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DLN: 93493306009110

# Form **990**

Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

		Service			,	, ,	•	Inspection
			lendar yea	r, or tax year beginning 01- C Name of organization	01-2008 and ending 12-31-2008		D Employer iden	itification number
		pplicable	Please	BALLOT INITIATIVE STRATEGY	CENTER INC			
	dress ch	_	use IRS label or	Doing Business As			04-3411708 E Telephone nur	
Na	me cha	inge	print or type. See					
Init	tial retu	ırn	Specific Instruc-		x if mail is not delivered to street address	Room/suite	(202) 223-2 <b>G</b> Gross receipts \$	
<b>Г</b> Теі	mınatıd	on	tions.	1825 K STREET NW			G Gloss receipts \$	1,077,464
✓ Am	ended	return		City or town, state or country,	and ZIP + 4	1		
	olication	n pending		WASHINGTON, DC 20006				
		-	F Nar	me and address of principal	officer	H(a) Is thu	<b>l</b> s a group return f	ior.
			JUSTI	NE SARVER		affiliat		「 Yes ▼ No
				K STREET NW INGTON, DC 20006				
			WASII.	INGTON, DC 20000			affiliates included	
 <b>т</b> Та	x-exen	npt status	▼ 501(c	(insert no ) 4947(a	a)(1) or 527		," attach a list  ( p exemption num	see instructions)
					, , , , , , , , , , , , , , , , , , , ,	H(c) Group	p exemption num	Del F
			W BALLO					
_				tion Trust Association Ot	her <b>►</b>	<b>L</b> Year of fo	rmation 1998 <b>M</b>	State of legal domicile DC
Pa	rt I	Sumn	•					
	1			ie organization's mission or SUPPORT BALLOT INITIA				
9		110110	TE AND S	OFF ORF BALLOT INTITA	110 2 3 2			
ē								
E								
Governance	2	Check th	hıs box 🛏	if the organization discon	tinued its operations or disposed o	of more than	25% of its asset	S
	3	Number	of voting	members of the governing b	3	1!		
٠ س	4	Number	ofindeper	ndent voting members of the	governing body (Part VI, line 1b)		. 4	1!
Ě	5	Total nu	mber of er	mployees (Part V , line 2a)			5	
Activities &	6	Total nu	mber of vo	olunteers (estimate if neces	sary)		6	(
∢	7a	Total gro	oss unrela	ited business revenue from	Part VIII, line 12, column (C) .		7a	(
	ь	Net unre	elated bus	iness taxable income from F	form 990-T, line 34		7b	
						Prio	r Year	Current Year
	8	Contrib	outions an	d grants (Part VIII, line 1h)			899,387	1,032,844
율	9	Prograi	m service	revenue (Part VIII, line 2g)		8,850	0	
Reveni	10	Invest	ment inco	me (Part VIII, column (A), l	ines 3, 4, and 7d)			8,177
ä	11				5, 6d, 8c, 9c, 10c, and 11e)		15,369	27,052
	12	Total re	evenue—a	dd lines 8 through 11 (must	equal Part VIII, column (A), line			
					<u> </u>		923,606	1,068,073
	13				olumn (A), lines 1-3)			0
	14	Benefit	s paid to d	or for members (Part IX, col	umn (A), line 4)			0
ø	15		s, other c	ompensation, employee ben	261,929	385,390		
Expenses	16-	10)	I <i>6</i>	duning the search of the searc	201,929			
<u>₹</u>	16a			draising fees (Part IX, colum		0		
짚	Ь			penses (Part IX, column (D), line 2				
	17				.1a-11d, 11f-24f)		529,806	794,227
	18				al Part IX, column (A), line 25)		791,735	1,179,617
. 01	19	Revenu	ue less ex	penses Subtract line 18 fro		131,871	-111,544	
Not Assets or Fund Balances						Beginni	ng of Year	End of Year
i de	20	Total a	ssets (Pa	rt X, line 16)			406,117	316,119
A P	21	Total lı	abilities (	Part X, line 26)			9,709	31,255
2 2 2 3	22	Netass	sets or fur	nd balances Subtract line 2	1 from line 20		396,408	284,864
	rt II	Signa	ature Bl	ock				
		Under pe	enalties of pe	erjury, I declare that I have exam	ined this return, including accompanying s			
		1.		correct, and complete Declaration	n of preparer (other than officer) is based	on all informati	on of which prepare	r has any knowledge
Sigr	1	****	** Iture of office	or		2009- Date	11-16	
Here	е	Signa	iture or orno	er		Date		
			INE SARVER or print nam	EXECUTIVE DIRECTOR				
		<b>F</b> Type	от ринк пап	ie aliu uue			<u> </u>	
		Preparer's		LEEN HUSTON		neck if lf-	Preparer's identify (see instructions)	ing number
Paid		signature	<b>F</b> RAIN	LLN HOSTON		npolyed 🕨 🦵	(SSS MISCIACIONS)	
	arer's		me (or your	s MCGUIRE WILLIAMS INC			ETN L	
Use (	Only	ıf self-em address,	nployed), and ZIP + 4	6155 FULLER CT 2			EIN Þ	
		<b>_</b>			1		Phone no 🕨 (70	3) 924-6270
<u></u>	LL - 70	<u> </u>		ALEXANDRIA, VA 22310254	1		1	

