# Form **990**

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Λ F	or the	2018 calend	lar year, or tax year begir	ning	2018	, and end	lina		, 20
_					, 2010	, and end	ilig	一.	· · · · · · · · · · · · · · · · · · ·
		oplicable:	C Name of organization Repr	esent.Us					D Employer identification no.
A	ddress ch	nange	Doing business as						26-2369596
N	ame chai	nge	Number and street (or P.O. bo	x if mail is not delivered to street addr	ess)		Room/suite	- 1	E Telephone number
In	itial retur	n	PO Box 60008						(413)585-8100
Fi	inal returr	n/terminated	City or town, state or province	country, and ZIP or foreign postal co	le			- 1	G Gross receipts
A	mended i	nended return Florence, MA 01062							\$ 3,255,515
A	pplication	pending	F Name and address of principa	l officer:			H(a) Is this a group	return fo	r subordinates? Yes No
							H(b) Are all subo	rdinates	s included? Yes No
I T	ax-exemp	ot status:	501(c)(3) X 501(c) ( <b>4</b>	) <b>(</b> insert no.) 4947(a)(	) or 527		If "No." a	attach a	list. (see instructions)
	ebsite:		v.represent.us	, ( , , , , , , , , , , , , , , , , , ,	,,		H(c) Group exe		,
				ociation Other ►	L Year of form	nation: 20	<u> </u>		I domicile: MA
Par		Summar		ociation other >	L Tear of form	iation. 20	OO IN Clate	or lega	r dornicile.
ı aı			•	ion or most significant activition	o: Denmagent I	Ta (DII	) ia a nati		1 nonnambigan
ė				ization challengin					
Governance		-		rough long-term st	ructural reform	a solut	cions. (cor	ntin	ued on
err		schedule							
Š			_	discontinued its operations of	•			l .	I
<u>«</u>			0 0	erning body (Part VI, line 1a)				3	11
es			,	s of the governing body (Par	, ,			4	9
Activities &	5	Total numbe	er of individuals employed in	n calendar year 2018 (Part V,	line 2a)			5	0
<b>∑</b>	6	Total numbe	er of volunteers (estimate if	necessary)				6	6,000
`	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line 12				7a	0
	b	Net unrelate	ed business taxable income	from Form 990-T, line 38				7b	0
							Prior Year		Current Year
	8	Contributions	s and grants (Part VIII, line	1h)			2,107	,268	2,889,692
ne			• •	e 2g)					0
en.		ŭ	•	A), lines 3, 4, and 7d)					0
Revenue			, , ,	nes 5, 6d, 8c, 9c, 10c, and 11e			786	,533	299,187
_				must equal Part VIII, column	,	_	2,893		
				X, column (A), lines 1-3)				,518	
			d to or for members (Part I	. , , , ,			200	,510	513,493
		•	`	. , , , ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1 240	<b>70</b>	1 272 775
S		•		e benefits (Part IX, column (A	· · · · · · · · · · · · · · · · · · ·	· · · · <del></del>	1,340		
Expense				column (A), line 11e)			147	,307	30,131
×be			ising expenses (Part IX, co		227,550				
Ш		•	ses (Part IX, column (A), li	, ,		• • •		,882	
	18	Total expens	ses. Add lines 13-17 (must	equal Part IX, column (A), lin	e 25)	• • • 🗀	2,627	,436	
	19	Revenue les	s expenses. Subtract line	18 from line 12			266	,365	64,766
Net Assets or Fund Balances						В	eginning of Current	Year	End of Year
sets	20	Total assets	(Part X, line 16)				896	,424	880,091
f As	21	Total liabilitie	es (Part X, line 26)				156	<b>,</b> 601	75,500
_ <u>zē</u>	22	Net assets of	or fund balances. Subtract	line 21 from line 20			739	,823	804,591
Par	t II	Signatu	re Block						
				rn, including accompanying schedules			owledge and belief, it	is	
urue, c	correct, a	па сотпрівів. Де	ciaration of preparer (other than of	icer) is based on all information of whi	n preparer has any knowledg	е.			
		Josh	ua Silver						11-01-2019
Sigr	1	Signatur	re of officer					Date	)
Here	•	Josh	ua Silver, Chief	Executive Officer					
			print name and title						
	- 1	Print/Type pre	eparer's name	Preparer's signature	Date		Check	if F	PTIN
Paid	ı		Calcasola		11-05-2	2019	self-employe		P00229178
	arer			Robert Calcasola	μ1-05-2			ou	E UU & & 3 1 / 0
•	Only	Firm's name		lcasola & CO PC			Firm's EIN ▶		
02G	Unity					Phone no.		05 4100	
		1	East Lor	gmeadow MA 01028			4:	L3-5	25-4100

