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

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

DLN: 93493315021126 OMB No 1545-0047

Treas		enue Servi	► Information about Form 990 and its instructions is at <u>www</u> ce	IRS q	ov/form9	<u>990</u>		Inspection
A F	or the	e 2015 ca	lendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015					
B Ch	eck ıf a	applicable	C Name of organization EVERY VOICE CENTER			Emplo	yer id	dentification number
		change	EVENT VOICE SENTEN			52-20	034	¥ 4 2
	ame ch nitial rei	•	Doing business as					
F		curn				Telepho	one n	umber
	/termir		Number and street (or P O box if mail is not delivered to street address) Room/suite 1211 CONNECTICUT AVE NW NO 600					
		d return on pending	City or town, state or province, country, and ZIP or foreign postal code			(202)	040	-5600
1 4	plicatio	on pending	WASHINGTON, DC 20036			Gross r	eceip	ts \$ 2,519,185
			F Name and address of principal officer	H(a)	Is this a	aroun	retu	
			NICHOLAS M NYHART 1211 CONNECTICUT AVE NW NO 600		subordir		1000	⊤ Yes 🗸
			WASHINGTON DC 20026		No Are all s	ubordi	nato	
I Ta	x-exer	mpt status	✓ 501(c)(3)		included		nate	S
J W	ebsit	e:▶ WW	WW EVERYVOICECENTER ORG					st (see instructions)
					Group e or of forma			number ▶ M State of legal domicile D
K For	m of or	rganızatıon	✓ Corporation Trust Association Other ►	L rea	ir or romma	ition 19	96	M State of legal domicile D
Pa	rt I	Sum	ımary					
			scribe the organization's mission or most significant activities					
a 1	<u>s</u>	SEEPAR	T III, LINE 1					
2								
Ē								
Governance	2	Check th	ns box ▶ ☐ If the organization discontinued its operations or disposed of	more t	than 25%	% of its	net	assets
<u>بر</u>	3	Number	of voting members of the governing body (Part VI, line 1a)				3	8
~ Se			of independent voting members of the governing body (Part VI, line 1b)				4	8
Ě	5	Total nui	mber of individuals employed in calendar year 2015 (Part V, line 2a) .				5	12
Activities &	6	Total nui	mber of volunteers (estimate if necessary)				6	8
	7a	Total uni	related business revenue from Part VIII, column (C), line 12				7a	0
	b N	let unrela	ated business taxable income from Form 990-T, line 34				7b	
					Prior Y			Current Year
Q,	8		ibutions and grants (Part VIII, line 1h)			2,916,8		2,518,47
ēnuēvē	9	_	am service revenue (Part VIII, line 2g)				97	708
Rev	10 11		tment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0	704
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line					
		12)			-	2,916,9	9/9	2,519,18
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		1	1,471,0	000	330,000
	14		its paid to or for members (Part IX, column (A), line 4)				0	
æ	15	Saları 5–10	es, other compensation, employee benefits (Part IX, column (A), lines		1	1,176,4	452	1,085,06
Expenses	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)			9,3	300	4,00
Ř	b	Total fu	undraising expenses (Part IX, column (D), line 25) ▶199,953					
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			577,6	593	833,444
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3	3,234,4	145	2,252,50
	19	Rever	nue less expenses Subtract line 18 from line 12			-317,	166	266,680
Net Assets or Fund Balances				Begini	ning of C	urrent '	Year	End of Year
Set	20	Total	assets (Part X, line 16)			699,3	372	965,69
A A	21	Total	liabilities (Part X, line 26)			136,0	388	135,73
žĪ.	22	Net as	ssets or fund balances Subtract line 21 from line 20			563,2	284	829,96
	rt II		nature Block					
	•		perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	_				•
•		_	nowledge		,			
		***	ka k		2016-	11-10		
Sigr	1		ature of officer		Date			
Her			HOLAS M NYHART PRESIDENT/CEO					
		<u> </u>	e or print name and title					
			Print/Type preparer's name Preparer's signature Date	е	Check		PTIN	1
Pai			Firm's name GELMAN ROSENBERG & FREEDMAN		self-em	iployed EIN ► 52	2-139	2008
	pare	er	Firm's address ► 4550 MONTGOMERY AVE SUITE 650N			no (301		
USE	On	iiy	BETHESDA, MD 208142930					

Part III Statement of Program Service Accomplishments

Check if Schedule O	contains	a respons	se or	note to an	y line in this	Part III							

Briefly describe the organization's mission TO PROMOTE NON-PARTISAN REFORM IN THE FUNDING PROCESS FOR POLITICAL ELECTIONS

Did the organization undertake any significant program services during the year which were not listed on

the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O

Did the organization cease conducting, or make significant changes in how it conducts, any program

If "Yes," describe these changes on Schedule O

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

(Code) (Expenses \$

REPORTS - SMALL DONOR SOLUTIONS FOR BIG MONEY THE 2014 ELECTIONS AND BEYOND EXPLORING HOW STATE-LEVEL CLEAN ELECTIONS MODELS HAD FARED IN THE 2014 CYCLE FOUND THAT AMERICANS WILLINGLY MAKE MODEST POLITICAL CONTRIBUTIONS OUR FINDINGS STRENGTHENED THE CASE FOR SMALL

) (Expenses \$

) (Expenses \$

EDUCATE THE PUBLIC ABOUT CAMPAIGN FINANCE REFORM AT THE STATE AND LOCAL LEVELS EVERY VOICE CENTER PURSUES ITS MISSION THROUGH OUTREACH AND COLLABORATION WITH INDIVIDUALS AND ORGANIZATIONS, AT THE LOCAL AND STATE LEVELS, WHO SHARE OUR COMMITMENT TO ADVANCE PRACTICAL SOLUTIONS TO MONEY-AND-POLITICS PROBLEMS IN THEIR COMMUNITIES. WE HELP THEM TO IDENTIFY AND ANALYZE THE IMPACT OF RELATIONSHIPS BETWEEN CAMPAIGN DONORS AND POLICY MAKING IN THEIR CONTEXTS WE ALSO LINK THEIR CONCERNS WITH THE NATIONAL CONVERSATION ABOUT THE ISSUE AND INTRODUCE THEM TO NATIONAL POLICY ADVOCATES, MEDIA MAKERS, AND PROSPECTIVE FUNDERS RELEVANT ACCOMPLISHMENTS IN 2015 INCLUDED RESEARCH

1,390,397

including grants of \$

260,000) (Revenue \$

Tes √No

Tes √No

70,000) (Revenue \$

) (Revenue \$

DONOR SOLUTIONS AT THE FEDERAL LEVEL - COLOR OF MONEY ILLUSTRATED THE DISPARATE IMPACT THAT THE MONEY-IN-POLITICS STATUS QUO HAS ON COMMUNITIES OF COLOR FOUND THAT BIG MONEY DONORS, AND THE NEIGHBORHOODS WHERE THEY LIVE, ARE HIGHLY UNREPRESENTATIVE OF THE WORLD MOST AMERICANS INHABIT JUXTAPOSED THE CURRENT REALITIES OF THE FEDERAL SYSTEM WITH THE ADVANCES IN DONOR DIVERSITY IN NEW YORK CITY, WHERE A SMALL-DONOR MATCHING PROGRAM HAS BEEN IN PLACE FOR YEARS OUR RESEARCH AND ORGANIZING TEAMS WORKED WITH LOCAL PARTNERS IN NUMEROUS STATES DURING 2015 HIGHLIGHTS INCLUDED -WE FACILITATED EXPLORATION OF POLICY SCENARIOS FOR ADDRESSING MONEY-IN-POLITICS