Forn	n 990 (2008)					Page					
Pai	t IIII Statemer	nt of Program Servi	ce Accomp	olishments (see inst	ructions.)						
1	Briefly describe th	ne organization's mission									
PRO	MOTE AND SUPPO	RT BALLOT INITIATIV	EUSE								
2		on undertake any significa or 990-EZ?		ervices during the year v	which were not listed on	┌ Yes ┌ No					
	If "Yes," describe these new services on Schedule O										
3	services?	on cease conducting, or n		nt changes in how it con	ducts, any program	┌ Yes ┌ No					
	If "Yes," describe t	these changes on Schedu	ıle O								
4	Section 501(c)(3)		ons and secti	on 4947(a)(1) trusts ar	argest program services by e required to report the amo ervice reported						
4a	(Code	) (Expenses \$	437,670	ıncludıng grants of \$	) (Revenue \$	)					
		CONDUCTING RESEARCH, COM ALLOT MEASURES AFFECTING			S WITH WORKERS' RIGHTS AND S , AND CIVIC PARTICIPATION	SOCIAL JUSTICE ADVOCATES					
4b	(Code	) (Expenses \$	158,696	ıncludıng grants of \$	) (Revenue \$	)					
		H PAYING FOR & DOING IN-H SPONSE TO HOSTS OF INITIAT		TRACKING MOVEMENT OF PI	ROGRESSIVE & ANTI-PROGRESSIN	'E BALLOT INITIATIVES, POLLING					
	(Code	) (Expenses \$	131,069	ıncludıng grants of \$	) (Revenue \$	)					
		UCTING AND COORDINATING MEASURES AFFECTING MINOR			MUNICATIONS PROJECTS WITH S	OCIAL JUSTICE ADVOCATES WIT					
	(Code	) (Expenses \$	331,224	ıncludıng grants of \$	) (Revenue \$	)					
	FORUMS, CONFEREN	CES, WEBSITES, COMMUNICAT	TIONS VEHICLES,	LINKIED BY FORUMS, CONFE	FERENCES, WEBSITES, COMMUNICERENCES, WEBSITES, COMMUNICERENCES, WEBSITES, COMMUNIC	ATIONS VEHICLES, LINKIED BY					
	Other program se	rvices (Describe in Sch	edule O )								
	(Expenses \$	331,224 inc	•	of\$	) (Revenue \$	)					

1,058,659 (Must equal Part IX, Line 25, column (B).)

Total program service expenses►\$

Part IV Checklist of Required Schedule	les
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

3		Νο
,		No
С		No
		Νo
		Νο
		N o
		No
		No
. Y	′es	
		No
		No
1 3 9 0 L 2 3 5 5	a a b b c c c c c c c c c c c c c c c c	b

orm	990 (2008)			Page				
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal							
	of U.S. Information Returns. Enter -0- if not applicable							
_	1a 10							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable							
	gaming (gambling) winnings to prize winners?	1c	Yes					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			N				
L	return?	3a 3b		No				
- Б 4а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30						
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No				
b	If "Yes," enter the name of the foreign country 🕨							
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No				
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c						
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo				
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		No				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f		7f		Νο				
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h						
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and $509(a)(3)$ supporting							
	organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?	9a						
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter							
	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						

12b

 $\textbf{b} \quad \text{If "Yes," enter the amount of tax-exempt interest received or accrued during the} \\$ 

(202) 223-2373

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ection A. Governing Body and Management			
	coording sour and nanagement		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,		_	
	process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 15			
b	Enter the number of voting members that are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		N o
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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 in Schedule O	11	100	N o
Se	ection B. Policies			110
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		N o
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►DC , MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n <b>-</b>
	BALLOT INITIATIVE STRATEGY CENTER INC 1825 K STREET NW STE 411 WASHINGTON, DC 20006	-		

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
  - ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's **former** officers, key employees, or 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

