIVIC PROCESS. WITH RESEARCH DEMONSTRATING
	THE IMPORTANCE OF SOCIAL MEDIA TO REACHING AND MOBILIZING YOUNG VOTERS,
	ESPECIALLY YOUTH OF COLOR, ROCK THE VOTE CREATES AND PROMOTES
	RESEARCH-BASED ORIGINAL CONTENT ON ITS OWN SOCIAL MEDIA AND DIGITAL
	PLATFORMS. IN ADDITION, ROCK THE VOTE COLLABORATES WITH AND ADVISES
	YOUTH BRANDS, MEDIA AND ENTERTAINMENT COMPANIES, TECHNOLOGY COMPANIES,
	AND TRUSTED MESSENGERS TO PROMOTE AND CELEBRATE CIVIC ENGAGEMENT. IN
	THE WAKE OF THE COVID-19 PANDEMIC, ROCK THE VOTE WAS ABLE TO PIVOT MUCH
	OF IT'S WORK GIVEN ITS UTILIZATION OF DIGITAL AND TECHNOLOGY TO REACH
4b	(Code:) (Expenses \$691,083. including grants of \$) (Revenue \$)
	VOTER EDUCATION: PROVIDES NONPARTISAN CIVIC AND VOTER EDUCATION THROUGH
	ITS WEBSITE, SOCIAL MEDIA, EMAIL, TEXT MESSAGES, IN-SCHOOL AND
	IN-PERSON ACTIVATIONS THAT TARGET YOUNG PEOPLE. ROCK THE VOTE PROVIDES
	STEP-BY-STEP GUIDANCE WITH LINKS TO RESOURCES TO NEW VOTERS THROUGH
	TEXT/EMAIL. VETTED INFORMATION AND VOTER EDUCATION THROUGH TRUSTED
	MESSENGERS IS BECOMING INCREASINGLY CRITICAL TO ENSURE VOTERS HAVE
	ACCURATE INFORMATION AND TO COMBAT MISINFORMATION. THROUGH IT'S
	PARTNERSHIPS WITH BRANDS, ATHLETES, AND ENTERTAINTERS, ROCK THE VOTE
	TRAINED THESE TRUSTED MESSENGERS ON THE IMPORTANCE OF USING PLATFORMS
	TO SHARE VETTED INFORMATION TO BOTH EDUCATE AND COMBAT MISINFORMATION.
	BY CREATING HUNDREDS OF PIECES OF EDUCATIONAL SOCIAL MEDIA CONTENT,
	ROCK THE VOTE WORKED TO MEET YOUNG PEOPLE WHERE THEY ARE, ONLINE, WITH
4c	(Code:) (Expenses \$
	VOTING RIGHTS & SYSTEMS MODERNIZATION: REDUCES BARRIERS BY FIGHTING FOR
	YOUNG PEOPLE'S RIGHT TO VOTE AND MODERNIZING THE PROCESS TO
	PARTICIPATE. ROCK THE VOTE TRACKS A DOZEN POLICIES THAT IMPACT YOUNG
	PEOPLE'S ACCESS TO VOTING AND ASSIGNS STATE REPORT CARDS. IN ADDITION,
	ROCK THE VOTE DEVELOPS AND PROVIDES CIVIC TECHNOLOGY TO NONPROFITS,
	SCHOOLS, COMPANIES, AND INFLUENCERS TO REGISTER AND EDUCATE VOTERS
	THROUGH COST-EFFECTIVE DIGITAL PLATFORMS. ROCK THE VOTE ALSO UTILIZES
	THIS TECHNOLOGY IN ITS OWN PROGRAMMING. IN 2020, ROCK THE VOTE CREATED
	FOUR NEW CIVIC TECHNOLOGY TOOLS TO MEET THE MOMENT: (1) AN ABSENTEE /
	VOTE-AT-HOME BALLOT REQUEST PLATFORM MODELED AFTER OUR SUCCESSFUL
	ONLINE VOTER REGISTRATION (OVR) PLATFORM; (2) A PEER-TO-PEER TEXTING
	PLATFORM TO SCALE ONE-ON-ONE CONVERSATIONS WITH YOUNG VOTERS; (3) AN
4 d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 3,364,623.
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Form 990 (2020) ROCK THE VOTE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	-1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			001000
	public office? If "Yes," complete Schedule C, Part I	3		Х
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	Х	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7,710,0
-	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			
0	ADD PARTY OF THE PROPERTY OF THE PARTY OF TH	8		X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		x
	If "Yes," complete Schedule D, Part IV	9		Δ.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? # "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,	020000		
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			2220
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
teadh	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
\$100 P	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
*15	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- -
10		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
ı	CONTROL OF THE PROPERTY OF THE	10		х
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		-27
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	٠,		x
	domestic government on Part IX, column (A), line 1? /f "Yes." complete Schedule I, Parts I and II	21		$\Gamma \Delta$

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Form 990 (2020) Part IV Checklist of Required Schedules (continued)

