990

Return of Organization Exempt From Income Tax

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

	For the	2020 calendar v	ear, or tax year begin		JOO TOT IIIJU GOLIOTIC	, 2020, a	nd endi	ina		, 2	0
		applicable:	C Name of organizationRe			, 2020, a	na ona.	9	D Emn	, - loyer identific	
	Address	• •		presenc.us					D Linp	26-236	
H		ŭ	Doing business as	O h if ii i t .d .d ii			D /	14 -	F. Talaa		19390
二	Name cha	•	Number and street (or P.	O. box if mail is not delive	ered to street address)		Room/su	ite	E l'elep	hone number	
H	Initial retu		PO Box 60008								85-8100
Н		rn/terminated	City or town, state or prov		foreign postal code					ss receipts	
님	Amended		Florence, MA 0						\$		5,484,009
Ш	Application	on pending	F Name and address of prin		Lynn					for subordinates?	
			Same as C abov					1 ` ′		tes included?	Yes No
		·	(c)(3) X 501(c) (4) < (insert no.)	4947(a)(1) or	527		1		st. See instruc	tions
	Website:		epresent.us					H(c) Group 6			
		organization: X Corp	poration Trust Ass	ociation Other		L Year of formation	on: 200)8 M S	State of le	gal domicile:	MA
Pa	art I	Summary	d								
	1	-	the organization's missi	_		resent.US					
ø			n,nonprofit 501								1-rinanced
Governance		interests o	over American p	olitics thro	ugn long-term	structur	aı re	iorm so	IUTIO	ns.	
ern		Oh aali thia h air N					250/ -4:	4			
ò	2		if the organization						1	1	10
			g members of the gove								10
Activities &	4		endent voting member						_		8
Ϊ	5		individuals employed in		,						0
Act	6		volunteers (estimate if i	,,	N 12 40						13,241
			ousiness revenue from	,	,,						0
	D	Net unrelated bu	usiness taxable income	110m Form 990-1, F	Part I, line TT				. 7b		0
		Cantaibutiana an	d amanta (Dant VIII. line	46)				Prior Year		Cui	rrent Year
4	8		d grants (Part VIII, line	•				3,145	,724		5,484,009
nŭ	9	· ·	revenue (Part VIII, line	0,							0
Revenue	10		ne (Part VIII, column (A	**	•						0
œ	11	,	Part VIII, column (A), lin		,		_		706		0
	12		add lines 8 through 11 (, ,			3,155			5,484,009
	13		ar amounts paid (Part I					120	,750		66,250
	14	•	or for members (Part I) ompensation, employee	. , , ,	•		_	1 104	410		1 047 000
S	15							1,184	,412		1,847,899
Expenses	16a		draising fees (Part IX, o expenses (Part IX, col				•				<u> </u>
ğ	17	-	(Part IX, column (A), lir					1,308	104		1,601,243
ш	18	•	Add lines 13-17 (must	,	,			2,613			3,515,392
	19		penses. Subtract line						,074		1,968,617
		Trevende less ex	periodo. Odbiraci iirie	TO HOHI III C 12	• • • • • • • •	<u> </u>		nning of Curre		En	d of Year
ls or	ଞ୍ଚ ଅ	Total assets (Pa	rt X line 16)					1,497		Liii	3,397,213
t Assets or	21	`	Part X, line 26)						,290		81,931
Net /	22	,	nd balances. Subtract					1,346			3,315,282
	rt II	Signature					•		,,,,,,		3,313,131
			that I have examined this retu	rn, including accompanyir	ng schedules and statemer	nts, and to the best	of my know	wledge and bel	ief, it is		
true	, correct,	and complete. Declarat	ion of preparer (other than offi	cer) is based on all inform	nation of which preparer ha	as any knowledge.					
		Joshua	Lvnn								
Sig	jn	Signature of c	_						Da	ate	
He	re	Joshua	Lynn, Presiden	t							
			name and title								
		Print/Type prepare	r's name	Preparer's signature		Date		Check	if	PTIN	
Pai	id	Robert Cal	lcasola	Robert M Co	alcasola	11-15-20	21	self-em	_	P002	29178
	pare			lcasola & CO		,		irm's EIN ▶			
	e Only		PO Box 6		-			Phone no.			
_	-			gmeadow MA 0	1028			-	413-	525-410	0
May	the ID	S discuss this rotu	ım with the preparer sh	_							Ves No