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

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		<b>(C)</b> Position (check all that apply)	Position (check all							(F)
(A) Name and Title	(B) Average hours per week	x Individual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
MIKE LUX DIRECTOR	0 00	Х						0	0	0
EARL BENDER TREASURER	1 00			х				0	0	0
JOHN JAMESON DIRECTOR	0 00	Х						0	0	0
RICKY FELLER DIRECTOR	0 00	Х						0	0	0
WILL ROBINSON SECRETARY	1 00			х				0	0	0
MICHAEL WILSON DIRECTOR	0 00	Х						0	0	0
AMY PRITCHARD DIRECTOR	0 00	Х						0	0	0
KAREN ACKERMAN DIRECTOR	0 00	Х						0	0	0
GLORIA TOTTEN CHAIR	1 00			х				0	0	0
GAIL TUZZOLO DIRECTOR	0 00	Х						0	0	0
KAREN WHITE DIRECTOR	0 00	Х						0	0	0
LISA TURNER DIRECTOR	0 00	Х						0	0	0
JON YOUNGDAHL DIRECTOR	0 00	Х						0	0	0
JOHN OST DIRECTOR	0 00	Х						0	0	0
RICK DE LA FUENTE DIRECTOR	0 00	Х						0	0	0
KRISTINA WILFORE EXECUTIVE DIRECTOR	31 00				Х			119,500	35,500	2,596

from the organization ▶0

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

		<b>(C)</b> Position (check all that apply)						(D)	(E)		<b>(F)</b> Estimated		
<b>(A)</b> Name and Title												amount of other compensation from the organization and related organizations	
				_	_								
				-	-								
				-	-								
				-	-								
lb Total						<b>•</b>		119,500	35,50	0		2,596	
Total number o compensation f		s (including those in 1a) who receiv ianization <b>⊁</b> 1	ed m	ore	than	\$100	0,00	0 in reportable					
											Yes	No	
		ny <b>former</b> officer, director or truste ete Schedule J for such individual .							d employee	3		N o	
		n line 1a, is the sum of reportable c ganizations greater than \$150,00							om the				
	· · · lısted on lı	• • • • • • • • • • • • • • • • • • •	• • tıon fı	om	• anv	• unrela	• ated	organization for s	ervices	4	Yes		
		on? If "Yes," complete Schedule J for								5		No	
Section B. Inde	ependent	Contractors											
L Complete this t	able for you	ur five highest compensated indepo n from the organization	enden	t co	ntra	ctors	that	received more th	an				
\$100,000 01 00	Jilipelisatio	(A) Name and business address							(B) n of services		(C) Compen		
										$-\Gamma$			

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2#2	1a	Federated campaigns 1a					
and other similar amounts	b	Membership dues 1b					
"∰	c	Fundraising events 1c					
ÉĦ	d	Related organizations 1d					
? <u>#</u>	e	Government grants (contributions) <b>1e</b>					
<u></u> };;;;	f	All other contributions, gifts, grants, and <b>1f</b>	1,032,844				
<u> </u>	т	similar amounts not included above	1,032,044				
₽₽I	g	Noncash contributions included in					
<b>7</b>		lines 1a-1f \$	_				
5 ক ∣	h	Total. Add lines 1a-1f	· · · •	1,032,844			
e.			Business Code				
Ē	2a						
94.	ь						
م ت	с	<del></del>					
Ž.							
<u>)</u>	d						
<u>ڇ</u>	e						
Program Service Revenue	f	All other program service revenue					
ž	g	Total. Add lines 2a-2f					
	3	Investment income (including dividen					
	-	and other similar amounts)		8,177	8,177		
	4	Income from investment of tax-exempt bond		-,	-,		
	5	Royalties	· · · · · . · ·				
	3		(II) Personal				
	6a	Gross Rents (1) Real 750	(II) Fersonal				
	b	Less rental					
	В	expenses					
	c	Rental income 750 or (loss)					
	d	Net rental income or (loss)		750	750		
		(ı) Securities	(II) O ther				
	7a	Gross amount					
		from sales of assets other					
		than inventory Less cost or					
	Ь	other basis and					
	_	sales expenses Gain or (loss)					
	C 		<u> </u>				
-	d	Net gain or (loss)					
omer nevenue	8a	Gross income from fundraising events (not including \$35,225 of contributions reported on line 1c)					
<u>မ</u>		See Part IV, line 18					
-		а	35,225				
	b	Less direct expenses <b>b</b>	9,411				
<b>)</b>	С	Net income or (loss) from fundraising	events 🟲	25,814	25,814		
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activ	vities►				
		Gross sales of inventory, less returns and allowances .					
	L		<del>                                     </del>				
	Ь	Less cost of goods sold <b>b</b> Net income or (loss) from sales of inve	entory				
-	С	Miscellaneous Revenue					
-	11-		Business Code 611,710	488	488		
	11a	REFUNDS	311,710	400	400		
	Ь						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		488			
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 9c, 10c, and 11e	5,6d,7d,8c, ▶	1,068,073	35,229		