CHALLENGES IN THEIR JURISDICTIONS WITH CITIZEN GROUPS IN MAINE, SEATTLE, AND OTHER LOCALES LATER IN THE YEAR, AFTER MAINE AND SEATTLE HAD PASSED REFORM, WE HELPED STAKEHOLDERS TO BEGIN TO ADDRESS THE CHALLENGES OF SUCCESSFUL POLICY IMPLEMENTATION, - OUR RESEARCH TEAM ALSO FIELDED NUMEROUS REQUESTS FOR TARGETED RESEARCH AND POLICY MODELING WE CONFERRED, FOR EXAMPLE, ON POLICY DESIGN WITH LOCAL ADVOCATES IN CALIFORNIA, FOUR FLORIDA LOCALES, THE DISTRICT OF COLUMBIA, MARYLAND, AND ARIZONA - WE HELPED LOCAL GROUPS, IN MISSOURI, LOUISIANA, AND

317,648 including grants of \$

LEADERS OF NUMEROUS MAJOR NATIONAL ORGANIZATIONS, RANGING FROM LABOR UNIONS TO CIVIL RIGHTS CONSORTIA, TO UNDERSTAND THE RELATIVE MERITS OF VARIOUS MONEY-IN-POLITICS REMEDIES MEMBERS OF OUR TEAM ALSO ROUTINELY LED OR CONTRIBUTED TO NONPARTISAN BRIEFINGS FOR LEADERS OF THE PHILANTHROPIC AND ADVOCACY COMMUNITIES ON BOTH STATE AND NATIONAL DEVELOPMENTS INCLUDING THE UNFOLDING BALLOT INITIATIVES IN MAINE AND SEATTLE AND THE MONEY-IN-POLITICS IMPLICATIONS OF THE PRESIDENTIAL PRIMARY CAMPAIGNS OUR "DAILY CLIPS" WEEKDAY DIGEST OF NEWS STORIES

21,953 including grants of \$

SYSTEMIC CAMPAIGN FINANCE REFORM WE IDENTIFY CHALLENGES FACING POLICY MAKERS AND MEMBERS OF THE PUBLIC INTERESTED IN MAKING THE CAMPAIGN FINANCE SYSTEM MORE INCLUSIVE AND RESPOND BY OFFERING ANALYSIS, SHARING OUR EXPERIENCES, AND BY CONDUCTING CAREFUL RESEARCH AND DISSEMINATING OUR FINDINGS AND ANALYSIS WIDELY ROBUST REFORM BILLS WITH STRONG SUPPORT IN BOTH HOUSES OF CONGRESS WERE REINTRODUCED IN 2015, CREATING AN INVALUABLE HOOK FOR PIVOTING ATTENTION AWAY FROM THE LATEST, DESPAIR-INDUCING, "UNDISCLOSED/SECRET MONEY" STORY AND TOWARD THESE CONCRETE PROPOSALS TO RESTORE OWNERSHIP OF CAMPAIGN FINANCE TO EVERYDAY VOTERS WE ALSO CONVENED THIRTEEN NATIONAL NONPARTISAN ORGANIZATIONS COMMITTED TO IMPROVING DEMOCRACY WITH THEM, WE FACILITATED A CONSENSUS ABOUT A SET OF FEDERAL POLICY GUIDELINES TO ADVANCE THE EFFORT TO #FIGHT BIG MONEY WITH THESE PARTNERS, WE DISSEMINATED THOSE RECOMMENDATIONS AMONG ALL ANNOUNCED PRESIDENTIAL PRIMARY CONTENDERS, IRRESPECTIVE OF PARTY, AS WELL AS THROUGH THE NATIONAL MEDIA, THE NONPROFIT COMMUNITY, AND PUBLIC OFFICIALS AT ALL LEVELS OF GOVERNMENT AND, IN COORDINATION WITH ALLIES, WE PRODUCED AND DISSEMINATED ACCESSIBLE BACKGROUND

ELSEWHERE RESEARCH THE RELEVANCE OF MONEY IN POLITICS TO ACHIEVING RACIAL EQUITY IN THE CONTEXT OF DEBATES ABOUT PUBLIC POLICY RANGING FROM CRIMINAL JUSTICE REFORM TO PAYDAY LOANS

4b (Code

EDUCATE INFLUENTIAL PUBLIC FIGURES ABOUT CAMPAIGN FINANCE REFORM BY PROVIDING RELIABLE, REPUTABLE RESEARCH AND INFORMATION WE COLLECT, ANALYZE AND DISSEMINATE NON-PARTISAN INFORMATION ABOUT CAMPAIGN FINANCE ABUSES AND POSSIBILITIES FOR REFORM OUTREACH ACTIVITIES INCLUDE SPONSORSHIP OF NEWS-MAKING EDUCATIONAL ACTIVITIES AND EVENTS, PROMOTING STORIES TO MEDIA OUTLETS, THOUGHTFUL COMMENTARY IN EDITORIAL PAGES, AND ADVERTISING WE PAY PARTICULAR ATTENTION TO SHARING OUR ANALYSIS AND FINDINGS WITH OPINION LEADERS INCLUDING MEMBERS OF

CONGRESS, KEY ADMINISTRATION OFFICIALS, NONPROFIT LEADERS, AND PROMINENT JOURNALISTS OVER THE COURSE OF THE CALENDAR YEAR, MEMBERS OF OUR COMMUNICATIONS TEAM BRIEFED DOZENS OF REPORTERS AND ISSUED NUMEROUS PRESS RELEASES IN ADDITION, OUR POLICY EXPERTS HELPED THE

RELEVANT TO THOSE WHO FOLLOW MONEY-IN-POLITICS DEVELOPMENTS REACHED HUNDREDS OF "INFLUENTIALS", INCLUDING REPORTERS, PUNDITS, EDITORS, AND PRODUCERS WHO COVER MONEY IN POLITICS OUTES FROM OUR SPOKESPEOPLE AND REFERENCES TO OUR RESEARCH AND ANALYSIS APPEARED AT LEAST 150 TIMES IN NEWS OUTLETS AROUND THE COUNTRY IN 2015, INCLUDING THE NEW YORK TIMES, WASHINGTON POST, CNN, AND THE WALL STREET JOURNAL

SUPPORT CAMPAIGN FINANCE REFORM ON A NATIONAL LEVEL. WE USE MULTIPLE STRATEGIES TO ENGAGE THE BROAD PUBLIC IN ADDRESSING THE NEED FOR

Total program service expenses ▶

MATERIALS AND TALKING POINTS

1,729,998

Other program services (Describe in Schedule O) (Expenses \$ including grants of \$

Form 990 (2015)

) (Revenue \$

Form	990 (2015)			Page 3
Par	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,	10		No

Nο

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Form 990 (2015)

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

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18

19

20a

20b

Yes

Yes

Yes

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

assistance to or for foreign individuals? If "Yes," complete Schedule F, Paits III and IV . . .

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	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?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		No

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

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35a

35b

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Yes

Form 990 (2015)

32

orm	990 (2015)			Page !
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	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?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year	70		110
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79 7h		
	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			I

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

14a

14b

independent

year by the following a The governing body? . .

Section C. Disclosure

(2015)	
Governance, Management, and Disclosure	

Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

Did the organization have members or stockholders?

10a Did the organization have local chapters, branches, or affiliates? . . .

Did the organization have a written whistleblower policy? . . .

describe the circumstances, processes, or changes in Schedule O. See instructions.

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

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 in Schedule O

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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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 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 made these available. Check all that apply

State the name, address, and telephone number of the person who possesses the organization's books and records ►MONICA MCHUGH 1211 CONNECTICUT AVE NW NO 600 WASHINGTON, DC 20036 (202) 640-5600

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

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

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Each committee with authority to act on behalf of the governing body?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization have a written document retention and destruction policy? . . .

The organization's CEO, Executive Director, or top management official . . .