ROCK THE VOTE

			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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	275672455		**
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05=		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete	OEL		Х
06	Schedule L, Part I	25b		Λ
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%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Λ
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	07		Х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		77
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ##			
а		28a		Х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		23
C	"Yes," complete Schedule L, Part IV	28c		Х
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	29		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
UL.	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
25			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 60			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
200	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00		
4a		4=		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
	AND THE DESIGNATION WITHOUT THE LOCAL PROPERTY OF THE LOCAL PROPER			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1.	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			177
	excess parachute payment(s) during the year?	15		X
2286777947	If "Yes," see instructions and file Form 4720, Schedule N.	****		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
l e.	If "Yes," complete Form 4720, Schedule O.		000	12300000
		Form	990	(2020)

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		000000	
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI	ΙL,	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))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			-
	CAROLYN DEWITT - (202) 719-9910			
	655 15TH ST NW, NO. 800, WASHINGTON, DC 20005			
032006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2020)

ROCK THE VOTE 02-0767157 Form 990 (2020) 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

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

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

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

(A) Name and title	(B) Average hours per	box	notc ; unle:	Pos heck ss per	more son i	than o	nan	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CAROLYN DEWITT	40.00								N <u>L</u> a	0.20 200 22
PRESIDENT/EXECUTIVE DIRECT				Х				135,000.	0.	13,415.
(2) AMANDA BROWN LIERMAN	2.00								•	•
CO-CHAIR		Х		Х				0.	0.	0.
(3) FRANK SMITH CO-CHAIR	2.00	х		x				0.	0.	0.
(4) CHRIS MELODY FIELDS FIGUEREDO	2.00									
TREASURER		x		x				0.	0.	0.
(5) LARA BERGTHOLD	2.00							500 10	769 1995	
SECRETARY		Х		Х				0.	0.	0.
(6) JEFF AYEROFF	2.00									
DIRECTOR		Х						0.	0.	0.
(7) RUSSELL GLASS	2.00									
DIRECTOR	et	Х						0.	0.	0.
(8) WAYNE JORDAN	2.00									Ç
DIRECTOR		Х						0.	0.	0.
(9) DERAY MCKESSON	2.00								3.0	
DIRECTOR		Х		_				0.	0.	0.
(10) JESSE MOORE	2.00									•
DIRECTOR	2 00	Х						0.	0.	0.
(11) MICHAEL SKOLNIK DIRECTOR	2.00	х						0.	0.	0
DIRECTOR	 	Δ				H		0.	0.	0.
	v v									
-	ļ		_			\vdash				
-				\vdash						
	5									
-										
-	1	L	<u> </u>							- 000 (2222)

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Form 990 (2020) ROCK THE VOTE 02-0767157 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)	
(A) (B) (C) (D) (E)	(F)
(do not check more than one neportable neportable	CHICAGO CONTRACTOR CON
nours per box unless person is both an officer and a director/trustee) from from related	AND
Tom States	
' ' 8	The second of th
related	organization
organizations	and related
below line l	organizations
(list any hours for related organizations below line) (line) (list any hours for related organizations below line)	
<u>├</u>	
125 000	0 12 41 5
1b Subtotal 135,000.	0. 13,415.
c Total from continuation sheets to Part VII, Section A	0. 0.
d Total (add lines 1b and 1c) 135,000.	0. 13,415.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	
compensation from the organization	1
O Diddle americation list and former and the state of the	Yes No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	3 X
line 1a? # "Yes," complete Schedule J for such individual	3 X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	-
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	
rendered to the organization? If "Yes." complete Schedule J for such person	5 X

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

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE STATE DIGITAL, INC., 406 7TH STREET,	DIGITAL ADVERTISING	
NW, 3RD FLOOR, WASHINGTON, DC 20004	BUYS/PROJECT MGMT.	409,029.
OSET INSTITUTE, 530 LYTTON AVENUE, 2ND		_
FLOOR, PALO ALTO, CA 94301	CIVIC TECH SUPPORT	193,820.
MOBILE COMMONS, INC., 45 MAIN STREET,		
SUITE 520, BROOKLYN, NY 11201	SMS PLATFORM	129,250.
NGP VAN INC., 1445 NEW YORK AVENUE, NW,		
SUITE 200, WASHINGTON, DC 20005	CRM SOFTWARE	120,000.
DAVID PRUTER	DESIGNER & DATA	
7752 QUITASOL STREET, CARLSBAD, CA 92009	MANAGER	120,000.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization > 6	0%	200