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	120,798	102,710	6,048	12,040
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	231,831	203,142	16,326	12,363
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	5,845	5,109	328	408
10	Payroll taxes	26,916	23,529	1,510	1,877
11	Fees for services (non-employees)				
а	Management	2,225	876	1,349	0
b	Legal	3,000	3,000	0	0
c	Accounting	11,793	5,367	6,426	0
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	494,319	475,550	19	18,750
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	37,253	20,380	16,873	0
17	Travel	99,044	85,620	2,505	10,919
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,854	8,205	162	487
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,924	0	4,924	0
23	Insurance	367	167	200	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	EQUIPMENT EXPENSE	3,613	3,613	0	0
b	PROFESSIONAL DEVELOPMENT	587	473	114	0
c	DONATIONS AND DUES	76,135	76,135	0	0
d	POSTAGE AND DELIVERY	2,796	1,890	303	603
е	BANK AND FILING FEES	1,402	641	761	0
f	All other expenses	47,915	42,252	4,682	981
25	Total functional expenses. Add lines 1 through 24f	1,179,617	1,058,659	62,530	58,428
26	<b>Joint Costs.</b> Check here ▶ ☐ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Da	rt X	Balance Sheet					<u> </u>		
FC	ILA	balance Sheet			(A)		(E	3)	
					Beginning of year		End of		
	1	Cash—non-interest-bearing			252,397	1		-36,136	
	2	Savings and temporary cash investments		2		308,874			
	3	Pledges and grants receivable, net		115,800	3				
	4	Accounts receivable, net		27,595	4		3,920		
	5	Receivables from current and former officers, directors, trustees, k other related parties <i>Complete Part II of Schedule L</i>	iployees or		5				
	6	Receivables from other disqualified persons (as defined under sect persons described in section 4958(c)(3)(B) Complete Part II of Sci				6		28,920	
	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
SS	9	Prepaid expenses and deferred charges			597	9		1,567	
⋖	10a	Land, buildings, and equipment cost basis	10a	16,855					
	b	Less accumulated depreciation Complete Part VI of Schedule D	10Ь	7,881	9,728	10c		8,974	
	11	Investments—publicly traded securities				11			
	12	Investments—other securities See Part IV, line 11				12			
	13	Investments—program-related See Part IV, line 11	•		13				
	14	Intangible assets			14				
	15				15				
	16	Other assets See Part IV, line 11	406,117	16		316,119			
	17		•		299	17		4,273	
	1	Accounts payable and accrued expenses .			233			4,273	
	18	Grants payable			18				
	19	Deferred revenue			19				
S	20	Tax-exempt bond liabilities				20			
ŧ	21	Escrow account liability Complete Part IV of Schedule D				21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
		persons Complete Part II of Schedule L	•		22		16,272		
	23	Secured mortgages and notes payable to unrelated third parties			23				
	24	Unsecured notes and loans payable				24			
	25	Other liabilities Complete Part X of Schedule D		9,410	25		10,710		
	26	Total liabilities. Add lines 17 through 25		9,709	26		31,255		
S e S		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complete through 29, and lines 33 and 34.	e lines	s 27					
Balance	27	Unrestricted net assets		363,527	27		284,864		
<u>ရ</u>	28	Temporarily restricted net assets	32,881	28					
<u> </u>	29	Permanently restricted net assets				29			
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and of lines 30 through 34.	comple	ete					
s or	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31			
Š	32	Retained earnings, endowment, accumulated income, or other fund				32			
Net	33	Total net assets or fund balances			396,408	33		284,864	
Ž	34	Total liabilities and net assets/fund balances							
Pa	rt XI					34		316,119	
		· ····································					Yes	No	
1	A c c c	unting method used to prepare the Form 990 Cash 🔽 A	ccrual	Cothor			165	140	
1 2a		the organization's financial statements compiled or reviewed by an			int?	2a	Yes		
za b		the organization's financial statements audited by an independent	•			2b	Yes	<u> </u>	
							Yes		
c 2-	audıt	es" to 2a or 2b, does the organization have a committee that assum , review, or compilation of its financial statements and selection of a	an inde	ependent accour	ntant?	2c	res	NI -	
3a	Sıngl	result of a federal award, was the organization required to undergo a e Audit Act and OMB Circular A-133?				3a 3b		No	
ь	If "Yes," did the organization undergo the required audit or audits?								

