

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMON CAUSE		D Employer identification number 52-6078441
	Doing business as		E Telephone number 202-833-1200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 10,157,925.
	805 15TH STREET NW		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: KAREN HOBERT FLYNN SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.COMMONCAUSE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1968	M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMON CAUSE IS A NONPARTISAN, GRASSROOTS ORGANIZATION DEDICATED TO UPHOLDING THE CORE VALUES OF		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	2280
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,242,387.	9,977,533.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,536.	51,993.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,556.	59,248.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,316,479.	10,088,774.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,541,078.	2,578,672.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,313,294.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,431,487.	6,225,876.
19 Revenue less expenses. Subtract line 18 from line 12	7,972,565.	8,804,548.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	5,343,914.	1,284,226.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	10,130,473.	11,922,837.
		1,403,697.	1,980,958.
		8,726,776.	9,941,879.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date 4/13/2023			
	ELIZABETH G. MARCHANT, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AARON M. FOX	Preparer's signature AARON M. FOX	Date 04/13/23	Check if self-employed <input type="checkbox"/>	PTIN P01365820
	Firm's name MARCUM LLP	Firm's EIN 11-1986323	Phone no. (202) 822-5000		
	Firm's address 1899 L STREET, NW #850 WASHINGTON, DC 20036				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WITH OFFICES IN WASHINGTON D.C. AND 35 STATES AND 1.5 MILLION SUPPORTERS AND ACTIVISTS, COMMON CAUSE WORKS TO ADVANCE DEMOCRACY REFORMS AT FEDERAL, STATE, AND LOCAL LEVELS, THROUGH GRAFTING MODEL LEGISLATION, LOBBYING, PUBLIC ENGAGEMENT, AND JOINT EFFORTS WITH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 942,741. including grants of \$) (Revenue \$) REDISTRICTING & REPRESENTATION

ORGANIZED A MASSIVE COMMUNICATIONS EFFORT IN SUPPORT OF REFORM LEGISLATION AROUND MOORE V. HARPER. IN THIS U.S. SUPREME COURT CASE, WE OUR DEFENDING OUR COURTROOM VICTORY STRIKING DOWN A RACIAL AND PARTISAN GERRYMANDER IN NORTH CAROLINA. OUR COMMUNICATIONS EFFORTS INCLUDED ORGANIZING NATIONAL AND STATE-LEVEL PRESS BRIEFINGS, PLACING STATE-SPECIFIC OP-EDS, AND CULMINATED WITH A RALLY AND BRIEFING ON THE STEPS OF THE U.S. SUPREME COURT.

WE BROUGHT SUCCESSFUL LAWSUITS TO STRIKE DOWN UNLAWFUL GERRYMANDERS IN NORTH CAROLINA AND BALTIMORE COUNTY, MARYLAND. WE ARE CURRENTLY

4b (Code:) (Expenses \$ 869,707. including grants of \$) (Revenue \$) MONEY IN POLITICS & ETHICS

IN MARYLAND, COMMON CAUSE PROVIDED SUPPORT TO LOCAL GOVERNMENTS WITH PUBLIC FINANCING PROGRAMS DURING THE 2022 PRIMARY ELECTION. THE CAMPAIGN INCLUDED NONPARTISAN TRAININGS, ENSURING FUNDS WERE BEING DISBURSED TO QUALIFY CANDIDATES, AND MONITORING THE NEWLY MODERNIZED AND FUNDED FAIR CAMPAIGN FINANCING FUND.

IN NEBRASKA, COMMON CAUSE PASSED LEGISLATION AIMED AT KEEPING THE INFLUENCE OF FOREIGN MONEY OUT OF ELECTIONS. NEBRASKA LAW NOW FORBIDS FOREIGN NATIONALS FROM CONTRIBUTING TO BOTH CANDIDATE AND BALLOT MEASURE CAMPAIGNS.

4c (Code:) (Expenses \$ 817,135. including grants of \$) (Revenue \$) VOTING & ELECTIONS

RESCINDED ARTICLE V CONSTITUTIONAL CONVENTION CALL IN ILLINOIS.