ē.		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
32 ⁷				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenuè excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
9 9	1 a	Federated campaigns 1a					
H H		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c					
		Related organizations 1d					
		Government grants (contributions) 1e					
Sig		All other contributions, gifts, grants, and					
ĔĦ	2		235,275.				
喜	a	Noncash contributions included in lines 1a-1f	200,2.0.				
ĕά		Total. Add lines 1a-1f	enn i salaman kan sama em	5,235,275.			
<u> </u>	- 11	Total. Add in es 12 11	Business Code	5/255/2/51			
α	2 2	ONLINE VOTER REG. SUPP	900099	22,791.	22,791.		
ξ		HONORARIUM	900099	1,500.	1,500.		
ie ei			300033	1,500.	1,500.		
m S	C	· 1		/			
gra Be	d	· 1		r.		/	0
Program Service Revenue	e	All other program service revenue					
5 1 1 6		Total. Add lines 2a-2f	40	24,291.			
$\overline{}$	3	Investment income (including dividends, intere		21,251.			
	J	other similar amounts)					
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties		10,000.			10,000.
	3	(i) Real	(ii) Personal	10,000.			10/0001
	6 2	Gross rents 6a	(.)	1			
		Less: rental expenses 6b		1			
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other). (
	, a	assets other than inventory 7a	(ii) Othioi				
	h	Less: cost or other basis					
o	b	and sales expenses					
her Revenue		Gain or (loss) 7c					
ě		Net gain or (loss)					
ᇤ		Gross income from fundraising events (not		×		·	
g.	o a	including \$ of					
١-		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	Ь	Less: direct expenses 8b		1			
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See		Y			
	Ju	Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	>				
		Gross sales of inventory, less returns					
	10 u		66,972.				
	h		56,072.				
		Net income or (loss) from sales of inventory	9800	10,900.			10,900.
			Business Code				personal transfer of the second
snc	11 a	REIMBURSEMENT	900099	437.			437.
JE PE	b	•	- Mar				1 mm 1 mm 1 mm 1 mm 1 mm
Miscellaneous Revenue	c	• •					
<u>18</u>	d	All other revenue					٠
2	е	Total, Add lines 11a-11d		437.			
	12	Total revenue. See instructions		5,280,903.	24,291.	0.	21,337.

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032010 12-23-20

Form 990 (2020) ROCK THE VOTE Part IX Statement of Functional Expenses

-	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	75 Ex 1000 TO 10	ALADA MARK TERRADANA	ірівів соіштіп (Ау.	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
j	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,	140 415	102 001	06 715	17 000
	trustees, and key employees	148,415.	103,891.	26,715.	17,809.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
4000	persons described in section 4958(c)(3)(B)	702 005	(20 110	(2, (6)	02 200
7	Other salaries and wages	783,995.	638,119.	62,668.	83,208.
8	Pension plan accruals and contributions (include	11 016	0 670	01.6	1 000
	section 401(k) and 403(b) employer contributions)	11,816.	9,670.	916.	1,230. 9,055.
9	Other employee benefits	84,736.	67,613.	8,068.	9,055.
10	Payroll taxes	81,313.	64,591.	7,938.	8,784.
11	Fees for services (nonemployees):				
	Management	70 402		70 402	
b	9	78,403. 101,223.		78,403. 101,223.	
С	9	101,223.		101,223.	
d					
e	and the state of t				
f	Investment management fees				
g	**************************************	047 056	727 502	02 772	26 500
40	column (A) amount, list line 11g expenses on Sch O.)	847,856. 680,215.	737,583. 669,527.	83,773.	26,500. 10,688.
12	Advertising and promotion	75,630.	56,912.	18,482.	236.
13	Office expenses	565,952.	561,174.	4,778.	230.
14	Information technology	303,332.	301,174.	4,770.	
15	Royalties	105,623.	37.	105,586.	
16 17	Occupancy	4,496.	2,930.	702.	864.
17 18	Travel Payments of travel or entertainment expenses	1,150.	2,550.	102.	001
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20	No. of the Control of				
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	62,316.	50,805.	11,511.	
22 23		13,647.	20,000.	13,647.	
23 24	Other expenses. Itemize expenses not covered	10,01,		10,01,0	
	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 O.)				
а	BAD DEBT EXPENSE	200,000.	200,000.		
b	DUES AND SUBSCRIPTIONS	16,034.	5,856.	10,178.	
c	REGISTRATION FEES	320.	A	320.	
d	G&A ALLOCATION	0.	195,915.	-223,620.	27,705.
e		Police C		- 100 P. Committee (1900 - 190)	
25	Total functional expenses. Add lines 1 through 24e	3,861,990.	3,364,623.	311,288.	186,079.
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)				

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Form 990 (2020)
Part X Balance Sheet

rai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		·····	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	737,364.	1	2,041,655.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	747,925.	3	644,500
	4	Accounts receivable, net		4	20,841
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	30,100.	9	34,945
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 806,171.			
	b	Less: accumulated depreciation 10b 607,101.	52,237.	10c	199,070
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	86,266.	14	74,764
	15	Other assets. See Part IV, line 11	55,859.	15	109,767
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,709,751.	16	3,125,542
	17	Accounts payable and accrued expenses	41,465.	17	45,992
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	with the country	of Schedule D		25	45 000
	26	Total liabilities. Add lines 17 through 25	41,465.	26	45,992
"		Organizations that follow FASB ASC 958, check here 🕨 🗓			
ce		and complete lines 27, 28, 32, and 33.	707 457		0 550 455
alan	27	Net assets without donor restrictions	797,157.	-	2,570,175
B	28	Net assets with donor restrictions	871,129.	28	509,375
unc		Organizations that do not follow FASB ASC 958, check here			
ıF		and complete lines 29 through 33.		8275	
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	1 660 006	31	2 070 550
Ne	32	Total net assets or fund balances	1,668,286.	32	3,079,550.
	33	Total liabilities and net assets/fund balances	1,709,751.	33	3,125,542.