) (Revenue \$

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

4e

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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.5
•	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,"	•		37
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Λ
•••	VII, VIII, IX, or X as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	Πū	21	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		3.5
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		7.7
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-	v	
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	v	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20 -	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Page 3

Form 990 (2018) Represent.Us

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Χ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	Χ	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201-		v
•	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete schedule in	29		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		- 21
32	complete Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
٠.	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form 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	

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Χ	
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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		7.7
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h •	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	•		
a	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:	35		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		X
	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
	If "Yes," complete Form 4720, Schedule O.			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	Governing Body and Management
(	Check if Schedule O contains a response or note to any line in this Part VI
,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•		3.7
•	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	•		3.7
	supervision of officers, directors, or 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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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	7-		77
<b>L</b>	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_		90	v	
a	The governing body?	8a 8b	X	
р 9	Each committee with authority to act on behalf of the governing body?	OD	Λ	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
	Total Direction (Time document Direction and American about pointing the International Country)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Х	
b	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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	X	
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  Massachusetts  Out to the state of the state o			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
00	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Joshua Silver (413)585-8100, PO Box 60008, Florence, MA 01062			

Page 6

Form 990 (2018) Represent.Us 26-2369596 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

- 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.

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

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

				,	(C)					
					sition					
(A)	(B)	(do not check more than one Average box, unless person is both an hours per officer and a director/trustee)			(D)	(E)	(F)			
Name and Title					Reportable compensation	Reportable compensation from	Estimated amount of			
	week (list any				from	related	other			
	hours for related	9 5	=	o	7	ΦІ	71	the	organizations	compensation from the
	organizations	dire dire	stitu	Office	ey ei	nplo	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	below dotted	Individual trustee or director	Institutional trustee		Key employee	st co yee	٦			and related
	line)	ruste	trus		yee	mpei				organizations
		Ō	tee			Highest compensated employee				
						ă				
1) Joshua Silver	1.00									
CEO	40.00	X							0 155,062	20,255
2) YuChiang Cheng	1.00									
Treasurer		X		Χ					0 0	0
3) John Johnson	1.00									
Secretary		X		Χ					0 0	0
4) Kulpreet Rana	1.00									
Chair		X		Χ					0 0	0
5) Jon DeVaan	1.00									
Director		X							0 0	0
6) Adam_McKay	1.00									
Director		X							0 0	0
7) Ramsey Homsany	1.00									
Director		X							0 0	0
8) Jennifer Lawrence	1.00									
Director		X							0 0	0
9) Josh Jones	1.00									
Director		X							0 0	0
10)Charlotte Hill	1.00									
Director		X							0 0	0
11)Marc Merrill	1.00	,.								
Director		X							0 0	0
12)										
13)										
14)										
										Form 000 (2019)

Form **990** (2018)

Section A.

(A) Name and title	(B)  Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E)  Reportable compensation from related		(F) stimated mount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensation from the ganization nd related panizations	
(15)												
(16)												
(17)												
(18)												
<u>(19)</u>												
<u>(20)</u>												
(21)												
(22)												
(23)												
(24)												
<u>(25)</u>												
1b Sub-total	on A						<b>&gt;</b>	(	155,062		20,25	55
Total number of individuals (including but not limite reportable compensation from the organization												
									0		Yes	No
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedule		-		-		-		•		3		X
4 For any individual listed on line 1a, is the sum of re	oortable comp	ensati	on a	nd o	ther	comp	ensa	ition from the				
organization and related organizations greater that individual		ır "yes	s, " co	omp. • •	ete 	Scned		J		4	Х	
5 Did any person listed on line 1a receive or accrue of			-			_				_		7.7
for services rendered to the organization? If "Yes, Section B. Independent Contractors	" complete So	chedul	e J f	or si	ıcn į	persoi	<u>n</u>			5		<u>X</u>
Complete this table for your five highest compensation compensation from the organization. Report compensation year.												
(A)								(B)			(C)	
Motiv Creative, LLC, 755 Seward St, Le		s, C	!A 9	00	38			Description of Marketing		Com	115,	665
Total number of independent contractors (including received more than \$100,000 of compensation from			iose	liste	d ab	ove) v	vho	I	1			