Employer identification number

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Name of the organization

**Supplemental Financial Statements** ▶ Attach to Form 990. To be completed by organizations that

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service

BALLOT INITIATIVE STRATEGY CENTER INC

Pa	Organizations Maintaining Donor organization answered "Yes" to Form 9		unds or Accou	<b>nts.</b> Complet	te if the
		(a) Donor advised funds	(b) Funds a	nd other accou	nts
1	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to th		or advised	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the bo impermissible private benefit?			☐ Yes	┌ No
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" t	o Form 990, Par	t IV, line 7.	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space			•	a
2	Complete lines 2a-2d if the organization held a qu on the last day of the tax year	alified conservation contribution in the form	of a conservation	easement	
			Held	dat the End of	the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easeme	nts	2b		
c	Number of conservation easements on a certified	historic structure included in (a)	2c		
d	Number of conservation easements included in (c	e) acquired after 8/17/06	2d		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terminate	d by the organizat	ion during	
	the taxable year 🕨				
4	Number of states where property subject to conser	rvation easement is located 🕨			
5	Does the organization have a written policy regards enforcement of the conservation easements it hold	ing the periodic monitoring, inspection, viola	ations, and	☐ Yes	┌ No
6	Staff or volunteer hours devoted to monitoring, ins	pecting and enforcing easements during the	year ►		
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements during the ye	ear ► \$		
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	e 2(d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financial	•	•	
Par	t III Organizations Maintaining Collect Complete of the organization answered		or Other Simil	ar Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or researc	ch in furtherance o		2,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items.	or public exhibition, education, or research i			
	(i) Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$		
	(ii) Assets included in Form 990, Part X		<b>►</b> \$		
2	If the organization received or held works of art, his	storical treasures, or other similar assets fo	,	rovide the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Par	Organizations Maintaining Co	llections of Art, His	tori	<u>cal Treasur</u>	es, or Other	Similar Asset	<b>ts</b> (cor	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any of th	ne fol	lowing that are	a sıgnıfıcant us	e of its collection		
а	Public exhibition	d	Г	Loan or excha	ange programs			
b	Scholarly research	е	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain ho	w the	y further the or	ganızatıon's exe	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t					lar 🖵 <b>y</b>	'es	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar				uzation answe	ered "Yes" to Fo	rm 99	0,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermediary	for c	ontributions or	other assets n	ot r	'es	Г No
b	If "Yes," explain why in Part XIV and comple	ete the following table						
						A mour	nt	
с	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 Fo					Г	'es	│ No
	If "Yes," explain the arrangement in Part XI\							
Pa	rt V Endowment Funds. Complete						Faur Vas	ars Back
1-	Beginning of year balance	(a)Current Year (b	<b>)</b> Prior	rear (C) Two	rears back   (a)1	illee fears back (e)	rour rea	ars back
1a b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
_	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	r end balance held as						
а	Board designated or quasi-endowment 🕨							
Ь	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the posse organization by	ssion of the organization	that	are held and ad	mınıstered for t	he [	Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(II), are the related organization	·				3b		
4	Describe in Part XIV the intended uses of th							
Par	t VI Investments—Land, Building	s, and Equipment. S	ee F	orm 990, Par		Т		
	Description of investment			a) Cost or other sis (investment)	( <b>b</b> )Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	ok value
1a	Land							
	Buildings							
b			1		I			
	Leasehold improvements							
c	Leasehold improvements				16,855	7,881		8,974
c d e	·				·	7,881		8,974

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	( <b>b)</b> Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, II	l ne 15.		
(a) Descri			( <b>b)</b> Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)		
Part X Other Liabilities. See Form 990, Part X	K, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
PAYROLL TAXES PAYABLE	7,973		
VACATION PAYABLE	2,737		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	10,710		

Pal	<b>t XI</b> Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,068,073
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,179,617
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-111,544
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-111,544
	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial		1,073,072
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	5,000
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,068,072
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	1,068,073
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	1,184,619
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 2		
e	Add lines <b>2a</b> through <b>2d</b>	2e	5,002
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,179,617
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
_	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	1,179,617
5	t XIV Supplemental Information		

Ident if ier	Return Reference	Explanation
Pt XII Line 4b		ROUNDING
Pt XIII Line 2d		ROUNDING