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Pai	TXI 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	5,28		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,86	1,99	90 <u>.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,41	8,9	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,66	8,2	86.
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	_	7,6	49.
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,				
	coluṃn (B))	10	3,07	9,5	50.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			9	Yes	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	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

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

plete 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.

2020

Open to Public Inspection

Employer identification number

02-0767157

Name of the organization

ROCK THE VOTE

ra	rt i	Reason for Public C	narity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
he	organ	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative					i).	
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:				A COLOR OF THE PROPERTY AND A SECOND		A PROPERTY CONTRACTOR OF THE PROPERTY OF THE P
5		An organization operated for		lege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	6					
6		A federal, state, or local gov				5 FE 50000	N 5	
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	Ш	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of the college	e or
		university:	19000				10	
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type of	supporting organization	and comp	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.			al de esta de la decembra de terreno (en el media de la decembra de la composición de la composición de la comp	
С		Type III functionally inte	Fig. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		in connect	ion with, a	and functionally integrate	ed with,
		its supported organization						0000 V 500000 050000 V 0
d		Type III non-functionally		50 mm	100 1000000 22		washing and the same of the sa	zation(s)
		that is not functionally int	19 19 19 19 19 19 19 19 19 19 19 19 19 1					
		requirement (see instructi	325	1257	15.6			
е		Check this box if the orga						
74 0 0		functionally integrated, or						
f	Ente	r the number of supported o	CI Sing		0			
		ride the following information	The second second	d organization(s).				
**	() Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
								,
ota	 N							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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	etion A. Public Support	1	1	<u></u>			-7
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		• •	• • • • • • • • • • • • • • • • • • • •			
	membership fees received. (Do not						
	include any "unusual grants.")	4148508.	987,557.	2310685.	1338580.	5235275.	14020605.
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	4148508.	987,557.	2310685.	1338580.	5235275.	14020605.
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)						3196024.
6	Public support. Subtract line 5 from line 4.						10824581.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4148508.	987,557.	2310685.	1338580.	5235275.	14020605.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,581.				10,000.	19,581.
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		position and a	VX 01-02-7000			NO. 10 Per 117 1000
	assets (Explain in Part VI.)	727.	70.	250.			1,047.
11	Total support. Add lines 7 through 10						14041233.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	218,363.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
_	ction C. Computation of Publi					î - î	
	Public support percentage for 2020 (li					14	77.09 %
	Public support percentage from 2019					15	58.65 <u>%</u>
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, chec	ck this box and st	top here. Explain i	n Part VI how the	50 X
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
					Sche	dule A (Form 990	or 990-EZ) 2020

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	Slove, picase comp	oloto i artii.y				
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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.)						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	D 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 regularly carried on						
12	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.)	£5 550 F0. 187	No. 100 Ec. 200	19 ye surveto	\$1 2000 CO	25 500 500750 21 50	
14	First 5 years. If the Form 990 is for th	2000				0.00.0	To the second se
_	check this box and stop here						
	ction C. Computation of Publi	A-10	1379007				
	Public support percentage for 2020 (li					15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves		AND	50 95/030s of (Colour)			Volence
17						17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2020. If the	NOTE OF A STATE OF THE STATE OF		AND REPORT OF THE PARKETS OF THE PAR		CONT. DOWN DECEMBER 15 DECEMBER 12 DECEMBER 15 DECEMBE	7 is not
300	more than 33 1/3%, check this box an						
ŀ	o 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, chec		10 To				
7()	Private foundation. If the organization	a did not check a	DOX ON LINE 14 19	a or ign check th	us nox and see ins	SITUCTIONS	

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Schedule A (Form 990 or 990-EZ) 2020

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? #
 "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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? // "Yes," answer lines 5b and 5c 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 disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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
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Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
85	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		De so	2200
			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 line 2, above, 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)	voc		
a	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	otruction	(a)	
2	Activities Test. Answer lines 2a and 2b below.	suacuon	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	INO
а				
	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 line 2a, above, 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 lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If IVon II departs in Part VI the role played by the organization in this regard	2h		

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	Visit 2	
Sect	ion A - Adjusted Net Income	2	(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):				
а	Average monthly value of securities	1a		·	
V	Average monthly cash balances	1b			
	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
),	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3		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				
- T	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function		Type III supporting orga	nization (see	
10	instructions).	• a tomo mus ti • (100minis		emicemment on a Miller State (Miller (

Schedule A (Form 990 or 990-EZ) 2020

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Га	t v Type III Noil-Full Clionally liftegrated 309	aj(s) supporting orga	ilizations (continu	ied)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	<u> </u>
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
<u> </u>	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

line 1; Part I\	on 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, , 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, es 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. ons.)
SCHEDULE A, P	ART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS	
2016 AMOUNT:	\$ 727 .
2017 AMOUNT:	\$ 70.
2018 AMOUNT:	\$ 250.
7	
<u>, </u>	
n	
X.	