26-2369596

Statem	ent (	of R	ev	enu	е
--------	-------	------	----	-----	---

		Check if Schedule O contains a respor	se or no	ote to any line in this	s Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a			revenue		312-314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	245,354				
G Jou	C	Fundraising events	1c	243,334				
fts, r Ar		Related organizations	1d	1,260,631				
nia Bis	d	_	1e	1,260,631				
ons Sir	e	Government grants (contributions)	16					
buti	f	All other contributions, gifts, grants,	46	1 202 505				
a d d d	_	and similar amounts not included above  Noncash contributions included in lines 1	1f	1,383,707				
ತಿ ಜ	g				2 222 622			
	h	Total. Add lines 1a-1f			2,889,692			
<u>a</u>	20			Business Code				
veni	2a b							_
e Re								
<u>ē</u> .	C							
n Se	d							
Program Service Revenue	e	All other program convice revenue	<del></del>					
Pro		All other program service revenue						
		Total. Add lines 2a-2f		• • • • • • •				
		Investment income (including dividends, in and other similar amounts)						
		Income from investment of tax-exempt bo						
		•						
	3	Royalties						
	60	(i) Re	aı	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7a	Gross amount from sales of (i) Secur	ities	(ii) Other				
	_	assets other than inventory						
	1	Less: cost or other basis and sales expenses						
	1	Gain or (loss)						
	1	Net gain or (loss)						
<b>o</b>		Gross income from fundraising						
enne	oa	events (not including \$						
ě		of contributions reported on line 1c).						
<u> </u>		See Part IV, line 18	2	217 220				
Other Rev		Less: direct expenses		217,338 66,636				
•		Net income or (loss) from fundraising ever			150,702			150,702
		Gross income from gaming activities.			150,702			150,702
		See Part IV, line 19	2					
		Less: direct expenses						
		Net income or (loss) from gaming activitie						
		Gross sales of inventory, less returns and allowances	а					
		Less: cost of goods sold						
		Net income or (loss) from sales of inventor						
		Miscellaneous Revenue		Business Code				
	11a	Ticket Income		900099	109,514	109,514		
		InKind Income		900099	38,971	38,971		
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			148,485			
	12	Total revenue. See instructions		▶	3,188,879	148,485	(	150,702

Form 990 (2018) Represent.Us 26-2369596 Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 513,493 513,493 Grants and other assistance to domestic 2 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 ..... Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 Other salaries and wages . . . . . . . . . . . . . . 1,058,188 878,991 93,922 85,275 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 127,652 107,474 10,389 9,789 10 86,935 74,776 6,407 5,752 11 Fees for services (non-employees): b 8,498 8,498 12,257 12,257 d Professional fundraising services. See Part IV, line 17 . 30,131 30,131 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 171 242 33 38 12 148,065 147,837 228 13 13,254 74,535 42,256 19,025 14 190 219 16 13 15 16 101,419 87,387 7,244 6,788 17 2,325 13,528 123,541 107,688 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,081 3,081 20 28 24 2 2 21 22 Depreciation, depletion, and amortization . . . . . . 2,875 2,875 23 Insurance ........ 311 10,883 3,864 6,708 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 604,683 6,856 43,580 Consulting 554,247 b Communication Costs 217,388 197,934 365 19,089 C d е All other expenses Total functional expenses. Add lines 1 through 24e 25 3,124,113 2,719,413 177,150 227,550

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

following SOP 98-2 (ASC 958-720)