List the States with which a copy of this Form 990 is required to be filed▶

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

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 **1**a 8

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 in Schedule O

Enter the number of voting members included in line 1a, above, who are

2 3

Νo Νo Νo Νo Νo

4 5 6 7a 7b

8a

10a

10h

11a

12a

12b

12c

13

15a

15b

16a

16b

AK,AL,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT

, VA , WV , WI

Yes	
Yes	

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Form 990 (2015)

Νo

Νo

Νo

No Νo

- Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 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? ..
- Did the organization make any significant changes to its governing documents since the prior Form 990 was

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

Check this box if neither the organization no	I									
(A) Name and Title	(B) Average hours per week (list any hours	more pers and	than on is	one bot rect	not box h ar	check k, unle n office rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Institutional Trustee Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) JOAN MANDLE BOARD PRESIDENT	1 00	×		х				o	0	0
(2) RICHARD ROMERO BOARD VICE PRESIDENT/SECRETARY	1 00	×		х				0	0	0
(3) DAN PETEGORSKY BOARD TREASURER	2 50	×		x				0	0	0
(4) ALEX COLE BOARD MEMBER	1 00	×						0	0	0
(5) JORDAN ESTEVAO BOARD MEMBER	1 00	×						0	0	0
(6) MOLLY FLEMING BOARD MEMBER	1 00	×						0	0	0
(7) CATHY DUVALL BOARD MEMBER	1 00	x						0	0	0
(8) GREG MOORE BOARD MEMBER	1 00	x						0	0	0
(9) NICHOLAS NYHART PRESIDENT/CEO	40 00			х				176,755	0	7,823
(10) BETTY AHRENS VICE PRESIDENT OF OUTREACH	40 00					х		131,075	0	28,296
(11) ELIZABETH SCHULMAN SENIOR STRATEGIST	40 00					×		125,068	0	7,443

Form 990 (2	2015)							
Part VII	Section A.	Officers,	Directors,	Trustees,	Key Employees,	and Highest	Compensated Employees	(continued)

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more to personal	han o	one b both ector	an (heck unless officer stee)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	ı-	Estima Estima amount o compens from t irganizati	ated f other sation the		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2,1033 11130		relati organiza	ed
											\perp		
											1		
											\perp		
											\perp		
											+		
											+		
		1									+		
											+		
											+		
1b	Sub-Total	<u> </u>		 	<u>. </u>	_	<u> </u>						
c d	Total from continuation shee Total (add lines 1b and 1c) .	•					. •		432,898	0			43,562
2	Total number of individuals (ii \$100,000 of reportable comp	ncluding but not	lımıted	to th	ose I	ıste		e) w	, , , , , , , , , , , , , , , , , , ,	an			,
												Yes	No
3	Did the organization list any f on line 1a? <i>If "Yes," complete</i>					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on lir organization and related organ												
	ındıvıdual				•	•					4	Yes	

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than

services rendered to the organization? If "Yes," con	nplete Schedule J for such per	s on .	 •
Section B. Independent Contractors			

Contractor

\$100,000 of compensation from the organization \blacktriangleright 0

rs Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

 $\hbox{Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for } \\$

Name and business address

(C)

Compensation

Form 990 (2015)

5

(B)

Description of services

Νo

orm 99	0 (20	15)						Page S
Part V	* + + 1	Statement o	f Revenue					_
		Check If Schedu	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω <u>κ</u>	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b					
	c	Fundraising eve	ents 1c					
fts.	d	Related organiz	rations 1d					
<u>i</u> .	e	Government grants	s (contributions) 1e					
ons Sir	f	All other contribution	ons, gifts, grants, and 1f	2,518,477				
uti.	'	similar amounts no						
를등	g	Noncash contribute 1a-1f \$	ons included in lines	18,132				
Son	h	Total. Add lines	s 1a-1f		2,518,477			
				Business Code				
Program Service Revenue	2a							
.¥	ь							
e C	c							
Ę.	d							
S	e							
gra	f	All other progra	am service revenue					
Æ	g	Total. Add lines	s 2a-2f	•				
	3		ome (including dividen		651			651
	4		ar amounts)		031			031
	5	Royalties		▶ I				
		,	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	_	expenses Rental income						
]	or (loss)						
	d	Net rental inco	(i) Securities	▶ (II) O ther				
	7a	Gross amount from sales of assets other than inventory	57	(ii) o their				
	ь	Less cost or other basis and sales expenses	0					
	c	Gain or (loss)	57					
	d	Net gain or (los	s)		57			57
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding reported on line 1c)					
her			a .					
õ	I		penses b (loss) from fundraising	events				
			rom gaming activities					
	l		penses b (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo	owances .	•				
	b c	Net income or (oods sold b (loss) from sales of inv					
	11a	Miscellaneous	s Revenue	Business Code				
	Ь							
	C	A.II						
	d	All other revenu						
	e	Total. Add lines		•				
	12	Total revenue.	See Instructions .	· · · · •	2,519,185	0	(708

Form 990 (2015) Page **10** 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 (B) (D) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 330,000 330,000 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 184,578 166,120 5,537 12,921 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 759,152 464,329 184,412 110,411 Pension plan accruals and contributions (include section 401(k) 25.284 15.188 6.346 3,750 and 403(b) employer contributions) 11,034 Other employee benefits 53,787 35,651 7,102 10 Payroll taxes 62,260 41,471 12,621 8,168 Fees for services (non-employees) Management . . . 8,032 4,016 4,016 Legal . . . 61,831 61,831 Accounting Lobbying . И 4,000 Professional fundraising services See Part IV, line 17 4,000 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 448.020 448,020 12 Advertising and promotion . 13 Office expenses . . 12,106 1,764 6,084 4,258 14 Information technology . 91,564 66,085 7,388 18.091 15 Royalties . . 16 Occupancy . 95,700 65,830 16,252 13,618 39,553 35,707 17 3,846 18 Payments of travel or entertainment expenses for any federal, state, or local public officials

19 Interest 20

Conferences, conventions, and meetings . Payments to affiliates

22 Depreciation, depletion, and amortization . 23 24

Other expenses Itemize expenses not covered above (List Schedule O) SUBS AND PUBLICATIONS

miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on FILING FEES

STATE SUPPORT TRAINING PROGRAM All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

25

26

21

5,159

32,515

16,603 11,089

9,159

2,113

2,252,505

3,548 15,188

1,729,998

24,209

1,600 9,159 2,113

322,554

6,157

876

2.149

735

1,415

9,489

199,953

Form **990** (2015)

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			· · · · <u>· · </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	583,397	1	584,774
	2	Savings and temporary cash investments	47,761	2	48,243
	3	Pledges and grants receivable, net	53,274	3	250,000
	4	Accounts receivable, net		4	68,502
	5	Loans and other receivables from current and former officers, directors,		-	·
		trustees, key employees, and highest compensated employees Complete Part			
Assets		II of Schedule L			
				5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
As	7	Notes and loans receivable, net		7	
_	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,940	9	14,176
	10a	Land, buildings, and equipment cost or other basis	,		,
		Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b		10 c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,000	15	C
	16	Total assets.Add lines 1 through 15 (must equal line 34)	699,372	16	965,695
	17	Accounts payable and accrued expenses	79,727	17	61,508
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
c۸	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liab		persons Complete Part II of Schedule L		22	
\exists	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			
		· · · · · · · · · · · · · · · · · · · ·	56,361	25	74,223
	26	Total liabilities. Add lines 17 through 25	136,088	26	135,731
ses		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright \checkmark and complete lines 27 through 29, and lines 33 and 34.			
апс	27	Unrestricted net assets	454,875	27	629,964
Bal	28	Temporarily restricted net assets	108,409	28	200,000
or Fund Balance	29	Permanently restricted net assets	100,409	29	200,000
Ē	-3	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
<u> </u>		complete lines 30 through 34.			
Ę	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	563,284	33	829,964
_	34	Total liabilities and net assets/fund balances	699,372	34	965,695

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

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 Consolidated basis

Consolidated basis

a separate basis, consolidated basis, or both **b** Were the organization's financial statements audited by an independent accountant?