TESTIFIED TO THE U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON HOUSE ADMINISTRATION ELECTIONS SUBCOMMITTEE ABOUT BALLOT ACCESS IN NEW MEXICO

RELEASED A SCORECARD TRACKING EVERY MEMBER OF CONGRESS' SUPPORT FOR DEMOCRACY REFORM LEGISLATION, INCLUDING CAMPAIGN FINANCE, ETHICS AND TRANSPARENCY, AND VOTING RIGHTS LEGISLATION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,345,597. including grants of \$) (Revenue \$)

4e Total program service expenses 4,975,180.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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? <i>If "Yes," complete Schedule L, Part I</i>		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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 27		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 26		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on 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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN**
- 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 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 **ELIZABETH MARCHANT, CHIEF FINANCIAL OFFICER - 202-833-1200**
805 15TH STREET NW, 800, WASHINGTON, DC 20005

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN HOBERT FLYNN PRESIDENT	8.00 29.50	X		X				0.	337,422.	45,690.
(2) ELIZABETH MARCHANT CHIEF FINANCIAL OFFICER	18.75 18.75			X				0.	206,328.	39,593.
(3) PAUL RYAN, VP, LEGISLATIVE AFFAIRS - UNTIL 04/2022	8.00 29.50					X		0.	187,260.	24,827.
(4) STEVE SPAULDING, SR. ADVISOR TO PRESIDENT & SR. COUNSEL	0.00 37.50					X		0.	165,449.	14,312.
(5) SCOTT SWENSON VP, COMMUNICATIONS	0.00 37.50					X		0.	155,737.	22,931.
(6) PAMELA WILMOT VP, STATE OPERATIONS	18.75 18.75					X		0.	134,314.	38,507.
(7) JESSE LITTLEWOOD VP FOR CAMPAIGNS	0.00 37.50					X		0.	132,499.	37,080.
(8) MARTHA TIERNEY CHAIR	1.00 1.00	X		X				0.	0.	0.
(9) NANCY RATZAN VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(10) OLGA KAUFFMAN SECRETARY	1.00 1.00	X		X				0.	0.	0.
(11) OLENA BERG LACY TREASURER	1.00 1.00	X		X				0.	0.	0.
(12) NICOLE M. AUSTIN-HILLERY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(13) RICHARD BAINTER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(14) EMMET BONDURANT BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(15) BRAXTON BREWINGTON BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(16) REBECCA COKLEY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(17) DAN CONLEY BOARD MEMBER	1.00 1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREGORY DISKANT BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(19) WENDY FIELDS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(20) ARCHON FUNG BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(21) SHAE HARRIS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(22) WILLIAM N. HUBBARD III BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(23) MARILYN MELKONIAN BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(24) LENNY MENDONCA BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(25) CHANG K. PARK BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(26) SHAREEN PUNIAN BOARD MEMBER	1.00 1.00	X						0.	0.	0.
1b Subtotal								0.	1,319,009.	222,940.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,319,009.	222,940.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RWT PRODUCTION LLC 8932 ORANGE HUNT LANE, ANNANDALE, VA 22003	DIRECT MARKETING PRODUCTION	1,388,553.
THE MOVEMENT COOPERATIVE, 4 EAST 27TH STREET, GREELEY SQUARE STATION, P.O. B, ROI SOLUTIONS INC.	COMMUNICATIONS	332,467.
200 RIVERS EDGE DRIVE, MEDFORD, MA 02155	CUSTOMER RELATIONSHIP MANAGEM	212,535.
THE OUTREACH TEAM LLC, 407 COLLEGE AVENUE, SUITE 349, ITHACA, NY 14850	ORGANIZERS	183,925.
MERKLE RESPONSE SERVICES INC. 100 JAMISON COURT, HAGERSTOWN, MD 21740	DIRECT MAIL REVENUE PROCESSING	134,554.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	22,248.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,955,285.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			9,977,533.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		28,684.			28,684.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	30,500.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	30,500.				
	d Net rental income or (loss)			30,500.		30,500.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	92,460.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	69,151.				
c Gain or (loss)	7c	23,309.					
d Net gain or (loss)			23,309.		23,309.		
8 a Gross income from fundraising events (not including \$ 22,248. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
			0.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a LIST RENTAL	Business Code	900099	18,866.		18,866.	
	b ONLINE SALES INCOME		900099	9,882.		9,882.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			28,748.			
12 Total revenue. See instructions			10,088,774.	0.	0.	111,241.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	182,824.	91,412.	58,809.	32,603.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,874,947.	1,322,610.	415,310.	137,027.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,138.	51,679.	17,342.	6,117.
9 Other employee benefits	287,940.	198,042.	66,456.	23,442.
10 Payroll taxes	157,823.	108,549.	36,425.	12,849.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,689.	2,290.	399.	
c Accounting	23,094.		23,094.	
d Lobbying	140,289.	140,289.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,773.		5,773.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	927,858.	841,608.	44,250.	42,000.
12 Advertising and promotion	2,942,191.	184,008.	64,216.	2,693,967.
13 Office expenses	160,922.	52,118.	107,071.	1,733.
14 Information technology	716,163.	175,524.	407,057.	133,582.
15 Royalties				
16 Occupancy	804,576.	148,005.	655,988.	583.
17 Travel	51,671.	46,954.	4,717.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	58,258.	32,831.	25,427.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	169,325.		169,325.	
23 Insurance	108,560.		108,560.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	63,800.	15,625.	2,897.	45,278.
b STATE REG. AND FILINGS	19,303.		19,303.	
c DOCUMENT DESIGN & PROD.	13,324.	13,239.	85.	
d LAYOUT & DESIGN	5,000.	5,000.		
e All other expenses _____	13,080.	1,545,397.	-1,716,430.	184,113.
25 Total functional expenses. Add lines 1 through 24e	8,804,548.	4,975,180.	516,074.	3,313,294.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,163.	1	4,159.
	2 Savings and temporary cash investments	6,112,339.	2	6,965,120.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	125,445.	4	249,046.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	372,778.	9	390,997.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,587,435.		
	b Less: accumulated depreciation	10b 1,058,585.	10c	528,850.
	11 Investments - publicly traded securities	2,554,561.	11	3,784,665.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	291,489.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,130,473.	16	11,922,837.	
Liabilities	17 Accounts payable and accrued expenses	336,244.	17	447,647.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,067,453.	25	1,533,311.
	26 Total liabilities. Add lines 17 through 25	1,403,697.	26	1,980,958.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,638,873.	27	8,126,728.
	28 Net assets with donor restrictions	1,087,903.	28	1,815,151.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,726,776.	32	9,941,879.
	33 Total liabilities and net assets/fund balances	10,130,473.	33	11,922,837.

