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-		ncome from gaming (attach :	Schedule G if greater th	lan					
-	\$15,00		CEIVED	7	6a				
		ncome from fundraising ever		,	of contrit	outions			
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7	7a Gross	ome or (loss) from garning a sales of inventory, less return	sand allowances		7a	,0,			
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8 (evenue (describe in Schedule					8		
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		s paid to or for members					10		
11 Sesuedx: 14		s, other compensation, and e	mployee benefits				12		
ື 13		sional fees and other paymen		ractors			13		5,644
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16 17		xpenses (describe in Schedu xpenses Add lines 10 throu	•		see SCI	nedule O	► <u>16</u>	+	<u>84</u> 5,728
18		or (deficit) for the year (Subt)			▶ <u>17</u> 18	+	54,272
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t As		agree with end-of-year figure					19		0
120 E		hanges in net assets or fund	-				20		(
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orm 990-EZ (2013) Jeffersonian Project			46-2	2331	26 Page
Part II Balance Sheets (see the instructions for Part II				<u> </u>	
Check if the organization used Schedule O to re				·	
22 Cash, savinos, and investments		(A) Beginning of year		<u>(B)</u> E	nd of year
22 Cash, savings, and investments23 Land and buildings		0	• 22 23		49,916
24 Other assets (describe in Schedule O) See Schedule	∩	0	. 24		10,000
25 Total assets	♥ ⊢		. 25		59,916
26 Total liabilities (describe in Schedule 0) See Schedule	0		• 26	<u> </u>	5,644
27 Net assets or fund balances (line 27 of column (B) must agree with line 21	·		. 27		54,272
Part III Statement of Program Service Accomplishme				Ex	(penses
Check if the organization used Schedule O to re		on in this Part II			for section
Vhat is the organization's primary exempt purpose? See Schedule	0				and 501(c)(4) ons and section
Describe the organization's program service accomplishments for each of its three largest progra	m services, as measured by expen	ses in a clear and concise		947(a)(1 or others.) trusts; optional
nanner, describe the services provided, the number of persons benefited, and other relevant info	ermation for each program title	· ·			•)
8 <u>See Schedule O</u>					
(Granta \$ 0) If the amount wall day for					0
(Grants \$ 0 •) If this amount includes foreigr	grants, check here	>	28	88	0
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(Grants \$) If this amount includes foreigr 11 Other program services (describe in Schedule O)	n grants, check here	•	31	Da	
1 Other program services (describe in Schedule O)		•		<u>Da</u>	
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	1990-EZ (2013) Jeffersonian Project 46-2233 art V Other Information (Note the Schedule A and personal benefit contract statement requirement	ts in t	he	Page 3
	instructions for Part V) Check if the organization used Sch. O to respond to any question in th	is Pai		
		·	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	_33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	<u>A</u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	<u>35c</u>		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	-		
	Did the organization file Form 1120-POL for this year?	37b	_	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	In a prior year and still outstanding at the end of the tax year covered by this return?	<u>38a</u>		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	4		1
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A	-		
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_		
4U a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A			-
Ð	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
_	If "Yes," complete Schedule L, Part I	40b		<u>x</u>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
٥	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
_				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
44	transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed \blacktriangleright None The organization's books are in care of \blacktriangleright The Organization Telephone no. \blacktriangleright (703)	272	0.0	22
428				55
		4440	4	
0	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	405	163	X
	If "Yes," enter the name of the foreign country:	42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420	Ì	v
U	If "Yes," enter the name of the foreign country:	42c	I	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
40	and enter the amount of tax-exempt interest received or accrued during the tax year			0.
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1.00	
	Form 990-EZ	44a		x
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		x
~	Did the organization receive any payments for indoor tanning services during the year?	440 44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	946	<u> </u>	
J	in Schedule O			
4 5 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		x
	Did the organization have a controlled entity within the meaning of section 512(0) (15)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	<u>45a</u>		├ ┻
400	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	Ì	x
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Form 990-EZ (2013) Jef:	<u>fersonian Projec</u>	ct			46-22331	26	Page 4
46 Did the organization engage, If "Yes," complete Schedule C	directly or indirectly, in political car	mpaign activities on behalf c	f or in oppositio	on to candidates for pi	ublic office?	Yes	s No X
Part VI Section 501(c) All section 501(c)	(3) organizations only (3) organizations must answer of nization used Schedule O to rea			te the tables for line		40_1	
 47 Did the organization engage ii 48 Is the organization a school a 49a Did the organization make any b If "Yes," was the related organ 50 Complete this table for the organization 	n lobbying activities or have a secti is described in section 170(b)(1)(A	ion 501(h) election in effect (ii)? If "Yes," complete Sch table related organization? ? ated employees (other than a	during the tax y idule E			Yes 47 48 49a 49b ch received	
	and title of each employee	(b) Ave per wee	rage hours < devoted to sition	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estir amount c compen	of other
organization. If there is none,	ganization's five highest compensa			eived more than \$100,) Type of service	······	ion from th	
52 Did the organization complete charitable trusts must attach i Under penalties of perjury. I decide that I Declaration of preparer (other than officer) Sign Here Paid Preparer Use Only Firm's name ▶ I Firm's address ▶	There examined this return, including acc is based on all information of which prep <u>Executive</u> Office ind title er's name <u>Raffa</u> Raffa, P.C. 1899 L Street N Washington, DC	1(c)(3) organization companying schedules parer has any knowled er tota t's signature VW, Suite 20036					
May the IRS discuss this return wit	h the preparer shown above? See i	Instructions					