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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 in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Both consolidated and separate basis

2b

2a

2c

3a

3b

9

10

829,964

No

Νo

Νo

Form 990 (2015)

Yes

Yes

Yes

efi	le GF	RAPHIC pr	int - DO I	NOT PROCES	S As Filed Da	ta -		DLN: 93	3493315021126
990EZ)			Complete if the	Charity Statue organization is a sec 4947(a)(1) nonex Attach to Form Boout Schedule A (Form	tion 501(c)(3) empt charitable n 990 or Form 9	organization o e trust. 90-EZ.	Ort r a section	2015 Open to Public	
Depar Treas	tment (ury	of the		ww.irs.gov/fo	•		,		Inspection
Intern	al Reve	enue Service						1= , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		he organizat E CENTER	ion					Employer identific	ation number
								52-2003442	
Pa	rt I	Reason	for Publi	c Charity S	tatus (All organiza	ations must c	omplete this	part.) See instruction	ons.
The	organı		•		iuse it is (For lines 1		•	•	
1					r association of churc				
2)(1)(A)(ii).(Attach S				
3		•		•	service organization				
4					rated in conjunction	with a hospital	described in se	ection 170(b)(1)(A)(ii	i). Enter the
5		An organi: 170(b)(1)	(A)(iv). (C	ated for the ber omplete Part I	I)			a governmental unit	described in section
6				-	or governmental unit				
7	~				es a substantial part i). (Complete Part II		rom a governm	ental unit or from the	general public
8					ion 170(b)(1)(A)(vi)		rt II)		
9	<u> </u>	An organiz	zatıon that ı	normally receiv	es (1) more than 33	31/3% of its sup	oport from conti	rıbutıons, membership	fees, and gross
10	· 	from gross organizati	s investmen on after Jun	nt income and i ne 30, 1975 S		xable income ((Complete Par	less section 51 t III)	and (2) no more than 11 tax) from business on 509(a)(4).	
11 a	Г	one or mor the box in Type I. A s	e publicly s lines 11a th supporting o	upported organ nrough 11d tha organization op	nizations described in t describes the type erated, supervised, o	n section 509(a of supporting o or controlled by	a)(1) or section organization and orts supported o	nctions of, or to carry on to carry on the section of the section	on 509(a)(3). Check 11f, and 11g lly by giving the
b	Γ	organization Type II. A manageme	on You mus supporting ont of the su	t complete Par organization s	rt IV, Sections A and upervised or controlled ization vested in the	B. ed in connectio	n with its suppo	orted organization(s), manage the supported	by having control or
c	Г	Type III f	unctionally i	integrated. A s				n, and functionally inte), and E.	grated with, its
d		not functio	nally integr	ated The orga		ıst satısfy a dıs	stribution requir	with its supported org rement and an attentiv	
e	Γ	Check this	box if the o	organization re		rmination from	the IRS that it	ıs a ⊤ype I, ⊤ype II, ⊺	ype III functionally
f	Ente			-	ns			· · · · · · · · <u> </u>	
g		Provide the	e following i	nformation abo	out the supported orga	anızatıon(s)			
(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above (see	(iv Is the orga listed in your docum	anızatıon r governıng	A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)		
					instructions))				
						Yes	No		
Tota	ı								
For F	aperv	work Reduct	ion Act Noti	ice, see the In	structions for Form 9	90 or 990EZ.	Cat No 112		1 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	•	• • •			••••	•	-
ection A		Ðι	ıhlid	- 5	unn	۸r	-1

supported organization

instructions

	ection A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
	fiscal year beginning in) ▶	(-/	(-,	(-/	(-/	(-/	(-7
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,622,963	2,170,144	1,984,399	2,916,882	2,518,477	11,212,86
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,622,963	2,170,144	1,984,399	2,916,882	2,518,477	11,212,86
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,664,86
6	Public support. Subtract line 5 from line 4						6,548,00
S	ection B. Total Support						
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,622,963	2,170,144	1,984,399	2,916,882	2,518,477	11,212,86
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,507	900	389	202	651	3,64
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						11,216,514
12	Gross receipts from related activit	nes, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is	_			•) organization,
_	check this box and stop here				· · · · · · · · ·		
	ection C. Computation of Pu						
14 15	Public support percentage for 201 Public support percentage for 201			11, column (f))		14	58 380 %
		,	,			15	48 670 %
16a	33 1/3% support test—2015. If the	organization did i	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more, check t	his box

17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

box and stop here. The organization qualifies as a publicly supported organization

and **stop here.** The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2015

▶ 🗸

▶□

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Schedule A (Form 990 or 990-EZ) 2015 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	III II ale el gamzado	rano to quani	y arraor are too	to noted below	picase compi		
Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
•	iscal year beginning in) ▶	(-,	(-,	(-,	(/	(-/	(, ,
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any "unusual grants ")		+				
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
3	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
,	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
h	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
0	from line 6)						
Se	ction B. Total Support		1	1	1	I	1
	Calendar year		I	T	T		T
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
L0a	•						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here	-			,	. /	
Se	ction C. Computation of Pub	lic Support P	ercentage				• 1
15	Public support percentage for 2015			13 column (f))		15	
	,, ,	•	• •	. 15, 001411111 (1))		15	
16	Public support percentage from 201		<u>`</u>			16	
Se	ction D. Computation of Inv						
17	Investment income percentage for 3	2015 (line 10c, c	column (f) divided	by line 13, colun	nn (f))	17	

Investment income percentage from 2014 Schedule A, Part III, line 17

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

I, complete Sections A and D, and complete Part V)