Part 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	10,088,774.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,804,548.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,284,226.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,726,776.
5	Net unrealized gains (losses) on investments	5	-69,123.
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	9,941,879.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 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 on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
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?
- 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

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

COMMON CAUSE

Employer identification number

52-6078441

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>525,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>228,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>110,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>107,232.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 88,449.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 48,645.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>41,940.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>33,502.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>29,193.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>25,571.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 19,163.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 12,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ <u>6,867.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ <u>6,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ <u>5,020.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization	Employer identification number 52-6078441
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COMMON CAUSE

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization COMMON CAUSE	Employer identification number 52-6078441
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
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 1f)			
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 -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

	(a)		(b)
	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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e 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			
c 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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
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).	
a Current year	2a
b Carryover from last year	2b
c 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

Part IV Supplemental Information

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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **COMMON CAUSE** Employer identification number **52-6078441**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,698,059.	2,420,080.	2,430,429.	2,195,315.	1,948,669.
b Contributions	200,000.	255,000.	272,000.	250,000.	200,000.
c Net investment earnings, gains, and losses	-309,743.	1,142,968.	-154,336.	209,088.	248,959.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	85,338.	119,989.	128,013.	223,974.	202,313.
g End of year balance	3,502,978.	3,698,059.	2,420,080.	2,430,429.	2,195,315.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,179,613.	727,947.	451,666.
d Equipment		407,822.	330,638.	77,184.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 528,850.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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. (Col. (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	
(2) DEFERRED RENT AND LEASE INCENTIVE	925,786.
(3) DUE TO AFFILIATE	607,525.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,533,311.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	24,346,693.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-69,123.
b	Donated services and use of facilities	2b	14,332,815.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	14,263,692.
3	Subtract line 2e from line 1	3	10,083,001.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,773.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,773.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,088,774.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	23,131,590.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	14,332,815.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	14,332,815.
3	Subtract line 2e from line 1	3	8,798,775.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,773.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,773.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,804,548.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

RESERVE FUNDS INTENDED TO BE USED IN THE EVENT OF FINANCIAL EMERGENCY.

