F	99	n	Potu	rn of Organization E	vompt From Inc	omo T	av		OMB No. 1545-0047	
Form	33	0	neiu	In or organization			ах		2020	
			Under section 501	(c), 527, or 4947(a)(1) of the Int	ternal Revenue Code (ex	cept privat	te founda	ations)	2020	
Dopartr	nont of th	e Treasury	Do no	t enter social security number	s on this form as it may	be made p	ublic.		Open to Public	
	Revenue		► Go	to www.irs.gov/Form990 for in	nstructions and the late	est informa	tion.		Inspection	
A F	or the 2	2020 calenda	ar year, or tax year b			and ending			, 20	
B Ch	neck if ap	plicable:	C Name of organizat	onRepresent.Us Educati	on Fund		I	D Emplo	yer identification number	
Ac	ldress ch	ange	Doing business as						26-3088283	
Na	ame chan	ige	Number and street	(or P.O. box if mail is not delivered to stree	t address)	Room/suite	6	E Teleph	one number	
	tial returr	ı	PO Box 6000	8					(855)585-8100	
	nal return	/terminated	City or town, state	or province, country, and ZIP or foreign pos	stal code			G Gross	receipts	
Ar	nended r	eturn	Florence, M	A 01062				\$	6,645,494	
Ap	plication	pending		of principal officer: Joshua M Si.	lver	H	(a) Is this a gr	oup return fo	r subordinates? Yes X No	
			Same as C a				(b) Are all su			
I Ta	ax-exemp	t status: X	501(c)(3) 501(c) () < (insert no.) 4947(a)	(1) or 527		If "No," a	ttach a list	. See instructions	
	ebsite:			seducationfund.org/		н	(c) Group ex			
K Fo	orm of orc		Corporation Trust	Association Other ►	L Year of format		· · · ·		I domicile: MA	
Par		Summar								
				mission or most significant activiti	es: Represent.Us	s Educat	ion Fu	und is	a national,	
			0	501(c)(3) organizati						
e	-			democracy policymakin					tical system and	
Governance	:	Involve	the public in	democracy porreymaxin	ig. continued in	Deneuur				
/err	2	Check this he	x if the organiz	ation discontinued its operations	or disposed of more than	25% of ite r	not accot	2		
õ				governing body (Part VI, line 1a)				3	10	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			0						13	
ies				nbers of the governing body (Par	. ,		••••	4	<u> </u>	
Activities &				ed in calendar year 2020 (Part V			• • • • •	5	59	
Act			of volunteers (estima	• •	••••		••••	6	15,000	
				rom Part VIII, column (C), line 12				7a	0	
	b	Net unrelated	d business taxable inc	come from Form 990-T, Part I, line	e 11 • • • • • • • • • • • • •			7b	0	
		o					Prior Year		Current Year 6,629,492	
Revenue	9 Program service revenue (Part VIII, line 2g)								0	
e le									0	
Ĕ								,930	16,002	
				11 (must equal Part VIII, column			6,386		6,645,494	
				Part IX, column (A), lines 1-3) .			1,366	,500	844,365	
		Benefits paid		0						
s			er compensation, emp	,022	2,379,414					
Expenses			fundraising fees (Par		0					
be			0 1 (		712,762					
ш		•	( , , , , , , , , , , , , , , , , , , ,	.,,,	•••••	-	1,883		2,466,113	
		-		must equal Part IX, column (A), lir			4,829		5,689,892	
	19	Revenue less	s expenses. Subtract	line 18 from line 12	• • • • • • • • • • • •	•	1,557	,537	955,602	
es Se							ng of Currei	nt Year	End of Year	
Net Assets or Fund Balances			,				2,646		4,216,122	
t As nd B								,779	1,137,059	
	_			ract line 21 from line 20		•	2,123	,461	3,079,063	
Par		Signatu								
				is return, including accompanying schedule an officer) is based on all information of wh		t of my knowled	ige and belie	ef, it is		
Cian			ua Silver							
Sign		Signature	Date							
Here	•		ua Silver, CEO							
	]	,	print name and title					<u> </u>		
		Print/Type preparer's name Preparer's signature Date Check							PTIN	
Paid		Robert	Calcasola	Robert M Calcasola	11-10-20	021	self-emp	loyed	P00229178	
Prep		Firm's name	Nolan	Calcasola & CO PC		Firm	's EIN 🕨			
Use	Only	Firm's address	PO Bo	x 625		Phor	ne no.			
			East	Longmeadow MA 01028					25-4100	
				er shown above? (see instruction	s)			• • • •	X Yes 🗌 No	
For P	aperwo	ork Reduction	on Act Notice, see th	e separate instructions.					Form <b>990</b> (2020)	

Form		Page <b>2</b>
Pa	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 Education Fund is a national, nonpartisan, nonprofit 501(c)(3) organization wo	rking
	to fix our corrupt political system and involve the public in democracy policymaking. Conti	nued
	in Schedule O.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	2
	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?	2
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
_		
4a	(Code:) (Expenses \$ 2,010,831 including grants of \$ 103,250 ) (Revenue \$	_)
	Education and Communications: RepresentUs Education Fund elevates the national dialogue on	
	democratic reform by taking complex ideas and presenting them in a way that resonates with	
	diverse audiences. The Organization works through various mediums to communicate with democ	
	reform groups, academics, activists, and influencers from across the political spectrum. Th	
	Organization is driven by the goal to create a collaborative network for the movement by br	
	together passionate activists and advocates and creating opportunities to learn, share idea	s, get
	inspired, and forge lasting relationships.	
41.		
4b	(Code:) (Expenses \$ 894,161 including grants of \$ 11,000) (Revenue \$	_)
	Research and Planning RepresentUs Education Fund conducts in-depth research related to campaign-finance and electoral-systems reform. Ongoing research aims to measure, track, and	
	evaluate the impact of public policy on state and local communities.	
	evaluate the impact of public policy on state and local communities.	
4c	(Code: ) (Expenses \$ 730,115 including grants of \$ 730,115 ) (Revenue \$	)
	Grantmaking: In 2020, RepresentUs Education Fund made grants to RepresentUs to support publ	_/ ic
	education, research, and cross-partisan outreach activities. Grant funds were used to devel	
	multi-channel public-education campaigns to inform voters about the challenges faced by our	
	democracy and on viable policy solutions. Funds were also used to promote educational conte	
	about popular, smart political reforms; to produce compelling videos; and to provide	
	of-the-moment communications on news items impacting our democracy. Grantmaking also underw	rote
	the recruitment and training of volunteers.	
	ono roordromono dua ordining or vortanooorby	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 309,784 including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 3,944,891	
EEA	Form 990	(2020)
		. /

	n 990 (2020) Represent. Us Education Fund 26-30	8828	83	P	age <b>3</b>
Pa	rt IV Checklist of Required Schedules				1
		г		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A	-	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	••	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I	••	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	••	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	•••	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Γ			
	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,	ſ			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	Ē			
	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	F			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
	debt negotiation services? If "Yes," complete Schedule D, Part IV		9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V		10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		10		A
••	VII, VIII, IX, or X as applicable.				
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"				
a	complete Schedule D, Part VI		11a	x	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	•••	110	Δ	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		v
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	•••	110		x
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • • • • • • • • • • • • • • • • •		11c		v
d		••	TIC		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		114		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	••	11e	х	
f	, , , , , , , , , , , , , , , , , , ,				
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	••	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	••	12a	х	
b					
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional • • • • •	-	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	-	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	••	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
	fundraising, business, investment, and program service activities outside the United States, or aggregate				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	••	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				
	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				
	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				
	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?				
	If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •	•••	19		x
20 a		-	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	••	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	••	21	x	