Section	A. A	I Supporting Orga	ınizatio	ทร

Are all of the ingranuston's supported organizations listed by name in the organization's covering documents? If '80' described the designation of the three and continuing elebanoship, pages and if designated by closs or purpose, described the designation of that these and continuing elebanoship, pages and the designation of the three and continuing elebanoship, pages and the designation of the three and continuing elebanoship, pages and the designation of the three and continuing elebanoship, pages and the section of \$00(4)(10) or (2)? If '95', 'explain in Part VI have the elebanoship or the	Se	ection A. All Supporting Organizations			
If Yes, "describe the Part VI how the apported organizations listed by name in the organization's governing documents? If you'decide the Part VI how the supported organization are escipated if designated by class or purpose, describe the designation. If I hasteric and continuing relationship, soplain. 2. Did the organization have an supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If Yes, "answer (2) and (2) below. 2. Did the organization have a supported organization described in section 501 (c)(4), (5), or (6)? If Yes, "answer (6) and (2) below. 3. Did the organization nother that eith supported organization qualified under section 501 (c)(4), (5), or (6) and satisfied this public support to sets under section 509 (a)(2)? If Yes, "answer (6) and (2) below. 5. Did the organization ensure that all support to such organizations was used exclusively for section 170 (c)(2)(3). 3. C. If Yes, "answer (6) and (2) below. 6. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization has such control and discretion in deciding whether to make grants to the foreign supported organization supported organization and organization. If Yes, "describe in Bart VI how the organization has such control and discretion despite being controlled or supervised by or in connection with suspopert organization supported organizations and supported organization under sections (5) (c)(2) and (5) (a) (2) (c) (2) or (2) (c)		Colon At All Supporting Organizations		Yes	No
section 50(a)(1) or (2)? If "Yes," enamination have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below Did the organization chart make ach supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(2)(3) and 501(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(2)(4), (5), or (6) and satisfied the public support tests under section 501(c)(2)(4), (5), or (6) and satisfied the public support tests under section 501(c)(2)(4), (5), or (6) and satisfied the public support tests under section 501(c)(2)(4), or (6) and satisfied the public support tests under section 501(c)(2)(4), or (6), or (6), and satisfied the public support or granization or transpared in the distance of the supported organization or supported organization or supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under section 501(c)(3) and 501(c)(1) or (6)	1	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	1		
If "Yes," region in Part VI into the organization determined that the supported organization was described in section \$01(c)(4), (5), or (6)? 3a Did the organization have a supported organization qualified under section \$01(c)(4), (5), or (6)? b Did the organization confirm that each supported organization qualified under section \$01(c)(4), (6), or (6) and satisfied the public support tests under section \$09(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination of the public support that all support to such organization was used exclusively for section \$170(c)(2)(3) and purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," explain in Part VI what controls the organization and discretion despite being controlled or supportsed by or in commentor with its supported organizations? If "Yes," describe in Part VI what controls the organization and discretion despite being controlled or supportsed by or in commentor with its supported organizations? If "Yes," explain in Part VI what controls the organization that does not have an IRS determination under sections \$501(c)(3) and \$009(c)(4) in (2)? If "Yes," explain in Part VI what controls the organization seed to ensure that all support to the foreign supported organization supports any foreign supported organizations and supports of the supported organizations described in section (9) the organization and, substitution are removed, (ii) the reason for each such action, (iii) the authority under the organizations organizations as substituted in a supported organizations organizations as substituted supported organization part of a class already designated in the organizations organization support and part of the charactic set of the charactic set of the comment o	2				
3a June 1987 J		If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination C Did the organization ensure that all support to such organization on was used exclusively for section 170(c)(2)(8) 3c John Mark Was may supported organization not organization put in place to ensure such use 4a Was any supported organization not organization and discretion in deciding whether to make grains to the foreign supported organization? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below D Did the organization that under the properties organization of the properties organization? If "Yes" describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization was used exclusively for section 170(c)(2)(8) pumposes C D Id the organization along ubstitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported urganizations during the terms for section 170(c)(2)(8) pumposes Soccomplished (such as by pendiment to the organization substitution, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organization designated with the organization's organization designated with the organization's control organization such action, (iii) the authority under the organization's organization deciment authoring such action, and (iv) how the action was excomplished (such as by pendiment to the organization provide organization's control organization's organization's organization's organization's organization's organization's control organizatio	3a		3a		
purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and I you checked I fair of I in mart I, answer (o) and (c) below D off the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization where the organizations what is supported organizations used to ensure that discretion despite being controlled or supervised by Ir Yes, "explain in Part VI what controls with a control and discretion despite being controlled or supervised by Ir Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170((2)28) purposes 5a Did the organization of substitute, or remove any supported organizations during that xyear? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations dids, substitute, or the organization supports whether such substitution the organization support organization supports organization support organizations organizations. 5b D Total the organization provide augmentation the organization of services or facilities) to anyone other than (a) its supported organizations. If "Yes," complete for supporting organizations is that are part of the charitable class benefited by one or more of the filing organizations supported organizations. If "Yes," complete for supporting organizations is that a so support or benefit organization in Repair to the filing organization substitution organizations. If "Yes," complete for fair I of Schedule I, (form 990) 10 the organi	t	satisfied the public support tests under section 509(a)(2)?	3b		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked II are II bin Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes" describe in Part VI how the organization had such control and discretion despite being controlled or supervised by a rin connection with its supported organization supported organization that does not have an IRS determination under sections \$01(c)(3) and \$09(a)(1) or (2)? If "Yes," explain in Part VI what courtes the organization used to ensure that all support to the foreign supported organization was used exclusively for section \$10(c)(2)(6) purposes 5a Did the organization and substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations deds, substituted, or removed, for the reasons or each such action, (iii) the authority under the organization deds, substituted uncernet; b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organization document; b Type I or Type II only. Was any added or substituted supported organizations or services or facilities) to anyone other than (a) its supported organizations, (c) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit or or more of the filing organizations supported organizations? If "Yes," complete Part I of Schedule I, (Form 990) 5b Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 49546(c))(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantia	c	purposes?	3 c		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization and, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document or the organization's organizing document? b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? b Type I or Type II only. Was the substitution the result of an event beyond the organization's control? c Substitutions only. Was the substitution the result of an event beyond the organization's control? b Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization is supported organizations, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent co	4a	Was any supported organization not organized in the United States ("foreign supported organization")?	4a		
If "Yes," describe in Part VI how the aganization had such control and discretion despite being controlled or supervised by on in connection with its supported organization. C Did the arganization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509 (g(3)) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170c(p(2)(8) purposes. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed (ii) the reasons for each such action, (iii) the authority under the organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization of the organization sorganizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organization gocument.) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organizations organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5b Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations or the substitution of the film organizations to the charitable class benefited by one or more of its supported organizations, (i) individuals that are part of the charitable class benefited by one or more of the film organizations organizations? If "yes," provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)3)(c)), a family member of a substan	b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(6) purposes 5a			4b		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the chantable class benefited by one or more of its supported organizations, (c) other supporting organizations that also support or benefit one or more of the filing organizations's supported organizations, (b) individuals that are part of the chantable class benefited by one or more of the filing organizations, (c) other supporting organizations that also support or benefit one or more of the filing organizations's supported organizations, (b) individuals that are part of the chantable class benefited by one or more of the filing organizations's supported organization, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in Ine 72 If "Yes," complete Part II of Schedule L (Form 990) 9a Was the organization and interest? If "Yes," provide detail in Part	c	sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
the organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c b Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organizations's supported organizations or "Yes," provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990) 9a Was the organization make a loan to a disqualified person as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI. 9b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943 (f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization have any excess business h	5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was	5a		
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from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings) 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above?	b		9b		
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the governing body of a supported organization? 11a 1b A family member of a person described in (a) above? 11b	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above?	a				
		the governing body of a supported organization?	11a		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	b	A family member of a person described in (a) above?	11b		
	c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Yes

Yes

2a

2b

No

No

Part IV	Supporting Organizations (continued)
Section	B. Type I Supporting Organizations

Section D. All Type III Supporting Organizations

Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that 2 operated, supervised or controlled the supporting organization Section C. Type II Supporting Organizations

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

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the 2 supported organization(s)

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 3 If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
 - The organization satisfied the Activities Test Complete line 2 below а

 - The organization is the parent of each of its supported organizations. Complete line 3 below b

 - The organization supported a governmental entity Describe in Part VI how you supported a government entity (see
 - instructions)
- 2 Activities Test_Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the

- - supported organization(s) to which the organization was responsive?
- - If "Yes," then in Part VI identify those supported organizations and explain how these activities directly
- furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of
- the organization's supported organization(s) would have been engaged in?
- If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have
- engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on N	ov 20,1970 See inst	ructions. All other
	Type III non-functionally integrated supporting organizations must complete	Sections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection or gross income or for management, conservation, or maintenance of property held for production of income (see instructions)			
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter $1 - 1/2\%$ of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

6

Section D - Distributions			Current Year
A mounts paid to supported organizations to accomp	olish exempt purposes		
2 A mounts paid to perform activity that directly further excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets	1 1 3		
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru	. ,		
·	ictions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
<u> </u>			
a Applied to underdistributions of prior years			-
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
а			
b			
c Excess from 2013			
d From 2014			
e From 2015		<u> </u>	/F 000 000 == 1 /2 1
		Schedule A	(Form 990 or 990-EZ) (2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A	(Form 990 or 990-EZ) 201	5	Page 8					
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).								
		Facts And Circumstances Test						
R	eturn Reference	Explanation						
		Schedule A (Form 990 or 990-i	Z) 2015					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493315021126 Political Campaign and Lobbying Activities OMB No 1545-004 **SCHEDULE C** (Form 990 or For Organizations Exempt From Income Tax Under section 501(c) and section 527 990-EZ) ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Open to Public Department of the **Inspection** www.irs.gov/form990. Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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 the organization Employer identification number EVERY VOICE CENTER 52-2003442 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 expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B 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 Was a correction made? □ No If "Yes," describe in Part IV 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 Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 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 fileForm 1120-POL for this year? Yes 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) A mount paid from (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-

3 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

(b) Affiliated

group totals

under section 501(h)). Check \blacktriangleright 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)

Not over \$500,000

Over \$17,000,000

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

reporting section 4911 tax for this year?