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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

2020

Employer identification number

ROC	K THE VOTE	02-0767157				
Organization type (check one):					
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					
	501(c)(3) taxable private foundation					
	overed by the <mark>General Rule</mark> or a <mark>Special Rule.</mark> , (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
14 EN DESCRIPTION DESCRIPTION OF THE PROPERTY	ling Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling ne contributor. Complete Parts I and II. See instructions for determining a contributors	s manufactura de la companione de la com				
Special Rules						
sections 509(a)(1) and any one contributor, of	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of d 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amound 1. Complete Parts I and II.	or 16b, and that received from				
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 (entering "N/A" in column (b) instead of the contributor name and address), 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						
eaution: 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), ut 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 ertify 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.

Name of organization

Employer identification number

O2-0767157

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 contributions	(d) Type of contribution
1_		\$ 375,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	,	\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$300,930.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and 21F + 4	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 242,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

023452 11-25-20

Name of organization

Employer identification number

O2-0767157

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	,	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and ZIF + 4	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 139,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

023452 11-25-20

17181115 150872 193390

Name of organization

Employer identification number

O2-0767157

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad-	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions

023452 11-25-20

Name of organization Employer identification number

02-0767157 ROCK THE VOTE Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

023453 11-25-20

ivallie of or				1000 10	oyer identification number
ROCK 1	PHE VOTE Exclusively religious, charitable, etc., contribut			1(c)(7), (8), or (10) that total	2 – 0 7 6 7 1 5 7 more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	ne entry. For o 00 or less for t	rganizations ne year. (Enterthisinfo.once.) > \$_	# W W
(a) No	Use duplicate copies of Part III if additional	space is needed. I	1	VI	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description	of how gift is held
			u u		
	7			-	
		-	<u>-</u> 18	ř	-
		(e) Transfer o	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor	to transferee
	9				
		-			
(a) No.			1		
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description	of how gift is held
	0				
		·-		ű-	
	•	<u>-</u>		6	
Ï		(e) Transfer o	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor	to transferee
				-	
	·				
7-X NI-					C.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description	of how gift is held
- GILI		2	TO .	ř	
		-		6	
		100 mg		-	
		(e) Transfer o	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor	to transferee
	-				
(=) N =					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description	of how gift is held
		-			
		-	 3	Ē	
			*>	5	-
		(e) Transfer o	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor	to transferee
	1.				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organizati 	ions: Complete Part III.			
Name of organization			En	nployer identification number
ROCK THI				02-0767157
Part I-A Complete if the orga	anization is exempt under	section 501(c) or	is a section 527 o	organization.
 Provide a description of the organization Political campaign activity expenditure Volunteer hours for political campaign 	ures gn activities		•	
Part I-B Complete if the org	anization is exempt under	section 501(c)(3)		
1 Enter the amount of any excise tax i				
2 Enter the amount of any excise tax i				
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.		L' 504()		(.)(0)
· · · · · · · · · · · · · · · · · · ·	anization is exempt under			
Enter the amount directly expended	THE BATT ALM THE TANKS AND SECURITIES OF THE PARTY AND THE CONTRACT OF THE PARTY AND THE PARTY OF THE PARTY O			•\$
2 Enter the amount of the filing organi				
exempt function activities				- \$
3 Total exempt function expenditures.		No.	_	
line 17b				
5 Enter the names, addresses and em				
made payments. For each organizat		man	Section 1970 - The Control of the Co	ON A COUNTY OF THE PARTY OF THE
contributions received that were pro	anna ann deireann ann an Tadhainn an Tannan Tadhainn ann an Farnann an 18	ances contact. coolding and reserved		erent metretativen in filmfaneriffen
political action committee (PAC). If a	additional space is needed, provide	e information in Part IV		
(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter-0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