▶ ∐ if

Form 990 (2018) Represent.Us 26-2369596 Page 11

Part 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	476,060	1	366,805
	2	Savings and temporary cash investments	•	2	
	3	Pledges and grants receivable, net	266,514	3	376,482
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D   10a   54,666			
	b	Less: accumulated depreciation 10b 54,666	2,875	10c	
	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		14	-
	15	Other assets. See Part IV, line 11	150,975	15	136,804
	16	Total assets. Add lines 1 through 15 (must equal line 34)	896,424	16	880,091
	17	Accounts payable and accrued expenses	81,601	17	500
	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 current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iab.		disqualified persons. Complete Part II of Schedule L	75,000	22	75,000
_	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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	156,601	26	75,500
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
S		complete lines 27 through 29, and lines 33 and 34.			
i c	27	Unrestricted net assets	739,823	27	804,591
Sala	28	Temporarily restricted net assets		28	
DG E	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Net Assets or Fund Balances		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	739,823	33	804,591
	34	Total liabilities and net assets/fund balances	896,424	34	880,091

Form	n 990 (2018) Represent.Us 2	<u>6-23</u>	<u>69596</u>	5	Pa	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,1	188,8	379
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,1	L24,1	113
3	Revenue less expenses. Subtract line 2 from line 1	3			64,	766
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	739,8	323
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				2
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		ε	304,	591
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a		Χ
	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 ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		[	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		[	3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

EEA

Form **990** (2018)

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

**Schedule of Contributors** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 26-2369596 Represent.Us

COPT		20 2505550
Organi	ization type (check one):	
Filers o	of:	Section:
Form 9	90 or 990-EZ	∑ 501(c)( 4 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 9	90-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Check	if your organization is cove	ered by the <b>General Rule</b> or a <b>Special Rule</b> .
Note: (		3), or (10) organization can check boxes for both the General Rule and a Special Rule. See
Genera	al Rule	
X	•	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a titions.
Specia	l Rules	
	regulations under sections 13, 16a, or 16b, and that	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the ye literary, or educational pu	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, rposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering d of the contributor name and address), II, and III.
	contributor, during the ye contributions totaled more during the year for an exc General Rule applies to the	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, contributions exclusively for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions uring the year
	-	't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, inswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **Employer identification number** 

Represent.Us 26-2369596 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_1_	N/A N/A	\$100,000	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
2_	N/A N/A	\$\$	Person X Payroll Concash Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_3_	N/A N/A	\$\$	Person X Payroll Concash Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
4	N/A N/A	\$\$	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_	N/A N/A	\$50,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
6_	N/A	\$\$	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)

Name of organization **Employer identification number** 

Represent.Us 26-2369596

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

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
	N/A N/A	\$12,371	Person 🗵 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
8_	N/A N/A	\$\$	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
9_	N/A N/A	<b>\$</b> 125,990	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_10_	N/A N/A	\$\$	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11_	N/A N/A	\$20,000	Person
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_12_	N/A	\$149,990	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

26-2369596

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

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
13	N/A N/A	\$52,480	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
_14_	N/A N/A	\$\$	Person X Payroll Concash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_15_	N/A N/A	\$\$	Person X Payroll Concash Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_16_	N/A N/A	\$50,000	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_17_	N/A N/A	\$150,000	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_18_	N/A N/A	\$ 50,000	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)

Name of organization

Represent . Us

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
_19_	N/A N/A	\$\$	Person X Payroll Concash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_20_	N/A N/A	\$10,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	N/A N/A	\$20,000	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
22_	N/A N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

### SCHEDULE D (Form 990)

# **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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Rer	resent.Us	26-2369596
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4)
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	
5	funds are the organization's property, subject to the organization's exclusive legal control?	
6		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	□ v <sub>ee</sub> □ Ne
Dor	conferring impermissible private benefit?	Yes No
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	•
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	
	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 structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	zation during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that co	
	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	d balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	
D	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide the following amounts relating to these items:	inerance or
		<b>.</b> •
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	. •
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·
b	Assets included in Form 990, Part X	▶ \$