Form	n 990 (2020) Represent.Us Education Fund	26-30882	83	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
			-	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	• • • • • • •	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	• • • • • • •	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		X
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? <i>If "Yes," complete Schedule L, Part I</i>	••••	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		0.5.4		
06	If "Yes," complete Schedule L, Part I	••••	25b		X
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%		06		
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	•••••	26		X
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part		1		•
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
ŭ	"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				
•	"Yes," complete Schedule L, Part IV.		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M.		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		31		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 L		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36	x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	• • • • • • •	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	X	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	• • • • • • •	• • •		┍┶┷
		1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	66			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	• • • • • • •	1c	X	

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		r		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	59			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	T	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		0		
-		••••	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		70		v
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	H	7a 7b		X
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	••••	70		
С	required to file Form 8282?		7c		v
А	If "Yes," indicate the number of Forms 8282 filed during the year	••••	70		X
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		x
f	Did the organization during the year, pay premiums, directly or indirectly, no pay premiums on a personal benefit contract?	t t	76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.	t t	7g		x
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • •	H	79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	Ī			
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	• • • •	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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				
c	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	H	14a		x
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		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	••••	16		X
	If "Yes," complete Form 4720, Schedule O.				

Form 990 (2020)

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Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	nd for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst	ruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI				. X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13			
	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	11			
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		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	• • •	5		x
6	Did the organization have members or stockholders?		6		x
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		x
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		x
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		x
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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	• • •	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	• • •	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	• • •	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	• • •	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	• • •	12b	Х	
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	х	
13	Did the organization have a written whistleblower policy?		13	х	
14	Did the organization have a written document retention and destruction policy?	• • •	14		x
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		x
b	Other officers or key employees of the organization	• • •	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	• • •	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	•••	16b		X
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
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 I Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	Joshua M Silver (855)585-8100, PO Box 60008, Florence, MA 01062				

Form 990 (20	20) Represent.Us Education Fund	26-3088283	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and						
	Check if Schedule O contains a response or note to any line in this Part VII		•••□						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the									
organization's tax year.									

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	lica organizai		прог	ISan	Ju a	ny cun			103100.	
				(	C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one s both ar	n	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week (list any							from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Insti	Office	Key	Highest compensated employee	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	recto	tutio	ĕr	emp	loye	ner			related organizations
	organizations	or	Institutional trustee		Key employee	eomp				
	below dotted line)	stee	uste		Ð	bens				
	dolled line)		e e			ated				
(1) Janice Periquet	40.00									
VP Development	10.00				х			213,145	0	22,142
(2) Joshua M_Silver	35.00									
Chief Executive Officer	15.00	x		x				186,939	0	25,303
(3) Joshua Lynn	35.00									
Managing Dir Co Founder	15.00				х			149,175	0	24,171
(4) Alexander Kaplan	40.00									
VP Policy and Campaign	10.00					x		134,794	0	20,704
(5) Daniel Krassner	40.00									
Political Director	10.00					x		119,137	0	23,269
(6) Jennifer Johnson	40.00									
Movement Director	10.00					x		121,530	0	11,846
(7) Ky Albert	40.00									
Senior Digital Campaign Strategist	10.00					x		109,819	0	11,494
(8) Matthew Strabone	40.00									
General and Poltical Counsel	10.00					x		105,178	0	4,235
(9) Tara Smith Swibel	1.00									
Director		X						0	0	0
(10)John Johnson	1.00									
Director	1.00							0	0	0
(11)Ethan Beard	1.00									
Director		X						0	0	0
(12)Desmond Meade	1.00									
Director		x						0	0	0
(13)Alan_Schwartz	1.00									
Director		x						0	0	0
(14)Erik_Feig	1.00									
Director		X						0	0	0 Eorm 990 (2020)

# Form 990 (2020)

|--|

(A) Name and title	(B) Average hours per week	box,	not chec unless	perso	on e than one n is both a tor/trustee	เท	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		Estimat o comp	(F) ted amo f other pensatio m the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Hignest compensated employee Key employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)			zation a	
(15)Ed Helms	1.00											
Director		x					0		0			0
(16)Matt_Cutts	1.00											
		x				-	0		0			0
(17)Elisa Jagerson	2.00								•			•
Ireasurer (18)Todd Dipaola	1.00	X		x		-	0		0			0
Past Chair	1.00	x		x			0		0			0
(19)YuChiang_Cheng	2.00						•					
Chair		x		x			0		0			0
20)Ramsey Homsany	2.00								-			
Secretary		x		x			0		0			0
[21]												
22)												
[23]												
(24)												
1b Subtotal		•••	•••	••		• •						
c Total from continuation sheets to Part VII, Sect		•••	•••	•••	••••	• •	1 120 717		•	1	40 1	<u> </u>
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not limit reportable compensation from the organization</li> </ul>	ed to those li							of	0	14	43,1	.04
										`	Yes	No
3 Did the organization list any <b>former</b> officer, direct					-							
employee on line 1a? If "Yes," complete Schedu								•••••	••	3		X
4 For any individual listed on line 1a, is the sum of re												
organization and related organizations greater th												
5 Did any person listed on line 1a receive or accrue								••••	••	4	X	
for services rendered to the organization? If "Yes	•		-		-					5		x
Section B. Independent Contractors	,			2. 01					-	-		
1 Complete this table for your five highest compensa	ted independ	lent co	ntract	ors th	nat rece	ived	more than \$100,00	0 of				
	ensation for t	he cal	endar	year	ending	with	or within the organ	nization's tax ye	ear.			
compensation from the organization. Report comp							(B)			(0)		
compensation from the organization. Report comp (A)							(В)			(C)		
							(B) Description of servic	es	Con	npensat	tion	
(A) Name and business addres Frilogy Interactive LLC, PO Box 4177	ss Mountair		ew C	A 9	1040		Description of servic	es	Con	npensat 3	33,4	
(A)	ss Mountair		ew C.	A 9	1040		Description of servic	es	Con	npensat 3		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