Form	1990 (2020) Represent.Us	26-2369596	Page 2
Par	rt 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:		
	Represent.US is a national, nonpartisan, nonprofit 501(c)(4) organization chall	lenging the	undue
	influence of well-financed interests over American politics through long-term	a structural	reform
	solutions.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes 🛮	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes 🛭	x No
	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	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,829,276 including grants of \$) (Revenue	\$)
	Public Education and Communications: To fix our democracy, RepresentUs is mok	oilizing a m	assive
	grassroots movement centered around a suite of smart, bold, common-sense poli		
	RepresentUs has the democracy movement's most vibrant and recognizable brand.	_	
	largest and most active online community in the field, with digital content t		
	the noise and engages diverse audiences. In this way, RU recruits and engages		
	politically savvy, impassioned advocates. RepresentUs executes ambitious publ	_	
	marketing campaigns that inspire people to take meaningful action. As new sup		
	on-boarded, RU provides a continual flow of topical content that emphasizes m	_	
	tells stories about remarkable volunteers, and prompts users to engage. Conti		
4b	(Code:) (Expenses \$1,066,898 including grants of \$66,250) (Revenue	\$)
	Grassroots Organizing, Advocacy, and Lobbying: When supporters recruited thro	ough our dig	ital
	program are ready to take action, RepresentUs brings them into our national d	digital volu	nteer
	network, hosted on the web platform Discord. Discord enables activists to com	municate wi	th one
	another and learn about the policies and politics of the reform field. This r	national com	munity
	provides online trainings and skills-building workshops, including traditions	al organizin	g skill
	like phone banking, event planning, and writing letters to the editor. RU als	so offers	
	opportunities for activists to learn new media content development, SMS text-	banking, on	line
	fundraising, and the steps involved in passing a non-binding resolution in the	neir own com	munity.
	This platform facilitates invaluable connections between activists, organizer	s, and lead	ers. It
	provides opportunities for volunteers to become leaders. More than 13,241 vol	unteers act	ivists
	joined the community during the year.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	

2,896,174

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 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,	_		
	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? <i>If</i> "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		37
10		9		_ X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Х
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
u	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total 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		x
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	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		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	x	
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		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	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			
	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-		
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		
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?	40		
20 -	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
) 21		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24	v	
	domestic government on Fart IX, column (X), line 1: II Tes, complete scriedule I, Parts Farts I and II	21	X	

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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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		х
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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		
20	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M.</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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	4 -		
	reportable gaming (gambling) winnings to prize winners?	1C	Х	

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			i
	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 on 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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit 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	х	
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		Х
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			
	required to file Form 8282?	7c		Х
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?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
a 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		
u	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	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		х
	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		х
	If "Yes," complete Form 4720, Schedule O.			

Part VI

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

	To remained, management, and proceeding the response to miss 2 among the bolom, and to a me
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI
Section 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 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			
	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, 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		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	х	
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 Q	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		х
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	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	x	
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	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14		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		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Statement #17			
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 Another's website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

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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.

See instructions for the order in which to list the persons above.

Section A.

Check this box in fletther the organization flor any feta	itou organizat	011 001	прог			ny can	OIIL		li doloo.	
					(C)					
(A)	(B)	(do r	not che		sition	nan one		(D)	(E)	(F)
Name and title	Average	box,	unles	s per	son is	both an		Reportable	Reportable	Estimated amount
	hours per week	offic	er and	d a dir	rector	/trustee)		compensation from the	compensation from related	of other compensation
	(list any			٦				organization	organizations	from the
	hours for	Individual trustee or director	Institutional trust	Office	Key employee	Highest compensated employee	orm	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	idual ecto	utior	역	empl	est c	ē			related organizations
	organizations	trus	ıal tr		oyee	omp				
	below dotted line)	tee	uste		w	ensa				
	dotted iiiie)		Ф			ated				
(1) Janice Periquet	10.00									
VP Development	40.00				Х			0	213,145	22,142
(2) Josh Silver	15.00									
CEO	35.00			х	Х			0	186,939	25,303
(3) Joshua Lynn	15.00									
President	35.00	х		х	Х			0	149,175	24,171
(4) Alexander Kaplan	10.00									
VP Policy and Campaign	40.00					х		0	134,794	20,704
(5) Daniel Krassner	10.00									
Political Director	40.00					х		0	119,137	23,269
(6) Jennifer Johnson	10.00									
Movement Director	40.00					х		0	121,530	11,846
(7) Ky Albert	10.00									
Senior Digital Campaign Strategist	40.00					х		0	109,819	11,494
(8) Mathew Strabone	. L									
Gen Counsel Campaign Counsel						х		0	105,178	4,235
(9) Adam McKay	1.00									
Director		х						0	0	0
(10)John Johnson	1.00									
Director	1.00	х						0	0	0
(11)Anke Faber	1.00									
Director		х						0	0	0
(12)Charlotte Hill	1.00									
Director		х						0	0	0
(13)Josh Jones	1.00									
Director		х						0	0	0
(14)Jennifer Lawrence	1.00									
Director		х						0	0	0