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Sche	dule C (Form 990 or 990-EZ) 2020					767157 Page 2
Pai	t II-A Complete if the org	anization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
	section 501(h)).					
A CI	neck 🕨 🔙 if the filing organiza	ition belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and shar	e of excess lobbying e	expenditures).			
B C	neck 🕨 🔃 if the filing organiza	tion checked box A an	nd "limited control" pro	visions apply.	·	
		ts on Lobbying Exper ditures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence public opinion (g	grassroots lobbying)		1,000.	
	Total lobbying expenditures to influ	A	No an an area come come and an extension		0.	
С	Total lobbying expenditures (add li	nes 1a and 1b)			1,000.	
	Other exempt purpose expenditure				3,860,990.	
е	Total exempt purpose expenditure	s (add lines 1c and 1d))		3,861,990.	
f	Lobbying nontaxable amount. Enter	er the amount from the	following table in both	columns.	343,100.	
	If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable amo	ount is:		
	Not over \$500,000	20% of t	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exces	s over \$1,500,000.		
	Over \$17,000,000	\$1,000,0	000.			
				007		
g	Grassroots nontaxable amount (en	ter 25% of line 1f)			85,775.	
h	Subtract line 1g from line 1a. If zer	o or less, enter -0			0.	
į	Subtract line 1f from line 1c. If zero	or less, enter -0			0.	
j	If there is an amount other than ze	ro on either line 1h or l	ine 1i, did the organiza	tion file Form 4720		
	reporting section 4911 tax for this	year?				Yes No
			eraging Period Under	3.5		
	(Some organizations the		01(h) election do not l ate instructions for lir	ask sylledecopie — Newscotte by an elektrich ∎it deviae tak bit die tote per i — ili	of the five columns be	low.
22		Lobbying Exper	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount	206,850.	209,377.	210,634.	343,100.	969,961.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,454,942.		
c Total lobbying expenditures	9,000.	16,000.	7,500.	1,000.	33,500.		
d Grassroots nontaxable amount	51,713.	52,344.	52,659.	85,775.	242,491.		
e Grassroots ceiling amount (150% of line 2d, column (e))					363,737.		
f Grassroots lobbying expenditures	8,000.	15,000.	6,000.	1,000.	30,000.		

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t))
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
d	Media advertisements? Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
J 2a	Total. Add lines 1c through 1i 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				
	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?				
	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5), or sec	tion	
10				Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization make only infloose lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the		1000000		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members		100	A, IIII	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year		1 0000		
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
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 processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of the reasonable estimate of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate estimate of the reasonable estimate estimat		-		
5	expenditure next year? Taxable amount of lobbying and political expenditures (See instructions)		5		
Par			3		
	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 actions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-A	, lines 1 a	nd 2 (See	

Schedule C (Form 990 or 990-EZ) 2020

17161115 150872 193390

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.

Open to Public Inspection

Name of the organization

ROCK THE VOTE

Employer identification number 02-0767157

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
12	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
35		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose con	ferring
22	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, $\\$	handling of violations, and enforcing conserv	ation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	s that describes the
П-	organization's accounting for conservation easements.	i Aut. Historiaal Tussaurus au Otha	v Cimilar Assats
Pai	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" on Form	Will be a second of the second	
1a	If the organization elected, as permitted under FASB ASC 95	4301 27	
	of art, historical treasures, or other similar assets held for pub		erance of public
-	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		N 0
	(i) Revenue included on Form 990, Part VIII, line 1		manuae E C C
			V-000-V-000 V-000
2	If the organization received or held works of art, historical tre		ın, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 💲

Schedule D (Form 990) 2020

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

	t III Organizations Maintaining Co		t Histo	rical Tre	acurec o	Othe			0/13/	
									<u>(continue</u>	<u>(d)</u>
3	Using the organization's acquisition, accession	on, and other record	s, cneck	any of the f	rollowing that	make s	igniticant u	ise of its		
	collection items (check all that apply):	27%	. —		T					
a	Public exhibition	C			hange progra					
b	Scholarly research	e	,	other						
C	Preservation for future generations	maaraaa aaan aasaa.							N/III	
4	Provide a description of the organization's co							se in Part	XIII.	
5	During the year, did the organization solicit or							20	٦.,	
Dar	to be sold to raise funds rather than to be ma								Yes	No_
ı aı	reported an amount on Form 990, Par		ete ir the	organizatio	n answered	Yes or	1 Form 990	, Part IV, I	ine 9, or	
42	Is the organization an agent, trustee, custodia		lion (for o	ontribution	a or other occ	oto not	ingludad			
ıa									7 v	III.
- L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								Yes	No
D	ii Yes, explain the arrangement in Part Alli a	and complete the lo	nowing ta	able.			ГТ		Amazunt	
-	Paginning balance						4		Amount	
	Beginning balance									
	Additions during the year									
7527	Distributions during the year									
f	Ending balance Did the organization include an amount on Fo							T T	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par								************		
	a i a a a a a a a a a a a a a a a a a a	(a) Current year		rior year	(c) Two year	1.0	(d) Three y	ears hack	(e) Four ye	are hack
12	Beginning of year balance	(a) Current year	(6)	nor year	(O) IWO you	3 Duon	(c) III cc y	our 3 Duon	(C) Four yo	di 3 buok
h	Contributions									
	Net investment earnings, gains, and losses				6 9				į.	
ď	Grants or scholarships									
u o	Other expenditures for facilities									
C	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end halance	a (line 1a	column (a))) held ac.		N.			
a	Board designated or quasi-endowment		% %	, column (a,	n noid as.					
	Permanent endowment	%	– ′°							
	480	 /v								
~	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	ANDRESS SOCIATION AVAILABLE OF	ation that	are held an	nd administer	ed for th	ne organiza	ition		
-	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	line 11a. S	ee Form 990	, Part X,	line 10.			
7	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	d	(d) Book v	alue
		basis (investr	ment)	basis	(other)	de	preciation		580 ASS	
1a	Land									
	Buildings									
С	Leasehold improvements									- 44
d	Equipment	V			9,754.		18,86	50.	10,	894.
	Other	Decision .		77	6,417.		588,24	11.	188,	176.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colum	n (B). line 1	0c.)				199,	070.