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DLN: 93493306009110

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

N						Inspection
Name of the organization					Employer ider	ntification number
BALLOT INITIATIVE STRATE	GY CENTER INC				04-3411708	
				1 115 7 11		
Part I Fundraising Ac	tivities. Complet	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.
1 Indicate whether the orga	ınızatıon raısed funds	through ar	ny of the	following activities Che	eck all that apply	
<b>a</b> Mail solicitations				e Solicitation of r	non-government grants	
<b>b</b> Email solicitations					government grants	
<b>c</b> Phone solicitations				g   Special fundrais	sing events	
<b>d</b> In-person solicitation	S					
Did the organization have or key employees listed in  b If "Yes," list the ten higher	n Form 990, Part VII	) or entity	ın conne	ction with professional f	fundraising activities?	┌ Yes ┌ No
to be compensated at lea	st \$5,000 by the org	anızatıon İ	Form 990	)-EZ filers are not requi	red to complete this tal	ble
		(iii)				
	dividual		fundraiser have custody or (iv) Gross		(v) A mount paid to (or retained by)	(vi) A mount paid to
(i) Name of individual		1 611510		I (IV) (aross receints	I (or retained by)	1
<ul><li>(i) Name of individual or entity (fundraiser)</li></ul>	(ii) A ctivity	contr	•	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity		ol of		1 '	1
• •	(ii) Activity	contr	ol of		fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of utions?		fundraiser listed in	(or retained by)
	(ii) Activity	contr contribu	ol of utions?		fundraiser listed in	(or retained by)
	(ii) Activity	contr contribu	ol of utions?		fundraiser listed in	(or retained by)
	(ii) Activity	contr contribu	ol of utions?		fundraiser listed in	(or retained by)
	(ii) Activity	contr contribu	ol of utions?		fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of utions?		fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of utions?		fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of utions?		fundraiser listed in	(or retained by)

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	( <b>d)</b> To		
			GOT CHANGE	BALLY AWARD		(Add col	( <b>a)</b> tn l (c))	rougn
			(event type)	(event type)	(total number)		. ,,	
₽	1	Gross receipts	35,225				3	5,225
Revenue	2	Less Charitable						
ž	3	Gross revenue (line 1 minus line 2)	35,225				3	5,225
	4	Cash Prizes						
ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	3,440					3,440
ă ĸ	7	Other direct expenses	4,366	130	1,475			5,971
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)				9,411
	9	Net income summary Combine lir	nes 3 and 8 ın column (d)		•		2	5,814
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e thar	า
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
<u>~</u>	1	Gross revenue						
မှ	2	Cash prizes						
Expenses	3	Non-cash prizes						
ă Ħ	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🕨			
							Yes	No
9		er the state(s) in which the organiza he organization licensed to operate						
a b		No," Explain	gaining activities in each	i oi tilese states		· 9a		<u> </u>
		To, Explain						
						_		
10a		e any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ded or terminated during	; the tax year?	10a		<u> </u>
b	11 1	res, Explain						
		s the organization operate gaming a		_		11		1

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493306009110

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

2008

Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization

Name of the organization
BALLOT INITIATIVE STRATEGY CENTER INC

Employer identification number
04-3411708

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

Pa	rt I Questions Regarding Compensatio	n			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
ь	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I		1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive	· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
Ь	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe	R		N o

Cat No 50053T

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(1) 11)	107,300 33,500				1,298 1,298		
(	ii)							
(	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

DLN: 93493306009110

OMB No 1545-0047

**Transactions with Interested Persons** 

Department of the Treasury

(Form 990 or 990-EZ)