							25.22		-	<b>.</b>
	rt III Organizations Maintaining C	'allostions of A	rt Histo	rical Tra	ACUPAC A	or Oth	26-236			Page 2
								seis (COI	illitue	<i>3u)</i>
3	Using the organization's acquisition, accession,	and other records, cr	neck any o	the followi	ng that are a	a significa	ant use of its			
_	collection items (check all that apply):  Public exhibition	ما 🗆 ام	n or ovebo							
a				nge progra	ms					
b	<ul><li>☐ Scholarly research</li><li>☐ Preservation for future generations</li></ul>	<b>e</b> ∐ Oth	er							
C		ations and avalois ha	that film	har tha ara	anizatian'a a	wamnt n	umasa in Dart			
4	Provide a description of the organization's collect XIII.	ctions and explain no	w they full	ner the org	anizations e	exempt p	uipose in Part			
5	During the year, did the organization solicit or re	ooiya danatiana af ay	rt historics	tropouros	or other sim	oilor				
J	assets to be sold to raise funds rather than to be							□ •	es [	□ No
Pa	rt IV Escrow and Custodial Arrang		or the orga	il iiZaliOi15 (	Jonechorn	• • •	• • • • • • •	· · ·	63	
ı u	Complete if the organization an		n Form 9	90 Part	IV line 9	or ren	orted an amo	ount on Fo	ırm	
	990, Part X, line 21.	iowered res or		oo, r art	1 , 1110 0,	, or rep	ortoa arr arric	Jane On r C	,,,,,	
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contribu	itions or of	her assets n	ot				
·u								Пу	es [	□ No
b	If "Yes," explain the arrangement in Part XIII and							👝 .	00 (	
-		2 001112101011	9 (0.0.0)				Α	mount		
С	Beginning balance					1c				
d	Additions during the year									
е										
f	Ending balance									
2a	Did the organization include an amount on Form							🗌 Y	'es	No
b	If "Yes," explain the arrangement in Part XIII. Ch					•				
Pa	rt V Endowment Funds.	•								
	Complete if the organization an	swered "Yes" or	n Form 9	90, Part	IV, line 10	0.				
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two years	s back	(d) Three years bac	k (e) Four	years t	oack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	year end balance (lir	ne 1g, colu	mn (a)) hel	d as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the possession	on of the organization	n that are h	eld and ad	ministered fo	or the				
	organization by:								Yes	No
	(,								<u> </u>	<u> </u>
_	( )								<u> </u>	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	·						3b		<u></u>
4	Describe in Part XIII the intended uses of the or		nent funds.							
ra	rt VI Land, Buildings, and Equipm		. Farm (	100 Da=4	1\/ 1: 4:	10 00	- Corm 000 5	Oort V 15	- 10	
	Complete if the organization an									
	Description of property	(a) Cost or other	er basis	(b) Cost or	other basis	(c)	Accumulated	(d) Boo	ĸ value	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		54,666	54,666	
е	Other				
Tota	Add lines 1a through 1e. (Column (d) must equal Fo	orm 990 Part X column	(B) line 10c )	•	

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

EEA Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Represent.Us		26-2369596 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b)	) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(b) Book value	Cost or end-of-year market v	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b)	) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11d. See Form 990,	Part X, line 15.
	(a) [	Description		(b) Book value
(1) Intan	gible Assets			117,83
(2) Due F	rom Affiliate			18,97
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)		136,80
Part X	Other Liabilities.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Forr	n 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
		I .		

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

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

	O 1 ( '( )		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,158,748
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	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	3,158,748
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4-	20 121
C	Add lines <b>4a</b> and <b>4b</b>	4c 5	30,131
5 <b>D</b> ai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p		3,188,879
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ei ivett	ai i i .
1	Total expenses and losses per audited financial statements	1	3,093,982
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	3,093,902
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,093,982
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3,033,302
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	30,131
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	3,124,113
Pai	rt XIII Supplemental Information.		
Provi	ide 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; Part	rt X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

Schedule D (Form 990) 2018

EEA Schedule D (Form 990) 2018

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

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number 26-2369596 Represent.Us Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants X Internet and email solicitations **f** Solicitation of government grants b Phone solicitations g Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 Omaze, Inc. Provided Χ 5735 W Adams Blvd, CA 90016 advertising 150,702 30,131 120,571 2 3 4 5 6 7 8 9 10 150,702 30,131 120,571 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Massachusetts