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Calendar year (or fiscal year

beginning in)

 $\overline{}$ if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying Expenditures
	(The term "expenditures" means amounts paid or incurred.)
1a	Total lobbying expenditures to influence public opinion (grass roots
13	lobbying)
h	Total lobbying expenditures to influence a legislative body (direct lobbying)

totals

(a) Filing organization's

> 64,405 89,513

25,108

2,162,992

2,252,505 262,625

65,656

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d)

If the amount on line 1e, column (a) or (b) is:

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

20% of the amount on line 1e

\$1,000,000

The lobbying nontaxable amount is:

Lobbying nontaxable amount Enter the amount from the following table in both columns

\$225,000 plus 5% of the excess over \$1,500,000

4-Year Averaging Period Under section 501(h)

columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

239.841

37,219

59,960

11,487

(b)2013

246.817

194.633

61,704

14,020

(a)2012

\$100,000 plus 15% of the excess over \$500,000

Yes

(c)2014

311,722

61,601

77,931

\$175,000 plus 10% of the excess over \$1,000,000

☐ No

(Some organizations that made a section 501(h) election do not have to complete all of the five

(d)2015

262,625

89,513

65,656

25,108

Schedule C (Form 990 or 990-EZ) 2015

(e) Total

1,061,005

1,591,508

382,966

265,251

397,877

51,232

Page **3**

For c		lection under section 501(h)).	((a)		(b)	
ror ea <u>activ</u>	•	th 11 below, provide in Part IV a detailed description of the lobbying		No		A mount	t
1	legislation, including any attempt through the use of	nization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or referendum,	Yes				
а	Volunteers?			 	4		
b	Paid staff or management (include Media advertisements?	compensation in expenses reported on lines 1c through 1i)?		┼	4		
C C		or the nublic?	<u> </u>	+	+		
d	Mailings to members, legislators,	·	<u> </u>	+	+		
e	Publications, or published or broad			+	+-		
f	Grants to other organizations for le		<u> </u>	+	+-		
g		eir staffs, government officials, or a legislative body?		 	+		
h		, conventions, speeches, lectures, or any similar means?		 	+		
i.	Other activities?			_	+		
j	Total Add lines 1c through 1i						
2a		he organization to be not described in section 501(c)(3)?			4		
b	If "Yes," enter the amount of any t				<u> </u>		
C	•	tax incurred by organization managers under section 4912			<u> </u>		
		section 4912 tax, did it file Form 4720 for this year?	<u></u>		\bot		
Par	t III-A Complete if the org 501(c)(6).	ganization is exempt under section 501(c)(4), section	501 (c	:)(5), 	or se	ection	າ
						Yes	No
1	, ,	ore) dues received nondeductible by members?		[1		
2	Did the organization make only in-	house lobbying expenditures of \$2,000 or less?		[2		
3		y over lobbying and political expenditures from the prior year?			3		
Par		ganization is exempt under section 501(c)(4), section ther (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."					
1	Dues, assessments and similar ar	nounts from members	1	\Box			
2	Section 162(e) nondeductible lobber expenses for which the section 52	bying and political expenditures (do not include amounts of political 17(f) tax was paid).					
а	Current year		2a	<u> </u>			
b	Carryover from last year		2b				
c	Total		2c				
3	Aggregate amount reported in sec	tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		nt on line 2c exceeds the amount on line 3, what portion of the excess ryover to the reasonable estimate of nondeductible lobbying and	4				
5		olitical expenditures (see instructions)	5	+			
	art IV Supplemental Info	· · · · · · · · · · · · · · · · · · ·			-		
Pro	ovide the descriptions required for P	art I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro 1 Also, complete this part for any additional information	oup list)	, Part I	I-A,lı	ines 1	and
2 (Return Reference	Explanation					
	Recuir Reference	Explanation					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D**

(Form 990)

DLN: 93493315021126 OMB No 1545-0047

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.

2015

reas	ortment of the sury nal Revenue Service	Information about Schedule D	► Attach to Form 990. about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 .							
Na	me of the organia	zation			Emple	oyer identific	ation numbe	r		
EVI	ERT VOICE CENTER				52-2	003442				
Pā		izations Maintaining Donor ete if the organization answere			nds o	r Accounts	5.			
			(a) Donor advised fund	ls	(b)	Funds and oth	er accounts			
1	Total numbe	r at end of year								
2	Aggregate va year)	alue of contributions to (during								
3	Aggregate va	alue of grants from (during year)								
4	Aggregate v	alue at end of year								
5	_	ation inform all donors and donor a rganization's property, subject to t	_		r advıs	sed	☐ Yes	┌ No		
6	used only for ch	ation inform all grantees, donors, a naritable purposes and not for the ermissible private benefit?				purpose	Yes	∏ No		
Pa	rt III Consei	rvation Easements. Comple	ete if the organization	answered "Yes" or	ı Form	n 990, Part I	V, line 7.			
1	Purpose(s) of c	onservation easements held by th	ne organızatıon (check all	that apply)						
	Preservation education)	on of land for public use (e g , recr	eation or	– Preservation of an	hictori	ically imports	nt land area			
		of natural habitat	' -	Preservation of a c		' '				
	<u>. </u>	on of open space	1	r reservation of a c	. CTCIIIC	a mistoric stru	cture			
2	·	2a through 2d if the organization	held a qualified conserva	tion contribution in th	e form	of a conserva	ition			
		ne last day of the tax year		-						
		_		_		Held at th	e End of the	Year		
а		f conservation easements		-	2a					
b	•	estricted by conservation easeme		lod in (a)	2b					
c d		servation easements on a certified servation easements included in (o		` ′	2 c					
u		ire listed in the National Register	e) acquired after 0/17/00	, and not on a	2d					
3	Number of cons	servation easements modified, tra	nsferred, released, exting	juished, or terminated	by the	e organization	during the			
	tax year ►									
4	Number of state	es where property subject to cons	ervation easement is loc	ated ▶	_					
5		ization have a written policy regar enforcement of the conservation e		ring, inspection, hand	ing of	_\	∕es	o		
6	Staff and volunt year	teer hours devoted to monitoring,	inspecting, handling of vi	olations, and enforcin	g cons	ervation ease	ements durin	ng the		
	>									
7	A mount of expe	enses incurred in monitoring, inspe	ecting, handling of violati	ons, and enforcing co	nserva	tion easemen	ts during the	e year		
8		servation easement reported on lii on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the	requirements of sect	ion 17	` ' ' _	′es	o		
9	balance sheet,	escribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to the org							
Pai	rt IIII Organi	izations Maintaining Collect ete if the organization answere	tions of Art, Histor		r Oth	er Similar	Assets.			
1 a	If the organizat works of art, his	cion elected, as permitted under SI storical treasures, or other similar e, in Part XIII, the text of the footi	FAS 116 (ASC 958), not assets held for public ex	to report in its reven- khibition, education, o	r resea	rch in further				
b	works of art, his	tion elected, as permitted under SI storical treasures, or other similar e the following amounts relating to	assets held for public ex	•				IC		
	(i) _{Revenue inclu}	ded on Form 990, Part VIII, line :	1	1	* \$					
(ii) Assets include	ed in Form 990, Part X		•	\$					
2		tion received or held works of art, hots required to be reported under S			fınanc	ıal gaın, provi	de the			