Schedule D (Form 990) 2020

Complete if the organization answered thesi	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
Financial derivatives			
Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o (a) Description of investment	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or	and of year market yellio
entre	(b) BOOK Value	(c) Method of Valuation. Cost of	end-or-year market value
(1)			
(2)		1	
(3)			
(4)			
(6)		 	
(7)			
(8)			
(9)			
STATE SERVICE OF SERVICE STATE SERVICE STATE SERVICE STATE SERVICE STATE ASSOCIATION ASSOC			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" o (a) [e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		>
Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line	Description		>
Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or	Description		25.
Complete if the organization answered "Yes" organization of liability	Description		25.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes	Description		25.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2)	Description		25.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2)	Description		25.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4)	Description		25.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4) (5)	Description		25.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		25.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		25.

Schedule D (Form 990) 2020

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	s	Ť		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
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:				
а	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, lin		5		
Pai	t XII Reconciliation of Expenses per Audited Financia	l Statements With Expenses per l	Return.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.	i i		
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:				
а	Donated services and use of facilities				
b	Prior year adjustments	2b			
С	Other losses				
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 IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		_		
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. I	line 18.)	5		
Pai	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Part V, line 4	l; Part X, line 2; Part XI,		
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	ide any additional information.			
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Schedule D (Form 990) 2020

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.

Inspection

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

Name of the organization

| Employer identification number

ROCK THE VOTE	02-0767157
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
PROTECTION OF THEIR FREEDOM TO VOTE.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
PEOPLE'S RIGHT TO VOTE.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
AND SCALE PROGRAMMING. THIS INCLUDED MAJOR INITIATIVES LIK	E PRODUCING
THE DEMOCRACY SUMMER SERIES THAT INCLUDED THREE MAJOR ONLI	NE EVENTS

WITH DOZENS OF SPEAKERS AND PERFORMERS AND WAS HOSTED BY A COALITION OF MORE THAN 40 ORGANIZATIONS. IN 2020, ROCK THE VOTE BUILD PARTNERSHIPS MEDIA, 58 YOUTH BRAND, AND ENTERTAINMENT COMPANIES THROUGH OUR BRANDS FOR DEMOCRACY PROGRAM AND CONTINUED TO BUILD ATHLETES ROCK THE VOTE SERVING AS THE PREMIER PARTNER WITH MORE THAN A DOZEN PROFESSIONAL PLAYER ASSOCATIONS TEAMS, SPORTS LEAGUES, AND SEVEN ATHLETIC ORGANIZATIONS. IN 2020, ROCK THE VOTE TRAINED AND SUPPORTED 79 STUDENT LEADERS WHO CONDUCTED RELATIONAL ORGANIZING REACHING MORE THAN 15,000 INCLUDING HOSTING 28 VIRTUAL EMPOWER BANKS WHERE YOUTH CAME TOGETHER ONLINE TO SIMULTANESOULY REACH OUT TO NETWORKS. IN 2020, ROCK THE VOTE PROCESSED 2,000,058 VOTER REGISTRATION APPLICATIONS AND HELPED 832,961 VOTERS LOOK-UP THEIR VOTER REGISTRATION STATUS TO MAKE SURE IT WAS CURRENT AND ACTIVE. IN 2020, ROCK THE VOTE PROCESSED MORE THAN 34,000 ABSENTEE BALLOT REQUESTS AND HELPED MORE THAN 87,000 VOTERS TRACK AND

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990 or 990-EZ) 2020

CURE THEIR BALLOTS.