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Department of the Treasury Internal Revenue Service	Complete to pro Form 990 o	I Information to For vide information for responses to s or 990-EZ or to provide any additio ► Attach to Form 990 or 990-E e O (Form 990 or 990-EZ) and its instruct	specific questions nal information. Z.	; on	OMB No 1545-0047 2013 Open to Publi Inspection
Name of the organizatio				Employe	r identification num
Form 990-EZ,	Part I, Line 10	6, Other Expenses:			
Description	of Other Expense	es:			Amount:
<u>Office suppl</u>	ies				8
Form 990-EZ,	Part II, Line 2	24, Other Assets:			
Description			Beg. d	of Year	End of Ye
<u>Contribution</u>	s receivable			0.	10,00
Form 990-EZ,	Part II, Line 2	26, Other Liabilit	ies:		
Description			Beg. d	of Year	End of Ye
Accounts pay	able		<u> </u>	0.	5,64
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makers by pr		<u>educate the public</u> isan research on c blic and governmen	urrent eve		other
makers by pr issues of co	oviding nonpart: ncern to the pul	isan research on c	urrent eve t policy r	nakers.	
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SCHEDULE O

Department of the Treasury

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(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Internal Revenue Service

Jeffersonian Project

Employer identification number 46-2233126

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly,

or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,

or indirectly, on a personal benefit contract.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 10 13510423 786783 Jeffersonian 2013.03030 Jeffersonian Project JEFFERS1

Form	8868
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(Rev. January 2014)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

01

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charties & Nonprofits.

Partie Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
print		
	Jeffersonian Project	46-2233126
File by the due date for	Number, street, and room or suite no. If a P O. box, see instructions.	Social security number (SSN)
filing your return See	2900 Crystal Drive, 6th Floor	
Instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions	

Arl	ingto	n, V	/A (22:	20	2

Enter the Return code for the return that this application is for (file a separate application for each return)

Appli	cation	Return	Application			Return
Is Fo	r	Code	Is For			Code
	990 or Form 990-EZ	01	Form 990-T (corporation)			07
	990-BL	02	Form 1041-A			08
Form	4720 (individual)	03	Form 4720 (other than individual)			09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
Te	e books are in the care of \blacktriangleright <u>2900 Crystal D</u> : lephone No. \blacktriangleright <u>(703) 373-0933</u>	<u>rive,</u>	Fax No 🕨			
	he organization does not have an office or place of business					
• If t	this is for a Group Return, enter the organization's four digit	7				
box	If it is for part of the group, check this box	and atta	ch a list with the names and EINs of al	memb	ers the extension is	for.
_	August 15, 2014 , to file the exemp is for the organization's return for: X calendar year 2013 or tax year beginning	, an	d ending		_ ·	
2	If the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return Fin	al retur	'n	
3а	If this application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less any	- 3a	\$	0.
þ	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
	estimated tax payments made Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a Include your pa	ayment wit	h this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System).	<u>See instru</u>	ctions.	3c_	\$	0.
	ion. If you are going to make an electronic funds withdrawal actions.	(direct de	bit) with this Form 8868, see Form 845	3-EO ai	nd Form 8879-EO for	r payment
LHA 32384 12-31-	For Privacy Act and Paperwork Reduction Act Notice,	see instri	uctions.		Form 8868 (Re	ev. 1-2014)

Form 8868 (Rev. 1-2014)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

	Additional (Not Automatic) 5-Month Extension of Time. Only lie the origi	nai (no copies needed).
	, Enter filer	s identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print		
File by the	Jeffersonian Project	46-2233126
due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
File by the due date for filing your	2900 Crystal Drive, 6th Floor	
" instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Arlington, VA 22202	

Enter the Return code for the return that this application is for (file a separate application for each return)		
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- Application	Return	Application	Return
* <u>ls For</u>	Code	Is For	Code
: Form 990 or Form 990-EZ	01		
² Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
s Form 990-T (trust other than above)	06	Form 8870	12
STOP! Do not complete Part II if you were not alre	ady granted an autor	natic 3-month extension on a previously filed Form 8868.	

Lisa Bowen, Sr. Dir. of Finance

₹●	The books are in the care of > 2900 Crysta	l Drive,	6th Floor	- Arlington,	VA 22202
	Telephone No. ► (703) 373-0933		Fax No. 🕨		

•	If the organization does not have an office or place of business in the United States, check this box	······ ····· · ····· · · · · · · · · ·		1
•	If this is for a Group Beturn, enter the organization's four digit Group Exemption Number (GEN)	If this is for the whole aroun	check	this

•	enter a steap fielding enter and erganization o toar e	digit droup Excitiption (dEit)	-
: <u>box</u>	▶ . If it is for part of the group, check this box ▶	and attach a list with the names and EINs of all members the extension is for.	
4	I request an additional 3-month extension of time until		

4 I request an additional 3-month extension of time until <u>N</u> 5 For calendar year 2013, or other tax year beginning

0	Tor calendar year 2013, or other tax year beginning	, anu i		
6	If the tax year entered in line 5 is for less than 12 months, check reason:	X Initial return	Final return	
	Change in accounting period			

7 State in detail why you need the extension Additional time is needed to gather the information necessary to file a complete and accurate return.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	8a	\$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		
	previously with Form 8868.	8b	\$ 0.
C	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using		
_	EFTPS (Electronie Federal Tax Payment System). See instructions.	8c	\$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of periody. I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Title Partner Date 8 |1> | >0 | Form 8868 (Rev. 1-2014) Form 8868 (Rev. 1-2014) Form 8868 (Rev. 1-2014)

323842 12-31-13

Signature

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file the eriginal (no peoples peopled)

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