Schedule G (Form 990 or 990-EZ) 2018 Represent.Us 26-2369596 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events (add col. (a) through Omaze None col. (c)) (event type) (event type) (total number) Revenue Gross receipts . . . . . . . . . 1 217,338 217,338 Less: Contributions . . . . . . Gross income (line 1 minus 217,338 217,338 Cash prizes ...... 5 Noncash prizes Rent/facility costs . . . . . . . . Direct Expenses Food and beverages . . . . . . 8 Entertainment ..... Other direct expenses . . . . . 66,636 66,636 66,636 150,702 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Cash prizes . . . . . . . . . . 2 Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) . . . . . . . . . . . . . . . . . Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . . . . . . . . . ▶ **9** Enter the state(s) in which the organization conducts gaming activities: 

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

**b** If "No," explain:

Sched	ule G (Form 990 or 990-EZ) 2018 <b>Represent.Us</b> 26-2369596 Page
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ►
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization   \$\bigs\\$ and the
	amount of gaming revenue retained by the third party   \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	☐ Director/officer ☐ Employee ☐ Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
_	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
	spent in the organization's own exempt activities during the tax year▶ \$
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
	See instructions.
01.	. Fundraiser custody or control of funds (Part I, line 2b (iii))
	Organization has a written agreement with Omaze, Inc. to provide fundraising
	vices to the Organization. Omaze, Inc. had custody of the funds until they were
	ned over to the Organization when the fundraising drive was finished.

EEA Schedule G (Form 990 or 990-EZ) 2018

#### **SCHEDULE J** (Form 990)

# **Compensation Information**

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

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

26-2369596

OMB No. 1545-0047

2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Represent.Us

Employer identification number

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

			W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensation						
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990					
Joshua Silver	(i)	0	0	0	C	0	0	0					
1 CEO	(ii)	155,062	0	0	4,800	15,455	175,317	148,470					
	(i)												
2	(ii)												
	(i)												
3	(ii)												
	(i)												
4	(ii)												
	(i)												
5	(ii)												
	(i)												
6	(ii)												
	(i)												
7	(ii)												
	(i)												
8	(ii)												
	(i)												
9	(ii)												
	(i)												
10	(ii)												
	(i)												
11	(ii)												
	(i)												
12	(ii)												
	(i)												
13	(ii)												
	(i)												
14	(ii)												
	(i)												
15	(ii)												
	(i)												
16	(ii)												

EEA Schedule J (Form 990) 2018

#### SCHEDULE L

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2018

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ.

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  (b) Relationship between dequalified person and organization organization of transaction organization of transaction organization of transaction of transactio	Represent.Us							26-2	3695	96						
1   (a) Name of disqualified person   (b) Relationship between disqualified person and organization organization organization analyses or disqualified persons during the year under section 4958																
1	Complete if the	ne organization a	nswered "Yes"	on For	m 990,	Part IV, li	ne 25a c	or 25b, or Form	990-l	EZ, P	art V,	line 4	0b.			
(1) (2) (3) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4956	1 (a) Name of disqualified n	person				on and		(c) Description (	of transa	action			(d) Cor	rected?		
(2) (3) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958	- (a) Name of disquames p		or	rganization	1			(c) Decompliant	or transa				Yes	No		
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 .  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .  Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (c) Purpose of assistance (c) Purpose of as	(1)															
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 .  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .  Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (c) Purpose of assistance (c) Purpose of as	(2)															
Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958																
Enter the amount of tax, if ary, on line 2, above, reimbursed by the organization   Sample 1   Sample 2   Sample 3   Sample 3   Sample 4   Sa		incurred by the org	anization manage	ers or di	squalified	l persons d	luring the	year								
Loans to and/or From Interested Persons.   Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.    (a) Name of interested person   (b) Relationship with organization   (c) Purpose of loan   (d) Loan to or from the organization?   (e) Purpose of loan   (e) Purpose of loan   (f) Balance due   (g) In default? (h) Approved   (f) Written by board or agreement?   (f) Written by board or agreement?   (f) Written by board or agreement?   (f) Written loan   (f) Written											·					
Complete if the organization answered "Yes" on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship with organization  (c) Purpose of loan  (d) Loan to organization?  To From  (e) Original principal amount  (f) Balance due (g) in default?  (h) Approved (g) Written by board or committee?  Yes No Yes No Yes No  (1) James Greer  Director  Cash Needs X  250,000  75,000  X X X X X  (2)  (3)  (4)  (5)  Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (b) Relationship between interested person and the organization and	3 Enter the amount of tax,	, ii ariy, ori iirle 2, ab	iove, reimbulseu i	by the o	rgarıızatı	UII				,	P					
with organization loan from the organization?  To From  T	Complete if the	ne organization a	nswered "Yes"					a or Form 990,	Part	IV, lir	ne 26;	or if t	he			
(1) James Greer Director Cash Needs X 250,000 75,000 X X X X (2)  (3)  (4)  (5)  Fortill Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1)  (2)  (3)	(a) Name of interested person	1 ' '	. , ,	fror	from the principal an						(g) In default?		by board or			
(2) (3) (4) (5) Fotal				То	From				Yes	No	Yes	No	Yes	No		
(3)  (4)  (5)  Fortal	(1) James Greer	Director	Cash Needs	Х		25	50,000	75,000		Х	Х		Х			
(4)  (5)  Fotal	(2)															
Total	(3)															
Total	(4)															
Total	_ (+)															
Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1)  (2)  (3)	(5)															
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (2) (3)							. ▶ \$	75,000								
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (2) (3)			•													
(1) (2) (3)	Complete if t	the organization	answered "Yes'	on Fo	rm 990,	Part IV,	line 27.									
(2)	(a) Name of interested person	1 ' '	•	(c)	) Amount of	assistance	sistance (d) Type of assistance			(e) Purpose of assistance						
(3)	(1)															
(3)	(2)															
(5)																