(A) (B) Position (do not check more than one box, unless person is both an officer and a director/trustee) per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) from the (D) Reportable compensation compensation from the	able Estation ated tions MISC) o	(Festimated of comperture of the comperture of t	d amo	
Name and title Name and title Average box, unless person is both an officer and a director/trustee) per week (do not check more than one box, unless person is both an officer and a director/trustee) remainded to the compensation compensation from the from relation from the from relation to the compensation to the compensation from the from relation to the compensation from the from the from relation to the compensation from the from the from relation to the compensation from the from the from relation to the compensation from the fr	able Estation ated tions MISC) o	stimate of o compe	d amo	
(list any organization organization	MISC) o	110111	nsatio	
(list any hours for related organizations below dotted line) (list any hours for related organizations below dotted line)		organiza lated org	ition a	
(15)Kulpreet Rana 1.00 X X X 0	0			0
(16)Jon_DeVaan 2.00				
Chair X X 0	0			0
(17)Marc Merrill 2.00				
Treasurer X X 0	0			0
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				
(25)				
1b Subtotal				
c Total from continuation sheets to Part VII, Section A				
d Total (add lines 1b and 1c)	,717	14	3,1	64
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 ▶				C
		Y	es	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated				
employee on line 1a? If "Yes," complete Schedule J for such individual	3	3		Х
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	4	4 2	2	
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	5		X
Section B. Independent Contractors				
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 ta		(0)		
(A) (B)		(C)	_	
Name and business address Description of services	Comp	pensatio	n	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶				

26-2369596

Form 990 (2020) Represent.Us

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or no	ote to any line in thi	s Part VIII			
		·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ants ınts	1a b c	Federated campaigns	1a 1b 1c	1,525,393				SECTIONS 312-314
Gifts, Gr ilar Amou	d e	Related organizations	1d 1e	730,115				
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in	1f	3,228,501				
Cont and (١.	lines 1a-1f	1g					
		Total. Add lines 1a-1f		Business Code	5,484,009			
9	2a b							
Serv Jue	C							
am S ever	d							
Program Service Revenue		All other program service revenue						
		Total. Add lines 2a-2f						
	3	Investment income (including dividends, interesting amounts)		▶				
	5	Royalties	•	t t				
	6a	Gross rents 6a (i) Real		(ii) Personal				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory 7a (i) Securition (ii) Securition (ii) Securition (iii) Securition (ii	es	(ii) Other				
Φ	b	Less: cost or other basis and sales expenses 7b						
ven ue	С	Gain or (loss) 7c						
	l	Net gain or (loss)	. <u></u>					
Other Re	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	- 8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising event	s .					
	9a	Gross income from gaming activities, See Part IV, line 19	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming activities	· ·					
		Gross sales of inventory, less returns and allowances	10a 10b					
	l .	Less: cost of goods sold						
		132 moone of (1033) nom sales of inventory		Business Code				
ठ्य	11a							
anor Tue	b							
ever	С							
Miscellanous Revenue		All other revenue						
	e	Total. Add lines 11a-11d			F 404 000			