Schedule L

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Open to Public Inspection

Internal Revenue Service		or I	Form 990-E2	Z, Part V lines 38b or 40	ь.				Ins	pectio	n
Name of the organization BALLOT INITIATIVE STRATEGY CENT	TER INC					Emplo	yer ide	ent if ica	tion n	umber	
DALLOT INTIDATIVE STRATEGICENT	TER INC					04-34	1170	8			
				)(3) and section 501							
To be completed by	y organization	s that ans	wered "Yes I	" on Form 990, Part IV	, line 25a or	25b, or	Form 9	990-EZ		: V , lıne ( <b>c)</b> Corr	
1 (a) Name o	of disqualified	person		<b>(b)</b> Des	cription of tra	nsactio	n		F	Yes	No No
			L								
									$\rightarrow$		
									$\rightarrow$		
2 Enter the amount of tax section 4958				gers or disqualified pers			under <b>⊢</b>	¢			
3 Enter the amount of tax,							•	т			
Part III Loans to and											
				es" on Form 990, Part	IV, line 26, d	r Form	990-E	Z, Part	V, lın	e 38a	
		( <b>b)</b> Loan	to or				- \ T ->		f)	(~)\	/ritton
(a) Name of interested persor	n and purpose	from t		(c)O riginal principal	(d)Balance	1 -	e) In fault?	Approve by board		1	/rıtten ment?
		organiza		amount				comm	nttee?	,	
VALCETINA MULTER DE		То	From			Ye	s No	Yes	No	Yes	No
KRISTINA WILFORE EXPENSES		l x		2,730	2,7	30	No	Yes			No
BISC FOUNDATION				_,						1	
ODEDATING EVDENCES		x		26,190	26.	00	N =	Yes		Yes	
OPERATING EXPENSES BISC FOUNTAION		<del>  ^</del>		26,190	26,1	90	No	1 1 1 1 1		Tes	+
OPEATING EXPENSES			X	16,272	16,2	72 Yes		Yes	<del>                                     </del>	Yes	1
								+	+	+	+
Total				🕨 \$	45,1	92	•				
Part IIII Grants or Ass							_				
lo be complete	ed by organi			red "Yes" on Form 9		, line 2	<i>/</i> .				
(a) Name of interester	d person	אנט) א		between interested per the organization	(c)	A mount	of gra	nt or ty	pe of	assista	nce
Part IV Business Trai	nsactions I	nvolvin	g Interes	sted Persons	<u>'</u>						
To be complete	ed by organi			red "Yes" on Form 9	90, Part IV	, line 2	3a, 28	3b, or 3			
			telationship en intereste	I						<b>(e)</b> Sha organıza	_
(a) Name of Interested	person	1	on and the	transaction	(d) De	scriptio	n of tr	ansactı	on [	reven	
		org	janization						[	Yes	No
									$\dashv$		

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DLN: 93493306009110

OMB No 1545-0047

2008

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## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
BALLOT INITIATIVE STRATEGY CENTER INC

Employer identification number

04-3411708

ldentifier	Return Reference	Explanation
Pt XI, Line 2c		FINANCE AND GOVERNANCE COMMITTEE REVIEWS AND REPORTS FINANCES TO THE BOARD

ldentifier	Return Reference	Explanation
Pt VI-A, Line 10		BOARD IS PROVIDED A PDF COPY OF THE 990 FORM FOR REVIEW AND COMMENTS BEFORE FORM IS E-FILED

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		BOARD AND EMPLOYEES ARE PROVIDED THE CONFLICT OF INTEREST POLICTY AND SIGN AGREEMENTS NOTING ANY CONFLICTS

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		SALARY SURVEYS ARE REVEWED AND LIKE ORGANIZATIONS ARE COMPARED

ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		PDF COPIES OF ALL 990s AND POLICIES ARE AVAILABLE TO ALL INTEREST PARTIES BY E-MAIL DELIVERY

ldentifier	Return Reference	Explanation
Pt VI-A, Line 2		SEE DETAILED EXPLANATION ATTACHED

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

#### DLN: 93493306009110

OMB No 1545-0047 2008

**Open to Public** Inspection

Schedule R (Form 990) 2008

**Employer identification number** 

# **SCHEDULE R** (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

ALLOT INITIATIVE STRATEGY CENTER INC				04-3411708	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	tions				
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	( <b>E)</b> Public charity state (if section 501(c)	(F) atus Direct controlling entity
BALLOT INITIATIVE STRATEGY CTR FDN 1825 K STREET NW WASHINGTON, DC20006 04-3454684	EDUCATE THE PUBLIC ABOUT AND PROMOTES BALLOT INITIATIVES	DC	501c3	11a	

Cat No 50135Y

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

**q** O ther transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

No

No No No No No

No No

No

No No No No No

No

No

No

Yes

Yes

Part V Transactions with Related Organizations	
Note. Complete line 1 if any entity is listed in Parts II, III or IV	

Part V Transactions with Related Organizations	
Note. Complete line 1 if any entity is listed in Parts II, III or IV	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in	n Parts II-IV?
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	14
<b>b</b> Gift, grant, or capital contribution to other organization(s)	11
c Gift, grant, or capital contribution from other organization(s)	10
<b>d</b> Loans or loan guarantees to or for other organization(s)	10
e Loans or loan guarantees by other organization(s)	10
f Sale of assets to other organization(s)	11
g Purchase of assets from other organization(s)	19
h Exchange of assets	11
i Lease of facilities, equipment, or other assets to other organization(s)	11
j Lease of facilities, equipment, or other assets from other organization(s)	1:
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	11
I Performance of services or membership or fundraising solicitations by other organization(s)	1
m Sharing of facilities, equipment, mailing lists, or other assets	11
n Sharing of paid employees	11
• Reimbursement paid to other organization for expenses	10
p Reimbursement paid by other organization for expenses	11