PART X, LINE 2:

THE ORGANIZATION EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED JUNE 30, 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS; AND THERE ARE CURRENTLY NO EXAMINATIONS PENDING OR IN PROGRESS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

COMMON CAUSE

Employer identification number

52-6078441

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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 organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KAREN HOBERT FLYNN PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	337,422.	0.	0.	17,663.	28,027.	383,112.	0.
(2) ELIZABETH MARCHANT CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	206,328.	0.	0.	12,545.	27,048.	245,921.	0.
(3) PAUL RYAN, VP, LEGISLATIVE AFFAIRS - UNTIL 04/2022	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	187,260.	0.	0.	10,962.	13,865.	212,087.	0.
(4) STEVE SPAULDING, SR. ADVISOR TO PRESIDENT & SR. COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	165,449.	0.	0.	4,249.	10,063.	179,761.	0.
(5) SCOTT SWENSON VP, COMMUNICATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	155,737.	0.	0.	7,874.	15,057.	178,668.	0.
(6) PAMELA WILMOT VP, STATE OPERATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	134,314.	0.	0.	8,225.	30,282.	172,821.	0.
(7) JESSE LITTLEWOOD VP FOR CAMPAIGNS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	132,499.	0.	0.	8,570.	28,510.	169,579.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

COMMON CAUSE EDUCATION FUND USES THE FOLLOWING TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S PRESIDENT/CEO: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION STUDY OR SURVEY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

PART I, LINE 4A:

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING THE FISCAL YEAR ENDING JUNE 30, 2022:

SCOTT SWENSON, VICE PRESIDENT OF COMMUNICATIONS: \$53,579.36

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

COMMON CAUSE

Employer identification number

52-6078441

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AMERICAN DEMOCRACY. WE WORK TO ENSURE OPEN, HONEST, AND ACCOUNTABLE
GOVERNMENT; TO PROMOTE EQUAL RIGHTS, OPPORTUNITY, AND REPRESENTATION
FOR ALL; AND TO EMPOWER ALL PEOPLE TO MAKE THEIR VOICES HEARD AS EQUALS
IN THE POLITICAL PROCESS. COMMON CAUSE WORKS ACROSS FOUR MAJOR ISSUE
AREAS: VOTING AND ELECTIONS; MONEY AND POLITICS; ETHICS, TRANSPARENCY,
AND GOVERNMENT ACCOUNTABILITY; AND MEDIA AND DEMOCRACY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIVERSE PARTNERS ACROSS THE REFORM COMMUNITY.

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

LITIGATING TO STRIKE DOWN RACIAL GERRYMANDERS IN FLORIDA, GEORGIA, AND
TEXAS.

COMMON CAUSE LED CHARGE, A NATIONWIDE COALITION THAT TRAINED MORE THAN
2,000 PEOPLE TO ACTIVELY PARTICIPATE IN THE REDISTRICTING PROCESS BY
TELLING THE STORY OF THEIR COMMUNITIES AND PROVIDED EDUCATIONAL
MATERIALS ABOUT REDISTRICTING IN 13 DIFFERENT LANGUAGES.

IN INDIANA, COMMON CAUSE FOUNDED THE INDIANAPOLIS CITIZENS
REDISTRICTING COMMISSION, WHICH LED A REDISTRICTING PROCESS,
ALTERNATIVE TO THE STATE PROCESS, THAT CREATED MORE COMPETITIVE VOTING
MAPS.

IN MASSACHUSETTS, COMMON CAUSE CO-LED THE STATE'S REDISTRICTING WORK,

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization COMMON CAUSE	Employer identification number 52-6078441
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SUCCESSFULLY ADVOCATING FOR A TRANSPARENT AND INCLUSIVE PROCESS THAT LED TO AN INCREASE IN MAJORITY MINORITY DISTRICTS, FROM 20 UP TO 33 IN THE STATE HOUSE AND FROM THREE TO SIX IN THE STATE SENATE.

IN OHIO, COMMON CAUSE LED THE GRASSROOTS CAMPAIGN TO FIGHT FOR FAIR MAPS IN A TRANSPARENT AND PARTICIPATORY PROCESS. COMMON CAUSE DROVE OUT MORE THAN 6,500 OHIOANS TO PARTICIPATE IN THE REDISTRICTING PROCESS THROUGH PUBLIC HEARINGS, WEBINARS, AND RALLIES AT THE STATEHOUSE.

IN 25 STATES, COMMON CAUSE ADVOCATED FOR A MORE OPEN, TRANSPARENT, AND FAIR REDISTRICTING PROCESS.