2

Form 9	90 (20	20) Repre	sen	t.Us Edu	icat	ion Fund			26-30882	83 Page 9
Part	VIII	Statement of Rev	enι	ie						
	,	Check if Schedule O co	ontair	ns a respons	e or n	ote to any line in th	is Part VIII			[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b				1b	667,485	-			
ants ints	c	Fundraising events			1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .	••		1d		]			
sifts ar A	е	Government grants (contr	ibuti	ons)	1e					
sc D lini	f	All other contributions, gif	ts, gr	ants,						
utior er S		and similar amounts not in	ncluc	led above	1f	5,962,007	-			
Qthur	g									
Con		lines 1a-1f			1g		-			
	h	Total. Add lines 1a-1f	••		•••		6,629,492			
						Business Code				
ø	2a									
le ric	b									
Program Service Revenue	C d	-								
Rev	d e									
por	-	All other program service	rovor							
а.		Total. Add lines 2a-2f								
	3	Investment income (includi other similar amounts) .								
	4	Income from investment of								
	5	Royalties			•					
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a				1			
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss)	•			· · · · · · · · ·				
	7a	Gross amount from		(i) Securiti	es	(ii) Other				
		sales of assets								
		other than inventory	7a				-			
	b	Less: cost or other basis								
anı		and sales expenses					-			
sver		Gain or (loss)	-							
Å,		Net gain or (loss) • • • •			•••	· · · · · · · · ·				
Other Revenue	88	Gross income from fundrai	ising							
0		events (not including \$	n lin		-					
		1c). See Part IV, line 18			8a					
	Ь	Less: direct expenses .			86		-			
		Net income or (loss) from f				••••				
		Gross income from gaming		<b>J</b>						
		activities, See Part IV, line	19		9a					
	b	Less: direct expenses .	••		9b					
	c	Net income or (loss) from	gami	ng activities	• •	· · · · · · · · ·				
	10a	Gross sales of inventory, le	ess							
		returns and allowances .			10a	3	_			
	b	Less: cost of goods sold	••	• • • • • •	10ł	ס				
	c	Net income or (loss) from s	sales	of inventor	y <b></b>					
						Business Code				
Sno						900099	16,002	16,002		
anc	b									
cell	C									<u> </u>
Miscellanous Revenue	-	All other revenue								
		Total. Add lines 11a-11d					16,002		-	-
	12	Total revenue. See instru	ictior	IS		🕨	6,645,494	16,002	0	0

#### Represent.Us Education Fund **Statement of Functional Expenses** Part IX

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	v			
<b>D</b> -	Check if Schedule O contains a response or note to	any line in this Part IX (A)	(B)	(C)	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	Management and	Fundraising
<u>00, s</u> 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
1	and domestic governments. See Part IV, line 21	844,365	844,365		
2	Grants and other assistance to domestic	044,305	044,305		
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	549,260	281,298	157,144	110,818
6	Compensation not included above, to disgualified	,			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,430,599	732,667	409,297	288,635
8	Pension plan accruals and contributions (include		,	,	•
	section 401(k) and 403(b) employer contributions)	44,909	24,411	11,802	8,696
9	Other employee benefits	212,465	112,011	56,581	43,873
10	Payroll taxes	142,181	74,757	37,140	30,284
11	Fees for services (nonemployees):				· · · · ·
а	Management				
b	Legal	3,958		3,958	
с	Accounting	16,922		16,922	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
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.)	26,757	893	25,531	333
12	Advertising and promotion	410,195	387,926		22,269
13	Office expenses	193,534	18,252	131,691	43,591
14	Information technology	62,739	29,747	23,841	9,151
15	Royalties				
16	Occupancy	105,219	59,415	24,872	20,932
17	Travel	68,313	28,088	30,361	9,864
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials • • • • •				
19	Conferences, conventions, and meetings	551	551		
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization •••••	17,351		17,351	
23		9,984	3,635	5,036	1,313
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.)				
а	(A) amount, issuine 24e expenses on Schedule (C.) Consulting	1,410,474	1,230,841	78,561	101,072
a b	Consulting Communication Costs				21,931
c	Program Cost Sharing	128,921 11,195	104,839 11,195	2,151	21,331
d	Togram Cost Sharring	11,173	11,173		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	5,689,892	3,944,891	1,032,239	712,762
26	Joint costs. Complete this line only if the	2,005,052	-,,,,,,,,	_,001,209	, , , 02
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

	990 (20	·	20	5-308828	3 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	•••••		
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	2,275,408	1	3,888,838
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	112,728	3	51,514
	4	Accounts receivable, net		4	
	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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges	245	9	74,068
	10a	Land, buildings, and equipment: cost or other			
	h	basis. Complete Part VI of Schedule D 10a 328,874	140.020	10-	201 702
	b	Less: accumulated depreciation	148,929	10c	201,702
	11	Investments - publicly traded securities		11 12	
	12	Investments - other securities. See Part IV, line 11		12	
	13 14	Investments - program-related. See Part IV, line 11		13	
	14	Other assets. See Part IV, line 11	109 020	14	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	<u>108,930</u> 2,646,240	16	4,216,122
	17	Accounts payable and accrued expenses	120,353	17	171,442
	18	Grants payable	402,426	18	408,203
	19	Deferred revenue	402,420	19	400,205
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
ities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	522,383
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	35,031
	26	Total liabilities. Add lines 17 through 25	522,779	26	1,137,059
		Organizations that follow FASB ASC 958, check here	· · · ·		· · ·
ú		and complete lines 27, 28, 32, and 33.			
Cé	27	Net assets without donor restrictions	2,123,461	27	3,079,063
alar	28	Net assets with donor restrictions		28	
а В		Organizations that do not follow FASB ASC 958, check here			
'n		and complete lines 29 through 33.			
orF	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
let ⊿	32	Total net assets or fund balances	2,123,461	32	3,079,063
Z	33	Total liabilities and net assets/fund balances	2,646,240	33	4,216,122

EEA

Form 990 (2020)

Form	990 (2020) Represent.Us Education Fund	26-308828	3	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				•
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,	645,	,494
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	689,	,892
3	Revenue less expenses. Subtract line 2 from line 1	3		955,	,602
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	123,	,461
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	З,	079,	,063
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				•
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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 Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the 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	<b>990</b> (	2020)

SCH	EDI	JL	Ε	Α
(Form	990	or	99	90-EZ)

# Public Charity Status and Public Support

OMB No. 1545-0047

Inonation

Z)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trus	τ. <b>2020</b>
,	Attach to Form 990 or Form 990-EZ.	Open to Public

Department of the Treasury Int Na

(D)

(E)