Part IX Statement of Functional Expenses

13 Office expenses	Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co				F=
86, 9b, and 10b of Part VIII. 1 Grass and other assistance to domestic organizations and domestic organizations and domestic organizations are domestic organizations. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 21 3 Grants and other assistance to foreign organizations, resign governments, and foreign individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, resign governments, and foreign individuals. See Part IV, line 21 4 Benefits paid to or for members 5 Compossition of current officers, directors, mustees, and effend under section 4986(f)(19) and persons described in section 4016(a) and 401	<u> </u>					
1 Grants and other assistance to demestic cogenizations and domestic governments. See Part IV, Inte 21			Total expenses	Program service	Management and	Fundraising
and domestic governments. See Part IV, line 21				охроново	goneral expenses	одролосс
2 Cirrats and other assistance to domestic individuals. See Part IV, line 12 and 16 and 17 and 18 a			66,250	66,250		
3 Grants and other assistance to foreign organizations, foreign professions, foreign profess	2		_			
organizations, foreign governmens, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
to reign individuals. See Part IV, lines 15 and 16.	3	Grants and other assistance to foreign				
4. Benefits paid to or for members		organizations, foreign governments, and				
5 Compensation of cument officers, directors, trustees, and key employees 6 Compensation in Included above, to disqualified persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(1)) and persons described in section 4958(n)(3)(6) 7 Other salaries and wages 1,554,601 1,208,741 167,803 178,057 8 Pension plan accusals and contributions (include section 401(k) and 403(b) employer contributions 156,668 120,894 17,255 18,728 197,484 84,896 11,623 12,965 18948 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 12,965 199,484 84,896 11,623 11,623 12,965 199,484 84,896 11,623 11,623 12,965 199,484 84,896 11,623 11,623 12,965 12,966 1		foreign individuals. See Part IV, lines 15 and 16				
trustees, and key employees	4	Benefits paid to or for members				
6 Correpression not included above, to disqualified persons (as defined under section 4958(b)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Cher employee benefits 155,668 120,894 17,256 18,718 Payroll taxes 109,484 84,896 110,623 12,965 Payroll taxes 116,623 12,965 Payroll taxes 109,484 84,896 111,623 12,965 Payroll taxes 109,484 84,896 110,623 12,965 Payroll taxes 109,484 84,896 120,894 11,623 12,965 Payroll taxes 109,484 84,896 120,894 12,965 Payroll taxes 109,484 84,896 120,894 11,623 12,965 Payroll taxes 109,484 84,896 120,894 11,623 12,965 Payroll taxes 109,484 84,896 120,894 11,623 12,965 Payroll taxes 109,484 84,896 120,894 12,965 Payroll taxes 109	5	Compensation of current officers, directors,				
persors (as defined under section 4988(n)(1)) and persors described in section 4988(n)(3)(8)		trustees, and key employees				
persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 156,868 120,894 17,256 18,718 10 Payroll taxes 109,484 84,896 11,623 12,965 11,623 12,965 11,623 12,965 12,965 13 Management 15 Legal 16 Legal 17 Capacity 18 Pension fundraising services. See Part IV, line 17 Investment management fleas 19 Cher (If line 11g amount exceeds 10% of line 25, column (A) amount list line 19 genoses on Schedule O.) 10 Consult for tavel or entertainment expenses for any federal, state, or local public (officials for a Hyperses on Schedule O.) 18 Payments of travel or entertainment expenses for any federal, state, or local public (officials line 24 expenses on Schedule O.) 19 Payments to affiliates 10 Compancy 11 Payments to affiliates 11 Payments to affiliates 12 Depreciation, depletion, and amonitization line 24e expenses on Schedule O.) 18 Payments to affiliates 19 Communication Costs 182,474 161,534 328 20,612 10 Communication Costs 182,474 161,534 328 20,612 10 Communication Costs 182,474 161,534 328 20,612 10 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶	6	Compensation not included above, to disqualified				
7. Other salaries and wages 1,554,601 1,208,741 167,803 178,057						
Repersion plan accruals and contributions (include section 401 (k) and 403(t) employer contributions) 26,946 20,112 3,309 3,525		persons described in section 4958(c)(3)(B)				
section 401(k) and 403(b) employer contributions) 26,946 20,112 3,309 3,525 10 Payroll taxes 109,484 84,896 11,623 12,965 15 Fees for services (nonemployees): a Management Legal C Accounting Other (Iffi en 11g amount exceeds 10% of line 25, column (A) amount, list line 24e amount expenses for any federal, state, or local public officials Payroll state, or local public officials Insurance All other expenses. Itemize expenses not covered above (List miscellanous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellanous expenses on line 25, column (A) amount, list line 24e expenses not covered above (List miscellanous expenses on line 26, column (A) amount, list line 24e expenses not covered above (List miscellanous expenses on line 26, column (A) amount, list line 24e expenses not covered above (List miscellanous expenses on line 26, column (A) amount, list line 24e expenses on Schedule O.) 20 Communication Costs 182,474 181,424 184,938 19,242 1849,382 10,213 31,647 25 Joint costs. Complete this line only if the organization reported in column (B) pioint costs from a combined educational campaign and fundratising solicitation. Check here ▶ ☐	7	<u> </u>	1,554,601	1,208,741	167,803	178,057
156,868 120,894 17,256 18,718	8					
10 Payroll taxes				•		
				-		
a Management b Legal		·	109,484	84,896	11,623	12,965
b Legal		` ' '				
C Accounting	_	_				