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

NATIONWIDE, COMMON CAUSE LED A GRASSROOTS CAMPAIGN URGING CONGRESS TO PASS THE FREEDOM TO VOTE ACT, A COMPREHENSIVE PACKAGE TO GET BIG MONEY OUT OF POLITICS AND STRENGTHEN THE RIGHT TO VOTE, GENERATING TENS OF THOUSANDS OF CALLS AND EMAILS TO CONGRESSIONAL OFFICES, HUNDREDS OF LETTERS TO THE EDITOR IN LOCAL PAPERS, AND AT LEAST 10 OPINION EDITORIALS.

IN CALIFORNIA, COMMON CAUSE SPONSORED AND PASSED LEGISLATION THAT CLOSES THE PAY-TO-PLAY LOOPHOLE AT THE LOCAL LEVEL. THE NEW LAW LIMITS SPECIAL INTEREST DONATIONS TO \$250 TO LOCAL LAWMAKERS THAT THOSE SPECIAL INTERESTS HAVE BUSINESS BEFORE, SUCH AS CONTRACTS, LICENSES, AND PERMITS.

ALSO IN CALIFORNIA, COMMON CAUSE SPONSORED AND PASSED LEGISLATION

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SIGNED INTO LAW THAT INCREASES THE FREQUENCY OF LOBBYING REPORTING AT THE END OF LEGISLATIVE SESSIONS AND REQUIRES DISCLOSURE FOR ISSUE ADS DESIGNED TO PRESSURE LAWMAKERS ON VOTES TO BE PLACED DIRECTLY ON THE ADS.

CALIFORNIA COMMON CAUSE ALSO LED THE PASSAGE OF THE OAKLAND FAIR ELECTIONS ACT VIA BALLOT MEASURE THAT CREATES THE NATION'S SECOND DEMOCRACY DOLLARS VOUCHER PROGRAM AND OTHER GOOD GOVERNMENT REFORMS.

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

DEVELOPED A REPORT DOCUMENTING THE BILLS INTRODUCED IN CONGRESS THAT WOULD NATIONALIZE VOTER SUPPRESSION AND HAVE THE POTENTIAL TO ADVANCE IN THE HOUSE OF REPRESENTATIVES THIS COMING YEAR.

CREATED A SURVEY DISTRIBUTED TO ALL MAJOR PARTY CANDIDATES RUNNING FOR CONGRESS AND SELECTED STATE OFFICES ABOUT THEIR POSITIONS ON PRO-DEMOCRACY ISSUES.

IN COLORADO, COMMON CAUSE PASSED THE VOTE WITHOUT FEAR ACT, LEGISLATION THAT BANS THE OPEN CARRY OF FIREARMS WITHIN 100 FEET OF POLLING PLACES, DROP BOXES, AND CENTRAL COUNT FACILITIES. COMMON CAUSE ALSO PASSED THE ELECTION OFFICIAL PROTECTION ACT, LEGISLATION TO INCREASE PROTECTIONS FOR ELECTION WORKERS AND OFFICIALS AGAINST HARASSMENT, THREATS, INTIMIDATION, AND DOXING. COMMON CAUSE CHAMPIONED THE COLORADO ELECTION SECURITY ACT, LEGISLATION ADDING SECURITY MEASURES AND PROTOCOLS FOR STATE AND COUNT ELECTION OFFICIALS TO HELP THEM PROTECT THE VOTE.

IN CONNECTICUT, COMMON CAUSE FOUGHT FOR THE PASSAGE OF THE

Name of the organization COMMON CAUSE	Employer identification number 52-6078441
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CONSTITUTIONAL AMENDMENT TO ALLOW EARLY-IN-PERSON VOTING. THE EFFORT INCLUDED DEPLOYING MORE THAN 50 NONPARTISAN POLL STANDERS ON ELECTION DAY, GARNERING 92 RESPONSES TO THE OUR DEMOCRACY 2022 CANDIDATE QUESTIONNAIRE, A NONPARTISAN VIRTUAL CANDIDATE FORUM, . COMMON CAUSE ALSO LED MORE THAN 700 INDIVIDUALS AND 75 ORGANIZATIONS, GROUPS, AND UNIONS TO URGE STATE LEADERS TO BAN FOREIGN SPENDING ON STATE BALLOT REFORMS, TO ENACT A CONNECTICUT VOTING RIGHTS ACT, AND TO CREATE RANKED CHOICE VOTING TASK FORCE.

IN DELAWARE, COMMON CAUSE CO-LED A COALITION TO PASS VOTE-BY-MAIL AND SAME-DAY REGISTRATION AND LAUNCHED THE FIRST EVER ELECTION PROTECTION PROGRAM. WHILE THE LEGISLATIVE EFFORT WAS SUCCESSFUL, A STATE COURT SUBSEQUENTLY OVERTURNED THE NEW VOTE-BY-MAIL AND SAME-DAY REGISTRATION LAWS.