000 few in structions and the latest infe

Intern	al Rev	enue Service F GOT	o www.irs.gov/Fo	orm990 for instructions	and the l	atest into	rmation.	inspection
Name	e of the	e organization					Employer identification	on number
Rep	res	ent.Us Education Fund					26-308828	
Pa	rt I	Reason for Public Charity	<b>y Status.</b> (All o	rganizations must c	complete	this par	t.) See instruction	S.
The	orga	nization is not a private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.	)		
1	Ц	A church, convention of churches, or	r association of chu	urches described in sect	ion 170(b)	(1)(A)(i).		
2	Ц	A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3	Ц	A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical research organization ope	erated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
	_	hospital's name, city, and state:						
5		An organization operated for the bene	-	university owned or opera	ated by a g	governmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete						
6	Ц	A federal, state, or local government	•					
7	X	An organization that normally receive	•		vernmental	unit or from	m the general public	
		described in section 170(b)(1)(A)(vi						
8	Ц	A community trust described in secti		,				
9		An agricultural research organization				•		ge
		or university or a non-land-grant colle	ege of agriculture (s	see instructions). Enter th	e name, cit	ty, and stat	e of the college or	
		university:						
10		An organization that normally receive						
		receipts from activities related to its e	•					
		support from gross investment incom				,	rom businesses	
		acquired by the organization after Ju	-		•	,		
11	Ц	An organization organized and opera	-					
12		An organization organized and opera	-	•				
		of one or more publicly supported or	-					•
		Check the box in lines 12a through 12				•		•
	а	<b>Type I.</b> A supporting organizatio		· · ·		-		ng
		the supported organization(s) the		•••••••	rity of the c	lirectors or	trustees of the	
		supporting organization. You mu	•					
	b	<b>Type II.</b> A supporting organizatio				-		
		control or management of the sup		•	rsons that (	control or r	nanage the supported	
		organization(s). You must com						
	С	Type III functionally integrated		•				ith,
		its supported organization(s) (se	,	•				
	d	Type III non-functionally integr						n(s)
		that is not functionally integrated.	• •			•	it and an attentiveness	
	_	requirement (see instructions). <b>Y</b>	•				T U T U	
	е	Check this box if the organization				sa Type I,	Type II, Type III	
		functionally integrated, or Type II						
	f	Enter the number of supported organ			••••	••••	•••••	••••
	<u>g</u>	Provide the following information abo		Ē ,				( ) )
	(1	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
		above (see instructions)) document? instructions) instructions)						
					Vaa	Ne		
					Yes	No		
(A)								
<b>(B)</b>								
(C)								

		.Us Educati		ana 470/b)/d		26-308828	<u>v</u>		
Pa	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under								
							ity under		
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
	ction A. Public Support	(-) 0010	(1-) 0047	(-) 0010	(-1) 0040	(-) 0000	(6) T = + = 1		
-	endar year (or fiscal year beginning in)►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
•	include any "unusual grants.")	2,258,251	2,219,376	2,920,706	6,209,607	6,629,492	20,237,432		
2	Tax revenues levied for the								
	organization's benefit and either paid to								
•	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge		0.010.076		6 000 607	6 600 100			
4	<b>Total.</b> Add lines 1 through 3	2,258,251	2,219,376	2,920,706	6,209,607	6,629,492	20,237,432		
5	The portion of total contributions by								
	each person (other than a								
	governmental unit or publicly supported organization) included on								
	line 1 that exceeds 2% of the amount								
c	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from line 4						5,205,470		
_	ction B. Total Support						15,031,962		
	endar year (or fiscal year beginning in)►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	2,258,251					20,237,432		
8	Gross income from interest, dividends,	272307231	272137370	275207700	0,203,001	070237432	20/20//102		
•	payments received on securities loans,								
	rents, royalties, and income from								
	similar sources								
9	Net income from unrelated business								
Ū	activities, whether or not the business								
	is regularly carried on								
10	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.)		80,000	4,295		16,002	100,297		
11	Total support. Add lines 7 through 10						20,337,729		
	Gross receipts from related activities, etc. (se	ee instructions)				12	276,548		
	First five years. If the Form 990 is for the or								
	organization, check this box and stop here								
See	ction C. Computation of Public Support	rt Percentage	)						
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	ed by line 11, o	column (f)) 🔒		14	73.91 %		
	Public support percentage from 2019 Sched					15	78.24 %		
16a	33 1/3% support test - 2020. If the organization	ation did not che	eck the box on	line 13, and lir	ne 14 is 33 1/3	% or more, che	ck this		
	box and stop here. The organization qualified								
b	33 1/3% support test - 2019. If the organization								
	this box and <b>stop here.</b> The organization qu	-		-					
17a	10%-facts-and-circumstances test - 2020.	-							
	10% or more, and if the organization meets				-				
	Part VI how the organization meets the facts			-					
_	organization								
b	10%-facts-and-circumstances test - 2019.								
	15 is 10% or more, and if the organization m					•			
	in Part VI how the organization meets the fac			-	-				
40	organization						••••• □		
18	Private foundation. If the organization did r								
	instructions	• • • • • • • • •	• • • • • • • •			• • • • • • • • •	· · · · · ► 📋		

Sche	dule A (Form 990 or 990-EZ) 2020 Represent	.Us Educat:	ion Fund			26-30882	83 Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization failed	d to qualify ur	ider Part II.
	If the organization fails to qualify	/ under the te	ests listed bel	ow, please co	omplete Part I	II.)	
Se	ction A. Public Support				•		
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2							
-	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
5	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from						
-	line 6.)						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(4) 2010	(6) 2017	(0) 2010	(4) 2010	(0) 2020	(i) i otai
	Gross income from interest, dividends,						
100							
	payments received on securities loans, rents,						
<b>b</b>	royalties, and income from similar sources ••						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first	second. third.	fourth. or fifth	tax vear as a s	ection 501(c)(3	3)
• •	organization, check this box and <b>stop here</b>				•		
Sec	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c			column (f))		15	%
	Public support percentage from 2019 Sched			• • • • • • • •	••••	16	%
	ction D. Computation of Investment In				(6))		
17	Investment income percentage for 2020 (line					17	%
18	Investment income percentage from 2019 Se					18	%
19a	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-	-		•••	
b	33 1/3% support tests - 2019. If the organiz	ation did not o	check a box on	line 14 or line	19a, and line 1	6 is more than	33 1/3%, and
	line 18 is not more than 33 1/3%, check this	box and <b>stop</b>	here. The orga	anization qualif	ies as a publicl	y supported or	ganization 🕨 🗌
20	Private foundation. If the organization did r	ot check a bo	x on line 14, 19	a, or 19b, che	ck this box and	see instruction	ns 🕨 🗌

Schedul	e A (Form 990 or 990-EZ) 2020 Represent.Us Education Fund 26-308	8283	Р	age
Part				_
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, comp			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, P			)
<u></u>	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete sections A and D.	te Part V	V.)	
Sect	ion A. All Supporting Organizations		Vaa	N
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	N
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	1		
2	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
u	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , (5), or (6) and	J		
N N	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B			
Ũ	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
iu	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	14		
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already			
-	designated in the organization's organizing document?	5h		

- designated in the organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2020