d Lobbying. Professional fundraising services. See Part IV, line 17 . Investment management fees. 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 210,866 201,965 228 8,673 31 Office expenses 101,364 34,903 14,102 52,359 14 Information technology 24,922 18,124 3,352 3,446 5 Royalties 100 24,922 18,124 3,352 3,446 6 Occupancy 130,688 113,078 8,387 9,223 7 Travel 130,688 113,078 8,387 9,223 17 Travel 14,804 11,415 429 2,960 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 699 699 Interest 9 Corporation, depletion, and amortization 8,726 3,313 4,824 589 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Consulting 891,242 849,382 10,213 31,647 b Communication Costs 182,474 161,534 328 20,612 c d d e All other expenses 5 Total functional expenses. Add lines 1 through 24e. 3,515,392 2,896,174 276,307 342,911 5 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 ▶						
e Professional fundraising services. See Part IV, line 17 f Investment management fees		_				
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 210,866 201,965 228 8,673 30 Office expenses 101,364 34,903 14,102 52,359 101,364 34,903 14,102 52,359 24,922 18,124 3,352 3,446 15 Royalties 1 2 2 2 18,124 3,352 3,446 16 Occupancy 130,688 113,078 8,387 9,223 17 Travel 130,688 113,078 8,387 9,223 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5		· · ·				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . 35,458 868 34,453 137 210,866 201,965 228 8,673 35 Office expenses . 101,364 34,903 14,102 52,359 14 Information technology . 24,922 18,124 3,352 3,446 15 Royalties						
(A) amount, list line 11g expenses on Schedule O.) 35,458 868 34,453 137 4 Advertising and promotion 210,866 201,965 228 8,673 3410 Office expenses 101,364 34,903 14,102 52,359 16 Occupancy 130,688 113,078 8,387 9,223 14,804 11,415 429 2,960 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 22 Depreciation, depletion, and amortization 13 Insurance 14 Royaltises 25 Total functional expenses. Add lines 1 through 24e. 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 ▶		_				
Advertising and promotion 210,866 201,965 228 8,673 30 Office expenses 101,364 34,903 14,102 52,359 Information technology 24,922 18,124 3,352 3,446 Cocupancy 130,688 113,078 8,387 9,223 Travel 130,688 113,078 8,387 9,223 Travel 14,804 11,415 429 2,960 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 699 699 Interest 50 Interest 70 100 100 100 100 100 100 100 100 100	9		35 458	868	34 453	137
13 Office expenses	12		-			
14 Information technology 24,922 18,124 3,352 3,446 15 Royalties	13		-	-		
15 Royalties	14	·				
130,688 113,078 8,387 9,223 17 Travel	15		•			•
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Cother expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Consulting Communication Costs Total functional expenses. Add lines 1 through 24e. 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 ▶ □ jf	16	· · · · · · · · · · · · · · · · · · ·	130,688	113,078	8,387	9,223
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Consulting Bay1,242 Bay3,382 Communication Costs All other expenses All other expenses 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	17	Travel	14,804	11,415	429	2,960
19 Conferences, conventions, and meetings	18	Payments of travel or entertainment expenses				
Interest		for any federal, state, or local public officials				
21 Payments to affiliates	19	Conferences, conventions, and meetings	699	699		
Depreciation, depletion, and amortization	20	Interest				
23 Insurance	21	Payments to affiliates				
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Consulting 891,242 849,382 10,213 31,647 b Communication Costs 182,474 161,534 328 20,612 c d All other expenses Total functional expenses. Add lines 1 through 24e 3,515,392 2,896,174 276,307 342,911 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	22	Depreciation, depletion, and amortization				
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.) a Consulting 891,242 849,382 10,213 31,647 b Communication Costs 182,474 161,534 328 20,612 c d e All other expenses Total functional expenses. Add lines 1 through 24e. 3,515,392 2,896,174 276,307 342,911 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	23	⊢	8,726	3,313	4,824	589
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Consulting B91,242 B49,382 10,213 31,647 b Communication Costs 182,474 161,534 328 20,612 c d e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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	24	·				
(A) amount, list line 24e expenses on Schedule O.) a Consulting B91,242 B49,382 10,213 31,647 b Communication Costs 182,474 161,534 328 20,612 c d e All other expenses Total functional expenses. Add lines 1 through 24e 3,515,392 2,896,174 276,307 342,911 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						
a Consulting b Communication Costs c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 3,515,392 2,896,174 276,307 342,911 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						
b Communication Costs d						
c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 3,515,392 2,896,174 276,307 342,911 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	_		-			
d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 3,515,392 2,896,174 276,307 342,911 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		Communication Costs	182,474	161,534	328	20,612
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 3,515,392 2,896,174 276,307 342,911 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						
Total functional expenses. Add lines 1 through 24e 3,515,392 2,896,174 276,307 342,911 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		All other expenses				
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		·	2 515 200	2 806 174	276 207	242 011
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if			3,515,392	2,890,174	2/6,307	342,911
from a combined educational campaign and fundraising solicitation. Check here ▶		organization reported in column (B) joint costs				
fundraising solicitation. Check here		from a combined educational campaign and				
		rungraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