Name of the organization

Employer identification number

02-0767157 ROCK THE VOTE INFORMATION TO EMPOWER THEM TO PARTICIPATE IN ELECTIONS AND ENCOURAGE THEM TO SHARE WITH THEIR PEERS. ELEVATING ITS ELECTION CENTER TO THE WEBSITE'S HOMEPAGE, ROCK THE VOTE PROVIDED CRITICAL INFORMATION IN A STRAIGHTFORWARD WAY TO HELP VOTERS UNDERSTAND THE VARIOUS METHODS TO VOTE IN 2020 IN THEIR STATE AND THE REQUIREMENTS, DATES, DEADLINES, AND LOCATIONS ASSOCIATED WITH EACH METHOD. ROCK THE VOTE ALSO BUILT A STATEOF-THE-ART SMART-BOT TO ANSWER VOTERS QUESTIONS 24-HOURS A DAY, 7 DAYS A WEEK THROUGH SOCIAL MEDIA DIRECT MESSAGING. TO HELP VOTERS BETTER UNDERSTAND WHO AND WHAT ARE ON THEIR BALLOT AND HOW THOSE CHOICES ALIGN WITH THEIR VALUES, ROCK THE VOTE ENHANCED ITS SAMPLE BALLOT LOOK-UP TOOL TO ENABLE VOTERS TO CURATE FROM A LIST OF ENDORSING ORGANIZATIONS SPANNING THE POLITICAL SPECTRUM TO GAIN INSIGHT INTO CANDIDATES AND BALLOT MEASURES ON THEIR BALLOT. IN 2020, ROCK THE VOTE ADDED NEW SUBSCRIBERS FOR A TOTAL OF 5,150,000 MILLION ELECTION REMINDER SUBSCRIBERS SENDING A TOTAL OF 43,930,631 EMAILS AND 9,988,834 TEXT MESSAGES; CONTACTED 96,058 VOTERS WITH ELECTION INFORMATION VIA PEER-TO-PEER TEXTING; ANSWERED MORE THEN 33,300 EMAILS ABOUT ELECTIONS AND VOTING; PROVIDED ELECTION INFORMATION TO 12,934,200 WEBSITE VISITORS VIA OUR ELECTION CENTER; HELPED MORE THAN 87,000 USERS LEARN WHO AND WHAT WERE ON THEIR BALLOT; AND GREW OUR SOCIAL MEDIA FOLLOWERS BY 40% WITH A TOTAL OF 88,655,044 IMPRESSIONS ON ROCK THE VOTE'S SOCIAL MEDIA POSTS ALONE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ENDORSEMENT TOOL TO HELP YOUNG VOTERS IDENTIFY CANDIDATES AND ISSUES

THAT MATCH THEIR VALUES; AND (4) A BALLOT TRACKING AND CURING TOOL TO

HELP VOTERS IDENTIFY AND RESOLVE ANY ISSUES IN TIME FOR THEIR VOTE TO

COUNT, INCLUDING CONFIRMING ELIGIBILITY FOR THEIR PROVISIONAL BALLOT.

ROCK THE VOTE

CONTINUING ITS WORK TO MODERNIZE OUR ELECTIONS, ROCK THE VOTE

COMPLETED THE PROCESSE TO IMPLEMENT VOTER REGISTRATION IN ONE STATE

THAT ALSO ADOPTED THE COMMON DATA FORMAT AND RECRUITED AND COMPLETED

THE PROCESS TO IMPLEMENT CONNECTED VOTER REGISTRATION IN A FOURTH

STATE.

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

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 PROVIDED TO 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

032212 11-20-20

Name of the organization Employer identification number 02-0767157 ROCK THE VOTE 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 OF DIRECTORS BASED ON COMPARABLE DATA AND RECORDED INTO THE BOARD OF DIRECTORS MEETING NOTES. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING AND IMPLEMENTING ANY CHANGES IN COMPENSATION FOR THE LEADERSHIP, AS APPROPRIATE, BASED ON COMPARABLE DATA. THIS COMPENSATION STUDY WAS LAST PERFORMED IN 2016 WHEN THE NEW PRESIDENT/EXECUTIVE DIRECTOR 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,NV,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 INTEREST POLICY AND FINANCIAL STATEMENTS ARE HELD 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: 156,290. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES

Schedule O (Form 990 or 990-EZ) 2020
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Name of the organization ROCK THE VOTE	Employer identification number 02-0767157
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	156,290.
DIGITAL SUPPORT:	
PROGRAM SERVICE EXPENSES	169,492.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	169,492.
DESIGN SUPPORT:	
PROGRAM SERVICE EXPENSES	91,610.
MANAGEMENT AND GENERAL EXPENSES	1,050.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	92,660.
PROGRAM SERVICE EXPENSES	248,080.
MANAGEMENT AND GENERAL EXPENSES	20,986.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	269,066.
FUNDRAISING SUPPORT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	26,500.
TOTAL EXPENSES	26,500.
PAYROLL PROCESSING:	Schodulo O (Form 000 or 000 F.7) 2020

Schedule O (Form 990 or 990-EZ) 2020

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Name of the organization ROCK THE VOTE	Employer identification number 02-0767157
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,041.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,041.
ARTIST SUPPORT:	
PROGRAM SERVICE EXPENSES	45,923.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	45,923.
EVENT PRODUCTION:	
PROGRAM SERVICE EXPENSES	26,188.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,188.
HR SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	56,696.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	56,696.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	847,856.
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Schedule O (Form 990 or 990-EZ) 2020