10a

EEA

Page 4

No

5b

5c

6

7

8

9a

9b

9c

Schee	lule A (Form 990 or 990-EZ) 2020 Represent.Us Education Fund	26-3088283	F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11	b and		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, p	rovide		
	detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	ficers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	)		

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	······································			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organization (s).	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

# Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

1

2

1

Yes No

hedule A (Form 990 or 990-EZ) 2020 Represent.Us Education Fund Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	26-308 Itions	88283 Pag
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi			
			(B) Current Yea
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 🔲 Check here if the current year is the organization's first as a non-functionally	[,] integra	ted Type III supporting	g organization
(see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Schedu	le A (Form 990 or 990-EZ) 2020 Represent.Us Education F			3088	283 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)	<ol><li>Supporting Organiz</li></ol>	zations (continue	d)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - µ	provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
-	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				
EEA				Sched	ule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
. <u> </u>	

# Schedule B

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

Department of the Treasury Internal Revenue Service

# Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization	Employer identification number
Represent.Us Education Fund	26-3088283
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

**x** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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).

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

Name of organization

Represent.Us Education Fund

Employer identification number 26-3088283

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1_		\$300,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_2_		\$1,000,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$1,000,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$500,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$526,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$200,000	PersonImage: CompletePayroliImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)

SCHEDULE C		Political Campaign and Lobbying Activities			OMB No. 1545-0047	
(Form 990 or 990-EZ)			, ,			2020
		Drganizations Exempt From Income T				
Department of the Treasury Internal Revenue Service	► Complete	<ul> <li>if the organization is described belo</li> <li>Go to www.irs.gov/Form990 for i</li> </ul>			or Form 990-EZ. mation.	Open to Public Inspection
<ul> <li>Section 501(c)(3) of</li> <li>Section 501(c) (oth</li> <li>Section 527 organiz</li> <li>If the organization answ</li> <li>Section 501(c)(3) of</li> <li>Section 501(c)(3) of</li> </ul>	rganizations: C er than section :ations: Comple rered "Yes," c rganizations th rganizations th	on Form 990, Part IV, line 3, or Form 9 Complete Parts I-A and B. Do not complet 501(c)(3)) organizations: Complete Par ete Part I-A only. On Form 990, Part IV, line 4, or Form 9 at have filed Form 5768 (election under at have NOT filed Form 5768 (election of on Form 990, Part IV, line 5 (Proxy Tax	te Part I-C. ts I-A and C below. 90-EZ, Part VI, line section 501(h)): Cor under section 501(h)	Do not comple 47 (Lobbying nplete Part II-/ ): Complete Pa	te Part I-B. Activities), then A. Do not complete art II-B. Do not com	Part II-B. plete Part II-A.
Tax) (see separate instr			(see separate ins		FOIII 990-EZ, Fai	v, line 350 (Proxy
	5), or (6) orgar	nizations: Complete Part III.		1.		
Name of organization					Employer identific	
Represent.Us Ed					26-308	
		organization is exempt under				nization.
	-	nization's direct and indirect political can	npaign activities in P	art IV. (See in	structions for	
definition of "politic 2 Political campaign					► ¢	
	• •	baign activities (See instructions)				
		organization is exempt under			•••••	
		incurred by the organization under se			· · · · ▶ \$	
		x incurred by organization managers ur				
		tion 4955 tax, did it file Form 4720 for thi				
4a Was a correction n	nade?					. 🗌 Yes 🗌 No
<b>b</b> If "Yes," describe in	n Part IV.					
Part I-C Comp	plete if the	organization is exempt under	section 501(c)	, except se	ection 501(c)(3	s).
		ed by the filing organization for section §	•			
					···.► \$	
		anization's funds contributed to other or	-			
				• • • • • • •	····► \$	
•	•	es. Add lines 1 and 2. Enter here and on				
5 Enter the names, a organization made the amount of polit	ddresses and payments. For ical contributio	rm 1120-POL for this year? employer identification number (EIN) of r each organization listed, enter the amo ns received that were promptly and dire or a political action committee (PAC). If a	all section 527 polition unt paid from the filin ctly delivered to a se	cal organizationg organization parate politica	ns to which the filir I's funds. Also ente Il organization, suc	ng r
<b>(a)</b> Name		<b>(b)</b> Address	<b>(c)</b> EIN	filing orga	nt paid from anization's ne, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						

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

(6)

Schedule C (Form 990 or 990-EZ) 2020

	ule C (Form 990 or 990-EZ) 2020 Represent.Us E		26-30882	<u> </u>
Pa		is exempt under section 501(c)(3) and filed	Form 5768 (elect	ion under
	section 501(h)).			
Α (	Check <ul> <li>if the filing organization belongs to a</li> </ul>	n affiliated group (and list in Part IV each affiliated group m	nember's name,	
	address, EIN, expenses, and share of	of excess lobbying expenditures).		
B	Check 🕨 🗌 if the filing organization checked box	A and "limited control" provisions apply.		
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opin	nion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislativ	ve body (direct lobbying)	408,203	
c	Total lobbying expenditures (add lines 1a and 1b)		408,203	
d	Other exempt purpose expenditures		5,281,689	
е	Total exempt purpose expenditures (add lines 1c a	nd 1d)	5,689,892	
f	Lobbying nontaxable amount. Enter the amount fro	m the following table in both		
	columns.		434,495	
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
[	Not over \$500,000	20% of the amount on line 1e.		
[	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
[	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
[	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
[	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line	lf)	108,624	
h	Subtract line 1g from line 1a. If zero or less, enter	0		
i	Subtract line 1f from line 1c. If zero or less, enter -	)		
j	If there is an amount other than zero on either line	Ih or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?	••••••••••••••••		Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	<b>(e)</b> Total	
2a	Lobbying nontaxable amount	258,279	295,044	391,450	434,495	1,379,268	
b	Lobbying ceiling amount (150% of line 2a, column (e))					2,068,902	
c	Total lobbying expenditures	247,160	275,023		408,203	930,386	
d	Grassroots nontaxable amount	64,570	73,761	97,863	108,624	344,818	
е	Grassroots ceiling amount (150% of line 2d, column (e))					517,227	
f	Grassroots lobbying expenditures						

EEA

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020	Represent.Us	Education	Fund
Schedule O (1 0111 330 01 330-LZ) 2020	Kepresenc.us	Buucacion	runu

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

For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(i	a)	(b)
	pription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or se	ction

				Yes	No
	1	Were substantially all (90% or more) dues received nondeductible by members?	1		
	2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
_	3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		
			-		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues assessments and similar amounts from members

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (See instructions)	5	
D	A IV O was been and all be for some offer a		

Part IV Supplemental Information

501(c)(6).