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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	966,136	1	2,831,758
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	402,426	3	408,203
	4	Accounts receivable, net	7,172	4	35,031
	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	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	4,389	9	4,389
1	10a	Land, buildings, and equipment: cost or other	1,303		1,303
		basis. Complete Part VI of Schedule D 10a 53,898			
	b	Less: accumulated depreciation		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	117 022	15	117 022
	16	F	117,832		117,832
	17	Total assets. Add lines 1 through 15 (must equal line 33)	1,497,955	16 17	3,397,213
	18	Accounts payable and accrued expenses	42,840	18	81,931
	19	· ´		19	
	_	Deferred revenue		20	
	20	Tax-exempt bond liabilities			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>Lia</u>		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			
		of Schedule D	108,450	25	
	26	Total liabilities. Add lines 17 through 25	151,290	26	81,931
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
ğ	27	Net assets without donor restrictions	1,346,665	27	3,184,648
3ak	28	Net assets with donor restrictions		28	130,634
<u> </u>		Organizations that do not follow FASB ASC 958, check here ▶			
큔		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,346,665	32	3,315,282
	33	Total liabilities and net assets/fund balances	1,497,955	33	3,397,213 Form 990 (2020)

EEA Form **990** (2020)

		<u>6-23</u>	<u>69596</u>	<u>; </u>	Pa	age 1 2
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,	484,	009
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,	515,	392
3	Revenue less expenses. Subtract line 2 from line 1	3		1,	968,	617
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	346,	665
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		3,	315,	282
Pai	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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		х
	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	х	
	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:					
	X 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 on					
	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		х
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 on Schedule O and describe any steps taken to undergo such audits			3b		

EEA

Form **990** (2020)

Schedule B

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

Represent.Us

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

26-2369596

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(4) (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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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

Represent.Us

Employer identification number

26-2369596

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	N/A N/A	\$125,000	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	N/A N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	N/A N/A	\$500,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	N/A N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	N/A N/A	\$50,000 	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	N/A N/A	\$50,000 	Person x Payroll Noncash (Complete Part II for noncash contributions.)				

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Employer identification number

26-2369596

Part I	Contributors (see instructions). Use duplicate copies of Part 1 if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	N/A N/A	\$1,500,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8_	N/A N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9	N/A N/A	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10_	N/A N/A	\$33,500	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
11	N/A N/A	\$50,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
12	N/A N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Employer identification number 26-2369596 Represent.Us

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A N/A	\$\$	Person 🗷 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14	N/A N/A	\$\$	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
15	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	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
17	N/A N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A N/A	\$ 5,000	Person x Payroll Complete Part II for noncash contributions.)

Employer identification number

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

/-\	(1)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A N/A	\$5,000	Person 🛣 Payroll 📗 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A N/A	\$10,000	Person x Payroll 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	\$\$	Person 🗓 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 Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

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

2020

OMB No. 1545-0047

Inspection

Quen to Public

Name of the organization Employer identification number 26-2369596 Represent.Us Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 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 conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified 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 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 4 Number of states where property subject to conservation easement is located ▶ 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 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 🗌 Yes 🗍 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

Sched	ule D (Form 990) 2020 Represent.Us					26-236	9596	Page 2
	t III Organizations Maintaining	Collections of	Art, Histo	rical T	reasures, or			
3	Using the organization's acquisition, accession						,	
	collection items (check all that apply):							
а	Public exhibition		d 🗌	Loan	or exchange prog	grams		
b	Scholarly research		e 🗌	Other				
С	Preservation for future generations							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part								
	XIII.							
5	During the year, did the organization solicit or		•		•			
	assets to be sold to raise funds rather than to		art of the orga	nization	's collection?		. Yes	☐ No
Pai	t IV Escrow and Custodial Arra	•						
	Complete if the organization	answered "Yes"	on Form 9	90, Pa	ırt IV, line 9, d	or reported an am	ount on F	orm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodia		-					
	•						L	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
	5						nount	
С.	Beginning balance					1c		
d	3 ,					1d		
e	• ,					1e 1f		
f 20	Ending balance						. Nes	□ No
2a b	If "Yes," explain the arrangement in Part XIII.					•		= =
Pai		CHECK HEIE II THE EX	piariation rias	been pr	Ovided Offi art A			
. u	Complete if the organization	answered "Yes"	on Form 9	90. Pa	rt IV. line 10.			
	30p.0.0 3ga	(a) Current year	(b) Prior y		(c) Two years back		(e) Four	years back
1a	Beginning of year balance	(4, 525)52	(2, 1)		(0, 1110) 22110 2211	(4)	(0)	7
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 curre	ent year end balance	(line 1g, colur	mn (a)) I	neld as:			
а	Board designated or quasi-endowment	%						
b		%						
С	Term endowment ► %							
	The percentages on lines 2a, 2b, and 2c shou							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are h	eld and	administered for	the	Г	
	organization by:							Yes No
	(i) Unrelated organizations						. 3a(i)	
_							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization			ıle R?.			. 3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	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		53,898	53,898			
e	Other						
Tota	Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form	990) 2020 Represent.Us		20	6-2369596 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"	<u>on Form 990, Par</u>	t IV, line 11b. See For	m 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book v		(c) Method of valuation: tror end-of-year market value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
1	n (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Par	t IV, line 11c. See For	m 990, Part X, line 13.
	(a) Description of investment	(b) Book v	alue	(c) Method of valuation:
(1)				·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	▶		
Part IX	Other Assets.	"	4 IV / Ema 44 d One Fee	000 Dant V. Ura 45
	Complete if the organization answered "Yes"	on Form 990, Par	t IV, line 11d. See For	
/4\ -	(a) Description			(b) Book value
	ible Assets			117,832
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Гotal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)			117,83
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	" on Form 990, Par	t IV, line 11e or 11f. S	ee Form 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		