IN GEORGIA, LED AN ELECTION PROTECTION PROGRAM WITH HUNDREDS OF VOLUNTEERS, DISINFORMATION MONITORS, AND AUDIENCE-SPECIFIC VOTER EDUCATION ACROSS THE STATE.

IN HAWAII, COMMON CAUSE SPEARHEADED THE PASSAGE OF LEGISLATION TO ESTABLISH RANK CHOICE VOTING FOR SPECIAL FEDERAL ELECTIONS AND VACANT COUNTY COUNCIL SEATS, LEGISLATION REQUIRING VOTE BY MAIL ENVELOPES TO INCLUDE INFORMATION ON HOW TO OBTAIN LANGUAGE TRANSLATION SERVICES IN 6 LANGUAGES, AND LEGISLATION THAT REQUIRES APPROVAL OF AGENDA ITEMS 48 HOURS PRIOR TO MEETINGS.

IN INDIANA, COMMON CAUSE BLOCKED LEGISLATION THAT WOULD REQUIRE CANDIDATES FOR SCHOOL BOARD TO DECLARE A PARTY AFFILIATION, LEGISLATION

Name of the organization COMMON CAUSE	Employer identification number 52-6078441
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THAT WOULD ADD BARRIERS TO VOTING BY MAIL

IN MARYLAND, COMMON CAUSE PASSED EMERGENCY LEGISLATION TO ALLOW ELECTION OFFICIALS TO CHECK FOR ANY ERRORS WITH A BALLOT THAT CAN BE FIXED BY THE VOTER AND EMERGENCY LEGISLATION THAT ALLOWED FOR THE PRE-PROCESSING OF BALLOTS DURING THE 2022 ELECTION CYCLE TO AVOID DELAYS TO THE ELECTION RESULTS.

IN MASSACHUSETTS, COMMON CAUSE LED THE SUCCESSFUL EFFORTS TO PASS THE VOTES ACT, LEGISLATION THAT MADE PERMANENT VOTE-BY-MAIL, EXTENDED EARLY VOTING, JAIL-BASED VOTING, AND A REDUCED VOTER REGISTRATION CUTOFF PERIOD.

IN NEW YORK COMMON CAUSE AND THE LET NY VOTE COALITION PASSED THE JOHN R. LEWIS VOTING RIGHTS ACT WHICH STRENGTHENS AND PROTECTS THE FREEDOM TO VOTE.

IN NORTH CAROLINA, COMMON CAUSE CREATED NONPARTISAN VOTER GUIDES THAT REACHED 1 MILLION VOTERS.

IN OREGON, COMMON CAUSE PASSED PRO-DEMOCRACY REFORMS VIA LEGISLATION AND BALLOT MEASURES THAT PROTECT ELECTION WORKERS, INCREASE ELECTION FUNDING, IMPROVE ONLINE VOTER REGISTRATION, REMOVE RACIST AND ANTI-IMMIGRANT LANGUAGE FROM STATE LAW, AND INTRODUCE RANK CHOICE VOTING, MULTI-MEMBER DISTRICTS, AND AN INDEPENDENT REDISTRICTING COMMISSION.

IN RHODE ISLAND, COMMON CAUSE HELPED LEAD A ROBUST COALITION THAT

Name of the organization COMMON CAUSE	Employer identification number 52-6078441
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SUCCESSFULLY ADVOCATED FOR THE LET RI VOTE ACT, LEGISLATION THAT
EXPANDED ACCESS TO VOTE BY MAIL AND EARLY VOTING.

IN WISCONSIN, COMMON CAUSE LED THE LEGISLATIVE AND ADVOCACY FIGHT
AGAINST MORE THAN 40 VOTER SUPPRESSION MEASURES INTRODUCED AT THE STATE
LEVEL, DRIVING MORE THAN 20,000 COMMUNICATIONS TO THE GOVERNOR AND
STATE ELECTED LEADERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEDIA & DEMOCRACY AND OTHER PROGRAMS

TESTIFIED TO THE U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON HOUSE
ADMINISTRATION ABOUT THE GROWING THREAT OF DISINFORMATION'S NEGATIVE
IMPACT ON DEMOCRACY

CHAMPIONED PASSAGE OF THE AMERICAN DATA PRIVACY AND PROTECTION ACT OUT
OF THE U.S. HOUSE OF REPRESENTATIVES ENERGY AND COMMERCE COMMITTEE. THE
LEGISLATION ESTABLISHES COMPREHENSIVE PRIVACY AND DATA SECURITY
PROTECTIONS.