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiza		
	,			Yes	No	
1)						
2)						
<del>-</del> /						
3)						
4)						
5) art V Supplemental Informati	on.					
	ation for responses to questions	on Schedule L (see	instructions).			

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

Department of the Treasury

Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

26-2369596 Represent.Us 01. Form 990 governing body review (Part VI, line 11) Form 990 is drafted by the Organization's independent auditors, the 990 is reviewed by the Chief Operating Officer then submitted to the Board for approval prior to filing. 02. Conflict of interest policy compliance (Part VI, line 12c) Board Members are required to annually disclose in writing any potential conflicts. If a member of the Board is deemed to have a potential conflict they are required to recuse themselves from voting on such matters. 03. CEO, executive director, top management comp (Part VI, line 15a) Although there are no employees the organization shares services with the Represent.Us Education Fund (RUEF). The Board of RUEF will negotiate with the CEO with respect to the appropriate salary. The salary is based on annual performance review, benchmarks of other similar organizations. 04. Other officer or key employee compensation (Part VI, line 15b Although there are no employees the organization shares expenses with the Represent.Us Education Fund (RUEF). Other key employees of RUEF salaries are reviewed by the CEO based on the work plan subject to approval of the RUEF Board. The process is driven by the budget approved by the Board. 05. Governing documents, etc, available to public (Part VI, line 19) Financial statements are made available to the public upon request on a case by case

basis. Other governing documents and conflict of interest policy are not generally made

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number 26-2369596 Represent.Us available to the public. 06. List of other fees for services expenses (Part IX, line 11g) Program Consulting Expenses related to professional development. 07. General explanation attachment Public Education and Communications: Continued: RU content shows new supporters that winning is not only possible but actually happening, and by doing so, empowers social media supporters to take higher-level actions. RepresentUs content advances the national conversation about comprehensive political reform, and changes American political culture by increasing the demand for transformative democratic reform. This content amplified the voter education efforts of grassroots campaigns across the country. During 2018, RepresentUs published more than 100 original videos to social platforms, accruing more than 25 million views. Primary Exempt Purpose (continued) Public Education and Communications: RU social media channels expanded, and RU increased its email membership list by 18% in the period. RU's social media communities continue to grow, and their engagement levels remain among the highest in the advocacy field.

# SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047 **2018** 

**Open to Public** 

(f) Direct controlling

entity

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

► Attach to Form 990.

Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Represent.Us

Part I

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

**(b)** Primary activity (c) Legal dom. (state or foreign country)

(d)

Total income

Employer identification number 26-2369596

(e)

End-of-year assets

(1)							
(2)							
(3)							
(4)							
(5)							
Part II Identification of Related Tax-Exempt Organizations done or more related tax-exempt organizations d		anization ans	wered "Yes" on F	Form 990, Part	IV, line 34 because	it had	
(a)	(b)	(c)	(d)	(e)	(f)	Sec. 51	<b>g)</b> 2(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal dom. (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	controlle	ed entity?
(1) Represent.Us Education Fund, 26-3088283		or foreign obunity)		(11 30011011 00 1 (0)(0))	Criticy	Yes	No
296 Nonotuck Street	Grant-Making, Public						
Northampton, MA 01062	Education	DC	501(c)(3)	9	N/A		X
(2)							
(3)							
(4)						+	

(a)
Name, address, and EIN (if applicable) of disregarded entity

(5)

26-2369596 Represent.Us Schedule R (Form 990) 2018 Page 2 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (i) (b) (c) (d) (f) (g) (h) (j) (k) (a) (e) Name, address, and EIN of Primary activity Legal Direct controlling Predominant Share of total Share of end-of-Disprop-Code V-UBI Gen. or % related organization domicile entity income (related, income year assets ortionate amount in box 20 managing ownerunrelated, (state or allocaof Schedule K-1 partner? ship excluded from foreign tions? (Form 1065) tax under country) Yes No Yes No sections 512-514) (1) (2) (3) (4) (5) Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage	Sec.512 contr	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									

Schedule R (Form 990) 2018 **Represent.Us** 26-2369596 Page **3** 

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

No	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organization	ganizations listed in Part	s II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b	Gift, grant, or capital contribution to related organization(s)									
С	c Gift, grant, or capital contribution from related organization(s)									
d	Loans or loan guarantees to or for related organization(s) $\dots \dots \dots$				1d	Х				
е	Loans or loan guarantees by related organization(s)				1e		Χ			
f	Dividends from related organization(s)				1f		Χ			
g	Sale of assets to related organization(s)				1g		Χ			
h	Purchase of assets from related organization(s)				1h		Χ			
i	Exchange of assets with related organization(s)				1i		Χ			
j	Lease of facilities, equipment, or other assets to related organization(s) $\dots \dots \dots$				1j		Χ			
k	$Lease \ of \ facilities, \ equipment, \ or \ other \ assets \ from \ related \ organization (s) \\ \ \dots \\ \ $				1k		Χ			
I	Performance of services or membership or fundraising solicitations for related organization(s) $\dots \dots \dots$				11		Χ			
m	Performance of services or membership or fundraising solicitations by related organization(s) $\dots \dots \dots$				1m		Χ			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) $\dots \dots \dots$				1n	Χ				
0	Sharing of paid employees with related organization(s) $\dots \dots \dots$				10		Χ			
•	Reimbursement paid to related organization(s) for expenses			<del> </del>	1p		Χ			
q	Reimbursement paid by related organization(s) for expenses $\dots \dots \dots$				1q	Χ				
	Other transfer of cash or property to related organization(s) $\dots \dots \dots$				1r		Χ			
	Other transfer of cash or property from related organization(s)				1s		Χ			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, incl	luding covered relations	hips and transaction thres	sholds.						
	(a)	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining an	nount in	volved				
		type (a-s)								
(1)										
(2)										
<b>(-</b> )										
(3)										
(4)										
<b></b> \										
(5)										
<b>/</b> 0`										
(6)										
EEA				Schedule	R (Forr	m 990)	2018			

Schedule R (Form 990) 2018 Represent.Us 26-2369596

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	all	(f)	(g)		(h)	(i)		j) (k)
Name, address, and EIN of entity	ss, and EIN of entity Primary activity Legal domicile income (related, excluded foreign from tax under country) control foreign from tax under country of the foreign from tax under cou		ners ion c)(3) ani- ns?	Share of total income	Share of total income sassets		orop- onate oca- ons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen mana parti	ner? ship		
(1)												
(2)												
3)												
4)												
5)												
6)												
7)												
(8)												
9)												
0)												
11)												
12)												

Page 4

Part	t VII	<b>Supplemental Information.</b> Provide additional information for responses to questions on Schedule R. See instructions.
		Provide additional information for responses to questions on schedule K. See instructions.
01.	Expl	anation of information on Schedule R
1c)	\$1,260	,631 of grants received, of which \$157,426 was due as of 12/31/18
1d)	\$18,97	2 was due from related organization for shared costs as of 12/31/18.
1n,	1q) \$1	,864,171 of shared expenses based on allocation of time sheets.