1.	(a) Description of liability	(b) Book value
(1) Federal	income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. [

Schedule D (Form 990) 2020 Represent.Us 26-2369596 Page 4 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 5,484,009 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: 2a 2b 2c d Other (Describe in Part XIII.) 2d 2e 3 3 5,484,009 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 4a 4c 5 5,484,009 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,515,392 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 2a 2b **d** Other (Describe in Part XIII.) 2d 2e 3 3,515,392 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)..... 5 3,515,392 Part XIII Supplemental Information. Provide 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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

EEA Schedule D (Form 990) 2020

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Employer identification number

Open to Public Inspection

Represent.Us						26-2369596	
Part I General Information on							
1 Does the organization maintain records to		_	_				
the selection criteria used to award the gr							. X Yes N
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistan		•		•	•	"Yes" on Form 990),
Part IV, line 21, for any recip						T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)North Dakotans for Public I							
1515 Burnt Road							
Bismarck ND 58503	82-3948959	501(c)(4)	35,000				
(2) Vermont Public Interest Res							
141 Main Street							
Montpelier VT 05602	03-0228267	501(C)(4)	31,250				
(3)							
(4)							
(5)							
(0)							
(6)							
(7)							
(7)							
(8)							
(6)							
(9)							
(0)							
(10)							
,							
2 Enter total number of section 501(c)(3) as	nd government organ	nizations listed in the line	1 table				1
3 Enter total number of other organizations	•						

Schedule I (Form 990) (2020) Represent.Us Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (e) Method of valuation (book, (b) Number of (c) Amount of (d) Amount of (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 2 5 6 7 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

EEA Schedule I (Form 990) (2020)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Represent.Us

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 26-2369596

Pa	rt 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 Payments for business use of personal residence Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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 Form 990 of other organizations Approval by the board or compensation committee			
b	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: Receive a severance payment or change-of-control payment?	4a 4b 4c		x x x
	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: The organization?	5a 5b		x
	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: The organization?	6a 6b		x x
7	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		x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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.

		f 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
Josh Silver (i)		0	0	0	0	0	0
1 CEO (ii	186,939	0	0	0	25,303	212,242	0
Janice Periquet (i	0	0	0	0	0	0	0
2 VP Development (ii	213,145	0	0	0	22,142	235,287	0
Joshua Lynn (i	0	0	0	0	0	0	0
3 President (ii	149,175	0	0	0	24,171	173,346	0
Alexander Kaplan (i	0	0	0	0	0	0	0
4 VP Policy and Campaig (ii	134,794	0	0	0	20,704	155,498	0
(i)							
5 (ii							
(i)							
<u>6</u> (ii							
(i)							
7 (ii							
(i)							
8 (ii							
(i)							
9 (ii							
(i)							
<u>10</u> (ii							
(i)							
<u>11</u> (ii							
(i)							
12 (ii							
(i)							
13 (ii							
(i)							
14 (ii							
(i)							
<u>15</u> (ii							
(i)							
16 (ii)						

EEA Schedule J (Form 990) 2020

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 Finance Committee 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

Schedule O (Form 990 or 990-EZ) (2020) Page 2 Name of the organization Employer identification number 26-2369596 Represent.Us basis. Other governing documents and conflict of interest policy are not generally made 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 Part III 4a 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 the year, RepresentUs published more than 100 original videos to social platforms, accruing more than 40 million views. RU social media channels expanded hitting 198 million impressions. RU increased its email membership list by 66% during the year.