EXPENSES \$ 2,345,597. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE
NATIONAL GOVERNING BOARD IN THE MANAGEMENT OF COMMON CAUSE BETWEEN MEETINGS
OF THE NATIONAL GOVERNING BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL
NOT HAVE THE AUTHORITY TO ELECT OFFICERS, TO FILL VACANT BOARD OR EXECUTIVE
COMMITTEE POSITIONS, TO CAUSE THE TERMINATION OF A SITTING BOARD MEMBER, TO
CAUSE THE TERMINATION OF THE PRESIDENT, TO AMEND THE CORPORATION'S ARTICLES

Name of the organization COMMON CAUSE	Employer identification number 52-6078441
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OF INCORPORATION OR THESE BYLAWS, TO ADOPT AN AGREEMENT OF MERGER OR CONSOLIDATION, TO DISPOSE OF ALL OR SUBSTANTIALLY ALL OF COMMON CAUSE'S ASSETS, OR TO DISSOLVE THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 6:

COMMON CAUSE HAS ONLY ONE CLASS OF MEMBERSHIP, CONSISTING OF THOSE INDIVIDUAL MEMBERS OF THE PUBLIC WHO CHOOSE TO JOIN COMMON CAUSE AND MAKE A MONETARY CONTRIBUTION. SUCH MEMBERS HAVE NO VOTING RIGHTS WITHIN THE ORGANIZATION.

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

THE CHIEF FINANCIAL OFFICER PROVIDES THE FORM 990 TO THE AUDIT COMMITTEE FOR REVIEW. ONCE THAT COMMITTEE HAS APPROVED THE DOCUMENT, IT IS SENT TO THE FULL BOARD FOR REVIEW. THE BOARD MEMBERS HAVE TWO (2) DAYS TO RESPOND WITH ANY COMMENTS THEY MIGHT HAVE BEFORE THE DOCUMENT IS FILED.

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

BOARD--

WHENEVER A DIRECTOR, OFFICER, OR COMMITTEE MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST, WHETHER FINANCIAL OR OTHERWISE, HE OR SHE SHALL MAKE THE SITUATION KNOWN TO THE BOARD OR GOVERNANCE COMMITTEE (AT THE CASE MIGHT BE) AND PROVIDE ALL FACTS MATERIAL TO UNDERSTANDING THE NATURE AND SCOPE OF THE CONFLICT, INCLUDING WHETHER THE INTERESTED PERSON BELIEVES HER OR HER ABILITY TO MAKE AN INDEPENDENT DECISION BASED SOLELY ON THE BEST INTEREST OF THE CORPORATION HAS BEEN COMPROMISED. IF THE INTERESTED PERSON INVOLVED DOES NOT MAKE THIS DISCLOSURE, ANOTHER DIRECTOR OR COMMITTEE MEMBER WITH KNOWLEDGE OF THE POTENTIAL CONFLICT SHOULD DRAW IT TO THE BODY'S ATTENTION.

Name of the organization COMMON CAUSE	Employer identification number 52-6078441
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THE INTERESTED PERSON WITH THE POTENTIAL CONFLICT MUST RETIRE FROM THE MEETING AND NOT PARTICIPATE IN FINAL DISCUSSION AND VOTING ON THE EXISTENCE OF THE CONFLICT. IF A CONFLICT IS FOUND TO EXIST, THE INTERESTED PERSON MAY BE INVITED TO PROVIDE ANY RELEVANT INFORMATION THAT COULD BE OF USE TO THE BOARD IN MAKING ITS DECISION, BUT SHALL AGAIN RETIRE AND NOT PARTICIPATE IN THE FINAL DISCUSSION AND VOTING REGARDING THE TRANSACTION. THE BOARD OR COMMITTEE'S DECISION SHALL BE BASED ON CONSIDERATION OF WHETHER THE TRANSACTION:

- A) IS IN THE ORGANIZATION'S BEST INTEREST AND FOR ITS OWN BENEFIT;
- B) IS FAIR AND REASONABLE TO THE ORGANIZATION; AND
- C) IS THE MOST ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES.