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

26-3088283

SCHEDULE D
(Form 990)

EEA

# Supplemental Financial Statements

SCHEDULE D		Supplemen	OMB No. 1545-0047			
(Fo	rm 990)	► Complete if the or	2020			
		Part IV, line 6, 7, 8, 9,	10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	b.	2020	
Depa	rtment of the Treasury	▶	Attach to Form 990.		Open to Public	
	al Revenue Service	► Go to www.irs.gov/Forms	990 for instructions and the latest inform	nation.	Inspection	
Name	e of the organization			Employer identification	number	
	resent.Us Ed			26-3088283		
Pa		ations Maintaining Donor Advised Fu		ounts.		
	Complete	e if the organization answered "Yes" on		1		
			(a) Donor advised funds	(b) Funds ar	nd other accounts	
1		end of year				
	2       Aggregate value of contributions to (during year)         3       Aggregate value of grants from (during year)					
3		• • • • •				
4		at end of year	riting that the apparts hold in depart advised			
5		anization's property, subject to the organizati			Yes No	
6	•	ion inform all grantees, donors, and donor ad	•			
U	-	purposes and not for the benefit of the dono				
					. 🗌 Yes 🗌 No	
Pa		rvation Easements.				
		te if the organization answered "Yes" o	n Form 990, Part IV, line 7.			
1	· · · · · · · · · · · · · · · · · · ·	nservation easements held by the organization				
		of land for public use (e.g., recreation or edu		of a historically importa	ant land area	
	_	natural habitat		of a certified historic st	ructure	
	Preservation	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 t	he End of the Tax Year	
а	Total number of c	conservation easements		2a		
b	Total acreage res	stricted by conservation easements		2b		
С	Number of conse	rvation easements on a certified historic strue	cture included in (a)	2c		
d	Number of conse	rvation easements included in (c) acquired a	fter 7/25/06, and not on a			
		isted in the National Register		2d		
3	Number of conse	rvation easements modified, transferred, rele	ased, extinguished, or terminated by the or	rganization during the		
	tax year ►					
4		where property subject to conservation ease				
5	-	ation have a written policy regarding the period				
~	,	forcement of the conservation easements it h		••••••		
6		er hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserva	ation easements during	the year	
7	► Amount of expense	 ses incurred in monitoring, inspecting, handlir	a of violations, and enforcing concernation	assements during the	vear	
'	► \$	ses incurred in monitoring, inspecting, narolin	ig of violations, and emotioning conservation	leasements during the	year	
8		 prvation easement reported on line 2(d) above	e satisfy the requirements of section 170(b)	(4)(B)(i)		
Ū	and section 170(h				. 🗌 Yes 🗌 No	
9		ibe how the organization reports conservation				
		d include, if applicable, the text of the footnot	•			
		counting for conservation easements.				
Pa		izations Maintaining Collections	of Art, Historical Treasures, or	Other Similar As	sets.	
		ete if the organization answered "Yes" of				
1a		n elected, as permitted under FASB ASC 958		balance sheet works		
	-	easures, or other similar assets held for publ				
	service, provide, i	n Part XIII the text of the footnote to its finan	cial statements that describes these items.			
b	If the organizatior	n elected, as permitted under FASB ASC 958	, to report in its revenue statement and bal	ance sheet works of		
	art, historical trea	sures, or other similar assets held for public e	exhibition, education, or research in furthera	ance of public service,		
	provide the follow					

	provide the following amounts relating to these items:
	(i) Revenue included on Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

	ule D (Form 990) 2020 Represent.Us Edu						26-308			ge <b>2</b>
Pa	rt III Organizations Maintaining (	Collections of A	Art, His	storical T	reasures	, or Ot	her Similar A	<b>ssets</b> (c	ontinu	ied)
3	Using the organization's acquisition, accession,	and other records,	check an	y of the follo	owing that ma	ake signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	□ Loan o	or exchange	program	IS			
b	Scholarly research		e	Other	-	1 3				
c										
4	Provide a description of the organization's colle	otions and avalain I	how thou	furthor the c	rachization	ovomo	numero in Port			
4		cuons and explain i	low they		nganizations	exemp	pulpose in Fait			
-	XIII.									
5	During the year, did the organization solicit or re									
_	assets to be sold to raise funds rather than to b		rt of the c	organization	's collection?		• • • • • • • • •	. 🗌 Ye	<u>s</u>	No
Pa	rt IV Escrow and Custodial Arran		_			_			_	
	Complete if the organization a	nswered "Yes"	on ⊢orn	n 990, Pa	art IV, line	9, or re	eported an an	nount on	-orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermediar	y for cont	ributions or	other assets	not				
	included on Form 990, Part X?							🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	wing tabl	e:						
							A	mount		
с	Beginning balance					. 10	;			
d	Additions during the year						-			
e						. 1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on Forn							. 🗌 Ye		No
b	If "Yes," explain the arrangement in Part XIII. C									110
	rt V Endowment Funds.		Janation	las been pi				••••	• <u> </u>	
Fa		nowarad "Vaa"	on Forn	- 000 D-	weth line	10				
	Complete if the organization a			-						
		(a) Current year	(b) Pi	rior year	(c) Two years	s back	(d) Three years bac	k (e) Fou	r years ba	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	t year end balance (	line 1q. c	olumn (a)) I	held as:					
а	Board designated or quasi-endowment	%		( ))						
b	Permanent endowment   %									
c	Term endowment ► %									
•	The percentages on lines 2a, 2b, and 2c should	equal 100%								
3a	Are there endowment funds not in the possess		ion that a	re held and	administorod	for the				
54	organization by:		ai ai						Yes	No
								3a(i)	103	110
							•••••	3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization						•••••	. 3b		
b		•			••••	• • • •	•••••	• 30		
4 •	Describe in Part XIII the intended uses of the o rt VI Land, Buildings, and Equipn		VITIENTIUM	us.						
Fai			on Eorn	000 Da	ort IV line	110 0	oo Eorm 000	Dort V I	no 10	
	Complete if the organization a									•
	Description of property	(a) Cost or othe		1	r other basis		Accumulated	( <b>d</b> ) Boo	k value	
		(investme	<i>ini)</i>		other)	a	epreciation			
1a		•								
b	Buildings	•								
С	Leasehold improvements	•			199,774		44,414		155,3	
d	Equipment	•			129,100		82,758		46,3	42
е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Par	t X, colun	nn (B), line	10c.)				201,7	02

Part VII

**Investments - Other Securities.** 

#### Page 3

Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11c. See Form 990. Part X. line 13.

	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value					
(1) Federal income taxes							
(2pue to Affiliate cost sharing 35,031							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) mu	Ist equal Form 990. Part X. col. (B) line 25.) . ►	35,031					

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. . . . .

	ule D (Form 990) 2020 Represent.Us Education Fund	26-3088283	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	6,645,494
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,645,494
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		6,645,494
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,689,892
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,689,892
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,689,892
Pa	rt 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.