SCHEDULE R (Form 990)

Department of the Treasury

Represent.Us

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number 26-2369596

Part I	Identification of Disregarded Entities. Co	omplete if the or	ganization a	answered "Yes"	on Form 990, Pa	rt IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity		Prim	(b) nary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cont enti	itrolling ity
(1)									
(2)									
(3)									
(4)									
(5)									
Part II	Identification of Related Tax-Exempt Orgone or more related tax-exempt organization			e organization	answered "Yes" o	n Form 990, Part	IV, line 34 beca	use it ha	d
	(a) Name, address, and EIN of related organization		(b) ary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	controll	(g) 12(b)(13) led entity?
				or foreign country)		(222.23. 22. (2)(2))	y	Yes	No
` '	sent.Us Education Fund, 26-3088283	Grant-Ma	led nor						
	ampton MA 01062		ducation	DC	501(c)(3)	10	N/A		x
(2)		- 42220 2		20			7,72		
(3)									+

(4)

(5)

Schedule R (Form 990) 2020 Represent.Us 26-2369596 Page 2

Part III

| Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III | Part III |

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h		(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of- year assets	Disprope alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part		Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti	12(b)(13) olled
-									Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										

Schedule R (Form 990) 2020 Represent.Us 26-2369596 Page 3

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

No	ote: 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 organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
b	Gift, grant, or capital contribution to related organization(s)	1b		x
С	Gift, grant, or capital contribution from related organization(s)	1c	x	
d	Loans or loan guarantees to or for related organization(s)	1d		х
е	Loans or loan guarantees by related organization(s)	1e		х
f	Dividends from related organization(s)	1f		х
g	Sale of assets to related organization(s)	1g		х
h	Purchase of assets from related organization(s)	1h		x
i	Exchange of assets with related organization(s)	1i		х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		77
	Performance of services or membership or fundraising solicitations for related organization(s)	11		x
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
	Sharing of paid employees with related organization(s)	10	x	
·				
n	Reimbursement paid to related organization(s) for expenses	1р		7.7
-	Reimbursement paid by related organization(s) for expenses	1q		x
٦	10.11.15.11.15.11.15.11.15.11.15.11.15.11.15.11.15.11.15.11.11			
r	Other transfer of cash or property to related organization(s)	1r		
	Other transfer of cash or property from related organization(s)	1s	х	x
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	1 .0	I	
	(a) (b) (c) (d))		
	Name of related organization Transaction type (a-s) Amount involved Method of determining		involved	i
(1)				
(2)				
` '				
(3)				
(4)				
• ,				
(5)				
(6)				

EEA

Schedule R (Form 990) 2020 Represent.Us 26-2369596 Page 4

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)	(е)	(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	sect	partners tion (c)(3) zations	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	man	eral or aging tner?	Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
	•									•	Cabad	-1- D (E	200) 2020

Part '	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
01. E	xplanation of information on Schedule R
1c) \$	730,115 grants received, of which \$408,230 was due at 12/31/20.
1n) \$	1,106,228 reimbursed for shared expenses based on actual and allocation of time
sheet	s for common expenses.
10) \$	1,208,741 reimbursed for shared payroll based on allocation of time sheets.
1r) \$	35,031 cash transferred for future costs to be incurred in 2021.
-	

	Federal Supporting Statements	2020 PG01
Name(s) as shown on return		Tax ID Number
Represent.Us		26-2369596

Form 990, Part VI, Section C, line 17

Statement #017

States where a copy of this Form 990 is required to be filed:

Alabama

Arkansas

California

Florida

Georgia

Hawaii

Illinois

Kansas

Kentucky

Massachusetts

Maryland

Minnesota

Missouri

Mississippi

North Carolina

New Jersey

New York

Oregon

Pennsylvania

Rhode Island

South Carolina

Tennessee

Utah

Virginia

Wisconsin

West Virginia

	Acknowledgement and General Information for Entities That File Returns Electronically	2020
Name(s) as shown on return		Employer Identification Number
Represent.Us		**-***9596
Entity address PO Box 60008 Florence, MA Thank you for pa . X 2020 8868 The electronic for an electronic sign electronic s	01062 rticipating in IRS e-file.	electronically. onal Identification Number (PIN) as
	DO NOT SEND A PAPER COPY OF ENTITY'S RETURN OU DO, IT WILL DELAY THE PROCESSING OF THE RE	

	Acknowledgement and General Information for Entities That File Returns Electronically	2020
Name(s) as shown on return Represent.Us		Employer Identification Number **-***9596
. x 2020 990	ticipating in IRS e-file.	electronically.
The submission	income tax return was accepted on 11-14-2021 using a Personature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to e D assigned to this return is 0487482021318m5hq2py DO NOT SEND A PAPER COPY OF ENTITY'S RETURN OU DO, IT WILL DELAY THE PROCESSING OF THE RETURN	nter or generate a PIN signature. TO THE