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche	dule D	(Form 990) 2015									Pa	ige 2
Par	t III	Organizations Maintaining (continued)	Collections of A	rt, Hi	stori	cal 1	reasure	s, or O	ther Sin	nilar As	ssets	
3		the organization's acquisition, accestion items (check all that apply)	ession, and other rec	ords, c	heck a	any of	the following	ng that a	re a signi	ficant use	e of its	
а		Public exhibition		d		Loa	n or exchar	nge prog	rams			
b				e	· -	Oth		. 5 - 1 - 5				
		Scholarly research			Ī	Oti	CI					
С	F	Preservation for future generations										
4	Provid Part X	de a description of the organization? (III	s collections and exp	laın ho	w they	y furth	er the orga	nızatıon	's exempt	purpose	ın	
5		g the year, did the organization solic s to be sold to raise funds rather th								┌ Yes	i	
Pai	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, line 9	, or rep	orted an	amoun	t on Form 9	90,
1 a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other interr	mediary	y for c	ontrib	utions or ot	ther ass	ets not	┌ Yes	s	
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	e the fo	llowin	g tabl	e			A mo	ount	
c	Вес	ginning balance						1c				
d	A do	ditions during the year						1d				
е	Dis	tributions during the year						1 e				
f	End	ding balance						1f				
2 a	Did th	ne organization include an amount o	n Form 990, Part X, I	ıne 21,	, for es	scrow	or custodia	ıl accoui	nt liability	Yes	i	
b	If"Ye	s," explain the arrangement in Part	XIII Check here if t	he exp	lanatio	on has	s been prov	ıded ın F	Part XIII		🗆]
Pa	rt V	Endowment Funds. Comple										
			(a)Current year	(b) P	nor yea	ar	b (c) Two yea	ars back	(d)Three ye	ars back	(e)Four years b	oack
1 a	Begin	nning of year balance								\longrightarrow		
b	Contr	ributions										
c	Net ir losse	nvestment earnings, gains, and										
d	Grant	ts or scholarships										
e		r expenditures for facilities irograms										
f	• A dmi	nistrative expenses										
g		of year balance										
•		· · · · ·										
2	Provid	de the estimated percentage of the	current year end bala	nce (lı	ne 1g,	, colui	nn (a)) held	las				
а	Board	designated or quasi-endowment >										
b	Perma	anent endowment ▶										
c	Temp	orarily restricted endowment 🕨										
	The p	ercentages on lines 2a, 2b, and 2c	should equal 100%									
3a		nere endowment funds not in the pos ization by	ssession of the organ	ızatıon	that a	are he	ld and admi	inistered	d for the		Yes No	<u> </u>
	(i) un	related organizations								3a		_
		lated organizations								3a(· · · · · · · · ·	_
b		s" on 3a(II), are the related organization or Sart XIII the intended uses of					?			3	b	_
4 Det	rt VI	Land, Buildings, and Equip		endown	nent it	inas						
Fel	UVI	Complete if the organization a		orm 9	990, P	art I	V, line 11	a.See F	orm 990	, Part X	, line 10.	
		Description of property				or othe	er basis ent) Cost o	(b) or other ba (other)	A	ccumulated epreciation	(d)Book v	alue
1a	Land							· '				
b	Buildin	gs										
c	Leaseh	old improvements		.								
d	Equipm	nent		.								

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

	Investments—Other Securities. See Form 990, Part X, line 12.		41.55	T
	(a) Description of security or catego (including name of security)	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market value
	al derivatives			
2) Closely- 3) Other	-held equity interests			
	nn (b) must equal Form 990, Part X, col (B) line 12			
art VIII	Investments—Program Related Complete if the organization answe	red 'Yes' on Form 99(). Part IV. line 11c.	Son Form 000 Part V line 13
	(a) Description of investment	rea res on rorm 550	(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
	onn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization (a) De		Form 990, Part IV, lir	ne 11d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organize	ation answered 'Yes' on	Form 990, Part IV, lır	
	Other Assets. Complete if the organize	ation answered 'Yes' on	Form 990, Part IV, lir	
	Other Assets. Complete if the organize	ation answered 'Yes' on	Form 990, Part IV , lir	
	Other Assets. Complete if the organize	ation answered 'Yes' on	Form 990, Part IV, lir	
	Other Assets. Complete if the organize	ation answered 'Yes' on	Form 990, Part IV , lir	
	Other Assets. Complete if the organize	ation answered 'Yes' on	Form 990, Part IV, lir	
	Other Assets. Complete if the organize	ation answered 'Yes' on	Form 990, Part IV, lir	
	Other Assets. Complete if the organize	ation answered 'Yes' on	Form 990, Part IV, lir	
Part IX	Other Assets. Complete if the organize (a) De (a) De (b) must equal Form 990, Part X, col (B) In	ation answered 'Yes' on escription		(b) Book value
otal. (Colu	Other Assets. Complete if the organize (a) De (a) De (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the comple	ation answered 'Yes' on escription		(b) Book value
otal. (Colu	Other Assets. Complete if the organize (a) De (a) De (b) must equal Form 990, Part X, col (B) In	ation answered 'Yes' on escription		(b) Book value
Part IX Otal. (Colu Part X	Other Assets. Complete if the organize (a) De (a) De (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answered		(b) Book value
otal. (Colu	Other Assets. Complete if the organize (a) De Imm (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability ome taxes	ne 15) organization answered		(b) Book value
otal. (Colu Part X	Other Assets. Complete if the organize (a) De (a) De (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answered		(b) Book value
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Fotal. (Colu Part X	Other Assets. Complete if the organize (a) De Imm (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability ome taxes	ne 15) Organization answered (b) Book value		(b) Book value
Fotal. (Colu Part X	Other Assets. Complete if the organize (a) De Imm (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability ome taxes	ne 15) Organization answered (b) Book value		(b) Book value
Fotal. (Colu Part X	Other Assets. Complete if the organize (a) De Imm (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability ome taxes	ne 15) Organization answered (b) Book value		(b) Book value
Fotal. (Colu Part X	Other Assets. Complete if the organize (a) De Imm (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability ome taxes	ne 15) Organization answered (b) Book value		(b) Book value
Fotal. (Colu Part X	Other Assets. Complete if the organize (a) De Imm (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability ome taxes	ne 15) Organization answered (b) Book value		(b) Book value

1

2

1

2

d

3

b

Part XIII

information

PART X, LINE 2

Schedule D (Form 990) 2015

2e

3

4c

Page 4

2,519,185

2,252,505

2,252,505

2,252,505

Schedule D (Form 990) 2015

Amounts included on line 1 but not on Form 990, Part VIII, line 12	
Net unrealized gains (losses) on investments 2a	
Donated services and use of facilities	
Recoveries of prior year grants	
Other (Describe in Part XIII) 2d	
Add lines 2a through 2d	20

Recoveries of prior year grants																
Other (Describe in Part XIII)												2d				
Add lines 2a through 2d																
Subtract line 2e from line 1 .																3
Amounts included on Form 990	. Pa	rt V	'III	. lin	e 1:	2.b	ut r	ot c	n li	ne 1	L					

Total revenue, gains, and other support per audited financial statements . . .

Total expenses and losses per audited financial statements

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) . .

Supplemental Information

Other losses

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Amounts included on line 1 but not on Form 990, Part IX, line 25

A mounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . .

FINANCIAL STATEMENTS

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

Explanation

4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,519,185
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		

2a

2b

2c

2d

FOR THE YEAR ENDED DECEMBER 31, 2015, EVERY VOICE CENTER HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS OUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(Form 990)

Department of the

Internal Revenue Service

Treasury

DLN: 93493315021126

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization						Employer identifi	cation number
EVERY VOICE CENTER						52-2003442	
Does the organization main the selection criteria used Describe in Part IV the org	ntain records to subs to award the grants ganization's procedu	or assistance? res for monitoring the i		United States			▼ Yes
			<mark>omestic Governments.</mark> (dditional space is neede		ızatıon answered "Yes" (on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EVERY VOICE INC 1211 CONNECTICUT AVENUE NW SUITE 600 WASHINGTON, DC 20036	52-2032544	501(C)(4)	330,000				MEDIA - ST LEGISLATIVE CAMPAIGN IN MONTANA, STATE LEGISLATIVE LEADERSHIP DEVELOPMENT, RESEARCH - STATE LEVEL CAPACITY ASSESSMENT, PRODUCTION OF VIDEO ON BALLOT REFERENDUMS AND PUBLIC EDUCATION ON INFLUENCE OF MONEY IN POLITICS
							
2 Enter total number of section3 Enter total number of other		=					0 1

Explanation

Return Reference PART I, LINE 2 EVERY VOICE CENTER WORKS DIRECTLY WITH ITS GRANTEES FOR THE TERM OF THE GRANT THE ORGANIZATION MEETS WITH GRANTEES

REGULARLY BY PHONE AND COMMUNICATES BY EMAIL REGARDING PROGRESS ON THE WORK, SPECIFIED DELIVERABLES, AND OTHER ACTIVITIES AGREED TO IN THE RELEVANT GRANT LETTERS

Schedule I (Form 990) 2015

DLN: 93493315021126 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization EVERY VOICE CENTER 52-2003442 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use 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) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo 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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations For Paperwork Reduction Act Notice, see the Instructions for Form 990.