SCHEDULE I	G	rants and Other	Assistance to	Organization	IS,	1	OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States							2020
(101111330)	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						Open to Public
Department of the Treasury			Attach to Form 990.	ataat information			Inspection
Internal Revenue Service Name of the organization			gov/Form990 for the l	atest mormation.		Employer identification	
-							
Represent.Us Education Fund Part I General Information on	Grante and Acc	istanoo				26-3088283	
			tanaa tha arantaaal ali	sibility for the grante or	aggintanga and		
1 Does the organization maintain records		-	-				
the selection criteria used to award the	•			•••••	••••••	•••••	•• X Yes No
2 Describe in Part IV the organization's pr Part II Grants and Other Assistant				te Complete if the	argonization anoward		0
Part IV, line 21, for any reci		•			0	res on Form 99	0,
			(d) Amount of cash		(f) Method of valuation	(a) Description of	(b) Durnage of grant
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	grant	(e) Amount of non- cash assistance	(book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Represent.Us			gran		other)		Education
296 Nonotuck Street							and
Florence MA 01062	26-2369596	501(c)(4)	730,115				Communication
(2) National Association of Non			,50,115				Education
2700 Adams Ave							and
San Diego CA 92116	82-2923101	501(C)(4)	10,000				Communication
(3)Alliance for Better Arkansa							Education
2497 East Meandering Way							and
Fayetteville AR 72701	81-1246193	501(C)(3)	25,000				Communication
(4)League of Women Voters of A							
PO Box 56126							Research and
Little Rock AR 72205	71-6055758	501 (c)(3)	11,000				planning
(5)Keep our Republic Inc			,				Education
PO Box 155							and
The Plains VA 20198	85-2227511	501(c)(4)	49,500				Communication
(6)Vt Public Interest Research	1						Education
141 Main Street							and
Montpelier VT 05602	51-0163801	501(c)(3)	18,750				Communication
(7)							
(8)							
(9)							
(10)							
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	• •				 • • • • • • • • • • • • • • • • • • •	►	2

# Schedule I (Form 990) (2020) Represent.Us Education Fund 26-3088283 Part III 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	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
1								
2								
3								
4								
5								
6								
7								
Part IV	Supplemental Information. P	rovide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addit	tional information.		

SCHEDULE J	Compensation Information	OMB No.	1545-0	047
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	20	20	
	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open to		ic
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	Inspe		
Name of the organization	Employer identification n			
Represent.Us Ed				
Part I Questic	ons Regarding Compensation		Yes	No
1a Check the appr	opriate box(es) if the organization provided any of the following to or for a person listed on For	m	103	
	ection A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	or charter travel Housing allowance or residence for personal use			
Travel for c	ompanions			
Tax indemn	ification and gross-up payments 🛛 🗌 Health or social club dues or initiation fees			
Discretional	ry spending account			
<b>b</b> If any of the bo	xes on line 1a are checked, did the organization follow a written policy regarding payment			
	ent or provision of all of the expenses described above? If "No," complete Part III to			
		. 1b		
•	ation require substantiation prior to reimbursing or allowing expenses incurred by all			
	es, and officers, including the CEO/Executive Director, regarding the items checked on line	2		
	if any, of the following the organization used to establish the compensation of the			
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
-	ation to establish compensation of the CEO/Executive Director, but explain in Part III.			
X Compensat				
	t compensation consultant			
Form 990 o	f other organizations X Approval by the board or compensation committee			
4 During the year	, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	a related organization:			
-	rance payment or change-of-control payment?	4a		x
	r receive payment from a supplemental nonqualified retirement plan?	4b		x
	r receive payment from an equity-based compensation arrangement?	4c		x
If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only socian 5	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	contingent on the revenues of:			
	n?	5a		x
•	anization?	5b		x
	5a or 5b, describe in Part III.			
-	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	contingent on the net earnings of: n?	6a		
	anization?			X X
	6a or 6b, describe in Part III.	00		
-	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	escribed on lines 5 and 6? If "Yes," describe in Part III	7	-	X
	unts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject tract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	itract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	. 8		x
alt III • • •		0		•
9 If "Yes" on line	8, did the organization also follow the rebuttable presumption procedure described in			
	ction 53.4958-6(c)?			
For Paperwork Reduct	tion Act Notice, see the Instructions for Form 990. Schedu	le J (Forr	n 990	) 2020

	work meducilo	ACT NOTICE, St	
EEA			

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

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

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

			W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Joshua M Silver	(i)	186,939	0	0	0	25,303	212,242	0
1 Chief Executive Offic	(ii)	0	0	0	0	0	0	0
Janice Periquet	(i)	213,145	0	0	0	22,142	235,287	0
2 VP Development	(ii)	0	0	0	0	0	0	0
Joshua Lynn	(i)	149,175	0	0	0	24,171	173,346	0
3 Managing Dir Co Found	(ii)	0	0	0	0	0	0	0
Alexander Kaplan	(i)	134,794	0	0	0	20,704	155,498	0
4 VP Policy and Campaig	(ii)	0	0	0	0	0	0	0
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							
FFA			1	I.		1	- 6d	nedule J (Form 990) 2020

Schedule J (Form 990) 2020

26-3088283

Page 2

EEA

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2020

Open to Public

▶ (	Complete if the organizations answered	"Yes'	on Form 9	990,	Part IV	, lines	29 or 3	30.
-----	----------------------------------------	-------	-----------	------	---------	---------	---------	-----

► Attach to Form 990.

-

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

Department of the Treasury Internal Revenue Service Name of the organization

#### Inspection Employer identification number

		Education	
Dort I	Typ	oc of Dron	orty

26-	30	88	2.8	23

Far	IT Types of Property	1			1			
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on	Method of noncash cor			
		applicable		Form 990, Part VIII, line 1g	TIOTICASTICOT	iiiibuiio	n anio	uns
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	171,481	Fair marl	ket v	alue	:
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
14	Qualified conservation							
45	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19 20	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23 24	Scientific specimens							
24 25	Archeological artifacts $\ldots$ Other $\triangleright$ (							
25 26	<u>,</u>							
26 27	Other $\blacktriangleright$ ()							
27 28	Other ► () Other ► ()							
20 29	Number of Forms 8283 received by the	organization	during the tax year for contribut	ions for				
23	which the organization completed Form	0	<b>o</b> ,		29			
	which the organization completed Form	0200, i ait v	Donce Acknowledgement		25		Yes	No
30a	During the year, did the organization rece	eive hv contri	bution any property reported in	Part I lines 1 through			100	110
000	28, that it must hold for at least three yea							
	to be used for exempt purposes for the e					30a		
b	If "Yes," describe the arrangement in Pa	-				locu		
31	Does the organization have a gift accept		hat requires the review of any n	onstandard				
			•••••			31		
32a	Does the organization hire or use third p							
	÷ .		•••••			32a		
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amou	nt in column	(c) for a type of property for whi	ch column (a) is checked.				
	describe in Part II.		( ,	· · · · · · · · · · · · · · · · · · ·				

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
2020
Open to Public

Employer identification number

Represent.Us Education Fund

26-3088283

## 01. Committee meeting documentation (Part VI, line 8b)

Currently there are not any committees that have authority to act on behalf of the

governing body. If the organization sets up committees to act on behalf of the governing

body it will keep contemporaneous minutes of the meetings held.