STAFF--

WHENEVER A STAFF MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST IN AN AREA WHERE HE OR SHE EXERCISES ANY DISCRETION IN CARRYING OUT HIS OR HER DUTIES FOR COMMON CAUSE, HE OR SHE SHALL PROMPTLY DISCLOSE THE POTENTIAL CONFLICT TO AN IMMEDIATE SUPERVISOR OR TO THE PRESIDENT. IF THE PRESIDENT HAS A POTENTIAL CONFLICT, HE OR SHE SHALL DISCLOSE IT TO THE BOARD OR AN EXECUTIVE COMMITTEE. THE PERSON OR BODY TO WHOM THE DISCLOSURE IS MADE (HEREINAFTER "SUPERVISOR") SHALL DETERMINE WHETHER THERE IS A CONFLICT THAT REQUIRES RECUSAL OF THE INTERESTED PERSON. WHEN A CONFLICT IS FOUND TO EXIST, THE INTERESTED PERSON SHALL PROVIDE THE SUPERVISOR WITH ALL INFORMATION HE OR SHE HAS RELEVANT TO ANY DECISION TO BE MADE IN WHICH HE OR SHE HAS AN INTEREST, AND THE FINAL DECISION SHALL BE MADE BY THE SUPERVISOR.

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

Name of the organization COMMON CAUSE	Employer identification number 52-6078441
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PERSONS PROVIDING SERVICES TO COMMON CAUSE ARE EMPLOYED BY COMMON CAUSE EDUCATION FUND ("CCEF"), A SISTER ORGANIZATION. THE NARRATIVE BELOW DESCRIBES CCEF'S COMPENSATION REVIEW PROCESS.

CHIEF EXECUTIVE OFFICER: THE EXECUTIVE COMMITTEE OF THE NATIONAL GOVERNING BOARD CONDUCTS A 360-DEGREE REVIEW OF THE CEO PRIOR TO DETERMINING THE ANNUAL COMPENSATION. THE COMMITTEE INTERVIEWS THE SENIOR STAFF, REVIEWS A COMPARABILITY STUDY, AND THEN CONFERS AS A COMMITTEE. THE COMMITTEE BRINGS ITS RECOMMENDATION TO THE FULL BOARD AT THE LAST BOARD MEETING OF THE YEAR. MINUTES ARE TAKEN OF THE SALARY DELIBERATIONS.

OTHER OFFICERS OR KEY EMPLOYEES: THE EXECUTIVE COMMITTEE CONDUCTS A REVIEW OF THE CFO, REVIEWS A COMPARABILITY STUDY, AND THEN CONFERS AS A COMMITTEE. THE COMMITTEE BRINGS ITS RECOMMENDATION TO THE FULL BOARD AT THE LAST BOARD MEETING OF THE YEAR. MINUTES ARE TAKEN OF THE SALARY DELIBERATIONS.

THE COMMITTEE DOES NOT REVIEW COMPENSATION OF KEY EMPLOYEES; THAT IS PERFORMED BY MANAGEMENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH
NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, DC, WV, WI, AK, ID, IA, NV, SD

FORM 990, PART VI, SECTION C, LINE 19:
COMMON CAUSE SEEKS TO BE FAITHFUL TO ITS MISSION BY BEING OPEN AND ACCOUNTABLE TO OUR MEMBERS AND SUPPORTERS. WE WILL MAKE OUR GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. OUR FINANCIAL STATEMENTS ARE ALSO PART

Name of the organization COMMON CAUSE	Employer identification number 52-6078441
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OF OUR ANNUAL REPORT WHICH IS AVAILABLE ON OUR WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	841,608.
MANAGEMENT AND GENERAL EXPENSES	44,250.
FUNDRAISING EXPENSES	42,000.
TOTAL EXPENSES	927,858.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	927,858.

FORM 990, PART XII, LINE 2C:

THERE WAS NO CHANGE TO THE REVIEW AND SELECTION PROCESS DURING THE YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

COMMON CAUSE

Employer identification number

52-6078441

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMON CAUSE EDUCATION FUND - 31-1705370 805 15TH STREET, SUITE 800 WASHINGTON, DC 20005	CHARITABLE ARM OF COMMON CAUSE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	COMMON CAUSE	X	

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

Schedule R (Form 990) 2021

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMON CAUSE EDUCATION FUND	N	1,184,635.	COST
(2) COMMON CAUSE EDUCATION FUND	O	2,578,671.	COST
(3) COMMON CAUSE EDUCATION FUND	P	604,723.	CASH
(4)			
(5)			
(6)			