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 **(B)** Transaction

Name of other organization(s)	type(a-r)	Amount Involved
(1) BALLOT INITIATIVE STRATEGY FDN REIMBURSEMENT OF EXPENSES	1p	26,190
(2)		
(3)		
(4)		
(5)		
(6)		

#### Part VI Unrelated Organizations Taxable as a Partnership

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

									_					
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No				
			•			•	•	Sabadula	D / Form	000) 2000				

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DLN: 93493306009110

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

# **Depreciation and Amortization** (Including Information on Listed Property)

	<b>&gt;</b>	See separate instruction	s. 🕨 Attach	to your tax re	et urn.		Sequence No <b>67</b>
Name(s) shown on return		Business or a	activity to which	this form rel	ates <b>Id</b>	ent if y in	g number
BALLOT INITIATIVE ST	RATEGY CENTE					24447	200
Part I Election	To Evnence (	Form 990 / F Certain Property Un		170	04	-34117	708
	•	sted property, comple			nplete Part I.		
		for a higher limit for cer				1	\$ 250,000
2 Total cost of section 1	.79 property plac	ced in service (see instru	ictions) .			2	
		before reduction in limit		uctions) .		3	\$ 800,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter - 0 -			4	
		line 4 from line 1 If zero	ŕ	O- If married	filing		
separately, see instru						. 5	
(a) D	escription of pro		(b) Cost (business use (c) Elected				
				only)	(0, 2.0000		
6							-
<b>7</b> Listed property Enter	the amount from	Juna 20		. 7			ᆛ
							-
		erty Add amounts in col	umn (c), lines 6	and / .		8	
9 Tentative deduction E						. 9	
10 Carryover of disallowe		·				. 10	
<b>11</b> Business income limitation		, , , , , , , , , , , , , , , , , , ,		•		11	
<b>12</b> Section 179 expense		•		_		12	
13 Carryover of disallowe				13			
Note: Do not use Part					<b>.</b>		
Part II Special De 14 Special depreciation a		Allowance and Othe					y ) (See Instructions )
tax year (see instructi		illied property (other than	rnsted property	) praced in Se	ervice during th	<b>14</b>	
15 Property subject to se	ction 168(f)(1) e	election				15	
16 Other depreciation (in	cluding ACRS)					. 16	
Part III MACRS De	preciation (I	Do not include listed j	property. <b>)</b> (Se	e instructio	ns.)		
		Se	ection A				
17 MACRS deductions for	r assets placed ı	n service in tax years be	gınnıng before 2	. 800		17	4,229
18 If you are electing			e during the t	ax year into	one or mo <u>re</u>	9	
general asset accou					<u>▶l</u>		
Section B-Ass	ets Placed in	Service During 200	08 Tax Year	Using the	General De	<u>precia</u>	ition System
	(b) Month and	(c) Basis for depreciation					
(a) Classification of	year placed in	(business/investment	(d) Recovery	(e) Convent	tion <b>(f)</b> Met	hod	( <b>g)</b> Depreciation deduction
property	service	use	period				deduction
<b>19a</b> 3-year property		only—see instructions)	3	HY	S/L		695
<b>b</b> 5-year property		4,170	3	111	3/L		093
c 7 - year property							
<b>d</b> 10-year property							
e 15-year property							
<b>f</b> 20-year property							
<b>g</b> 25-year property			25 yrs		S/L		
<b>h</b> Residential rental			27 5 yrs	ММ	S/L		
property			27 5 yrs	ММ	S/L		
i Nonresidential real			39 yrs	ММ	S/L		
property	<u> </u>			MM	S/L		
	on C—Assets Plac	ced in Service During 2009	8 Tax Year Using	gthe Alterna		on Syst	em
20a Class life	-		12 чго		S/L		
<b>b</b> 12-year <b>c</b> 40-year			12 yrs 40 yrs	ММ	S/L		
	ı r <b>y</b> (See ınstrud	ctions)	1 10 113	1 1979	3/1		
21 Listed property Enter	-					21	
22 Total. Add amounts fro			and 20 in colum	nn (g), and lin	e 21 Enter her	.e	
		urn Partnerships and S				. 22	4,924
23 For assets shown above	•	<del>-</del>	nt year, enter the				
portion of the basis at	tributable to sect	tion 263A costs .	<u></u>	23			

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? \_ . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

#### amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 04-3411708

Name: BALLOT INITIATIVE STRATEGY CENTER INC

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

	Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
I	EQUIPMENT EXPENSE	3,613	3,613	0	0
	PROFESSIONAL DEVELOPMENT	587	473	114	0
I	DONATIONS AND DUES	76,135	76,135	0	0
	POSTAGE AND DELIVERY	2,796	1,890	303	603
	BANK AND FILING FEES	1,402	641	761	0