## 02. 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 is submitted to the Finance Committee for approval before

filing.

#### 03. Conflict of interest policy compliance (Part VI, line 12c)

Board Members are required to annually disclose any potential conflicts. If a member of

the Board is determined to have a potential conflict they are prohibited from voting on

such matters.

#### 04. CEO, executive director, top management comp (Part VI, line 15a)

The Board will negotiate with the CEO with respect to the approriate salary. The salary is

based on annual performance review, and benchmarks of other similar organizations.

05. Other officer or key employee compensation (Part VI, line 15b

Other key employees salaries are reviewed by the CEO based on a work plan subject to

approval of the Board. The process is driven by the budget and approved by the Board.

#### 06. 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

Sendel 0.(form 100 or 100 dr 2) (200) Neme of the organization Represent.Us Education Fund Labels. Other governing documents and conflict of interest policy are not generally made available to the public.	
kepresent.us Education Fund	26-3088283
basis. Other governing documents and conflict of interest policy are not	generally made
available to the public	
available to the public.	

SCHEDULE R	Delet				Deutrecise		F	OMB No. 1545	-0047	
(Form 990)		-			Partnerships IV, line 33, 34, 35b, 36	or 37.		2020	0	
Department of the Treasury		<b>J</b>		o Form 990.	,,-,,			Open to Pu	ublic	
Internal Revenue Service	► Go to	o www.irs.gov/Fo	.gov/Form990 for instructions and the latest information.							
Name of the organization Represent.Us Ed	lucation Fund						Employer identification 26-3088283	number		
	cation of Disregarded Entities. Com	nnlete if the or	nanization :	answered "Ves"	on Form 990 Par		20-3088283			
	(a)		gamzation	(b)	(c) Legal domicile (state	(d)	(e)	(f)		
Nam	e, address, and EIN (if applicable) of disregarded entity		Prim	nary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	(f) Direct cont enti	trolling ty	
(1)										
(2)										
(2)										
(3)										
(4)										
(5)										
Identifi	cation of Related Tax-Exempt Orga	nizations Co	molete if th	e organization a	answered "Ves" or	Eorm 990 Part	IV line 34 bec	ause it had	4	
Part II	nore related tax-exempt organizations		•	e organization a		11 0iiii 990, 1 ait	rv, inte 04 bec		J	
	(a)	<u></u>	(b)	(c)	(d)	(e)	(f)	( 	<b>g)</b> 2(b)(13)	
Name	e, address, and EIN of related organization	Prima	ry activity	Legal domicile (state	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controllin entity		ed entity?	
- Denneset Ve	26 2260506			or foreign country)		(		Yes	No	
(1) Represent.Us, 296 Nonotuck		Social We	alfaro							
Florence MA 0		and Advoo		МА	501(c)(4)	10	N/A		x	
(2)			-							
(3)										
(4)										
·										
(5)										

Represent.Us Education Fund

26-3088283

N	(a) ame, address, and EIN of related organization	<b>(b)</b> Primary activit <u>y</u>	domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	(h) Dispropo allocat	ortionate Code V	/-UBI n box 20	<b>(j)</b> Gener mana parti	ging	(k) Percentage ownership
			foreign country)		tax under sections 512-514)			Yes	(Form	1065)	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
Part I	V Identification of I line 34, because it								vered "Yes"	on Forr	n 990	), Part I	V,
	(a) Name, address, and EIN of related or		(b) Primary activit	(c)	(d) micile Direct cor	trolling Type	e) of entity Sha	(f) are of total acome	(g) Share of end-of-year ass		(h) rcentage vnership	Section con	(i) 512(b)(13) ttrolled ntity?
(1)												Yes	No
(2)													
(3)													
(4)													

Represent.Us Education Fund

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
с	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
	Lease of facilities, equipment, or other assets from related organization(s)	1k		
T	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
ο	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

2 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.

	(a)	(b)	(c)	(d)
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
1)Represent.Us		b	730,115	Actual
2)Represent.Us		s	35,031	Actual
(3)Represent.Us		n	1,106,228	Actual and Timesheets
(4)Represent.Us		0	1,208,741	Actual and Timesheets
(5)				
(6)				
EA				Schedule R (Form 990) 2

Represent.Us Education Fund

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) (b) (c) (d)					(e) (f) (g)					(i)	(i)		(k)
1	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 501( organi	c)(3) zations	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	man par	eral or aging tner?	Percentag
					Yes	No			Yes	No		Yes	No	
1)														
2)														
3)														
)														
5)														
5)														
7)														
)														
3)														
9)														
D)														
1)														
2)														

Statement of Program Service Accomplishment	nts 2020 PG01
lame(s) as shown on return	Your Social Security Number
Represent.Us Education Fund	26-3088283
Form 990-Part III(a) Statement of Service Accomplishmen	Statement #4
Program Service Code Program Service Expenses \$3	09784
Frogram Service Expenses \$3 Frants and allocations included in above expense \$0	
Program Services Revenue \$0	
Explanation Other Projects: The Organization conducts various projects to prom cransparency in elections and goverments	ote equality, ethics and

Federal Supporting Statements	2020 PG02
Name(s) as shown on return	Tax ID Number
Represent.Us Education Fund	26-3088283
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	
Maryland Michigan	
Minnesota	
Mississippi	
North Carolina	
New Hampshire	
New Jersey	
New Mexico	
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 Represent.Us Ed	ucation Fund	Employer Identification Number		
Represent. 05 H				
Entity address				
PO Box 60008				
Florence, MA	ticipating in IRS e-file.			
1. <b>X</b> 2020 <b>8868</b> The electronic fill	-01 income tax retum for Federal was filed e ng services were provided by Nolan Calcasola & CO PC	lectronically.		
2. X       8868-01       income tax retum was accepted on an electronic signature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is       0487482021134eewqz14				
	DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TOU DO, IT WILL DELAY THE PROCESSING OF THE RET			

	Acknowledgement and General Information for Entities That File Returns Electronically	2020		
Name(s) as shown on return		Employer Identification Number		
Represent.Us Ed	ucation Fund	**-**8283		
PO Box 60008				
Florence, MA (	1062			
Thank you for par	ticipating in IRS e-file.			
1. <b>x</b> 2020 <b>990</b> The electronic film	income tax retum for <b>Federal</b> was filed end of the services were provided by <b>Nolan Calcasola &amp; CO PC</b>	electronically.		
	2. <b>x</b> 990 income tax return was accepted on 11–14–2021 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 0487482021318sz1sebg			
IRS. IF YC	OU DO, IT WILL DELAY THE PROCESSING OF THE RE	rurn.		