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

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

payments not described in lines 5 and 6? If "Yes," describe in Part III

compensation contingent on the revenues of

If "Yes," on line 5a or 5b, describe in Part III

compensation contingent on the net earnings of

If "Yes," on line 6a or 6b, describe in Part III

The organization?

The organization?

ın Part III

Any related organization?

Any related organization?

section 53 4958-6(c)?

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

Cat No 50053T

Schedule J (Form 990) 2015

5a

5b

6a

6b

7

8

Νo

Νo

Νo

Νo

Νo

Schedule J (Form 990) 2015

176,755

131,075

1 NICHOLAS NYHART

PRESIDENT/CEO

2 BETTY AHRENS

VICE PRESIDENT OF OUTREACH

For each marviagal whose compensation must be reported on schedule 3, report compensation from the organization on row (1) and from related organizations, described in the
ınstructions, on row (II) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(1)-(111) 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 o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	(F) Compensation in
	Base (I) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

7.070

5,243

753

23.053

184.578

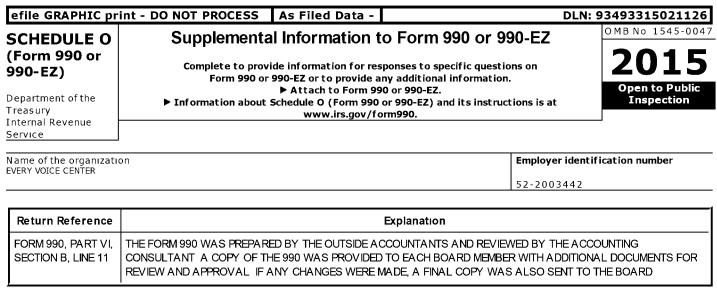
159.371

Page 2

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 Page 3 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 Return Reference Explanation

Schedule J (Form 990) 2015



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EMPLOYEES AND THE BOARD ARE ASKED ONCE A YEAR AT THE FIRST BOARD MEETING OF THE YEAR TO COMPLETE THEIR ANNUAL CONFLICT OF INTEREST FORMS TO IDENTIFY POSSIBLE CONFLICTS OF INTEREST. ALL EVERY VOICE CENTER STAFF, CONSULTANTS, INTERNS AND VOLUNTEERS MUST DISCLOSE TO THE PRESIDENT AND CEO, OR TO THEIR SUPERVISORS, THE EXISTENCE OF ANY FINANCIAL INTEREST IN ANY ENTITY WITH WHICH THAT CORPORATION OR ANY LEGALLY RELATED ORGANIZATION HAS OR IS NEGOTIATING A TRANSACTION OR ARRANGEMENT WITH EVERY VOICE CENTER AND ALL MATERIAL FACTS RELATED TO THAT INTEREST A CONFLICT OF INTEREST EXISTS WHENEVER AN INTERESTED PERSONS COMPETING INTEREST OR FIDUCIARY DUTY IS SUBSTANTIAL ENOUGH THAT THE INTERESTED PERSON CANNOT REASONABLY BE EXPECTED TO EXERCISE INDEPENDENT JUDICIALLY ARE IN (BUT ARE IN NO WAY LIMITED TO) THE CONTEXT OF 1 DECISIONS ABOUT AN INTEREST OF FREQUENTLY A RISE IN (BUT ARE IN NO WAY LIMITED TO) THE CONTEXT OF 1 DECISIONS ABOUT AN INTEREST DEPENONS COMPENSATION (AS A CONTRACTOR OR EMPLOYEE), 2 DECISIONS ABOUT TRANSACTIONS WITH AN ENTITY BY WHICH AN INTERESTED PERSON HOLDS AN OWNERSHIP INTEREST, 3 DECISIONS ABOUT TRANSACTIONS WITH AN ENTITY BY WHICH AN INTERESTED PERSON IS EMPLOYED CONFLICTS (OR THE APPEARANCE OF CONFLICTS) MAY ALSO ARISE WHEN THE CORPORATION IS CONTEMPLATING A TRANSACTION WITH A CLOSE RELATIVE OR DOMESTIC PARTINER OF AN INTERESTED PERSON, OR ANY ENTITY IN WHICH SUCH A RELATED PERSON HAS AN OWNERSHIP INTEREST OR WHICH EMPLOYS SUCH A PERSON WHENEVER A DIRECTOR, OFFICER, OR COMMITTEE MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST, WHEN HE PERSON WHENEVER A DIRECTOR, OFFICER, OR COMMITTEE MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST, WHENEVER A DIRECTOR, OFFICER, OR COMMITTEE MEMBER WITH KNOWLEDGE OF THE CONFLICT, INCLUDING WHETHER THE INTERESTED PERSON BELIEVES HIS OR HER ABILITY TO MAKE AN INDEPENDENT DECISION BASED SOLELY ON THE BEST INTEREST OF PERSON BELIEVES HIS OR HER ABILITY TO MAKE AN INDEPENDENT DECISION BASED SOLELY ON THE BEST TO THE BOARD ON THE SITE OFFICER, OR COMMITT

Return Reference	Explanation
FORM 990, PART VI.	ALL SALARY INCREASES FOR THE PRESIDENT/CEO, OUTSIDE OF COST OF LIVING ADJUSTMENT, ARE INITIATED BY THE BOARD OF DIRECTORS AND ARE DOCUMENTED IN THE MINUTES OF THE MEETING. BASED ON CURRENT SALARY
SECTION B,	COMPARABILITY DATA FOR NONPROFIT SECTOR THE PRESIDENT DETERMINES COMPENSATION FOR ALL OTHER STAFF
LINE 15A	AGGREGATE STAFF COMPENSATION AND COST OF LIVING ADJUSTMENTS ARE DISCUSSED WITH THE BOARD IN THE CONTEXT OF THE ANNUAL BUDGET PROCESS BEFORE MAKING THE INCREASE ALL FINAL DECISIONS REGARDING
	A GGREGATE COMPENSATION ARE DOCUMENTED IN THE MINUTES OF THE MEETING IN 2015 THE COMPENSATION OF ALL STAFF MEMBERS WAS REVIEWED BY AN INTERNAL COMPENSATION COMMITTEE WHICH LATER REPORTED TO THE BOARD
	AS PART OF THE 2015 BUDGET PROCESS. THE COMMITTEE USED COMPENSATION INFORMATION FROM OTHER SIMILAR.
	ORGANIZATIONS AND ADJUSTED THE ORGANIZATIONS EMPLOYEES COMPENSATION ACCORDINGLY IN 2015 THE LAST COMPENSATION REVIEW TOOK PLACE MARCH 2016

Return Reference	Explanation
'	EVC'S ANNUAL AUDITED FINANCIAL STATEMENTS AS WELL AS ITS 990 ARE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE THE AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE THROUGH THE CHARITIES REGISTRATION BUREAUS IN EACH OF THE STATES LISTED ABOVE THE FINANCIAL STATEMENTS PLUS THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE LOCATED AT 1211 CONNECTICUT NW, SUITE 600, WASHINGTON, DC 20036 AND UPON REQUEST

Return	Explanation
Reference	
FORM 990,	DESIGN CONSULTANT PROGRAM SERVICE EXPENSES 255 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING
PART IX, LINE	EXPENSES 0 TOTAL EXPENSES 255 ASSESSMENT RESEARCH FEES PROGRAM SERVICE EXPENSES 52,200
11G	MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 52,200 BALLOT CONSULTANT
	PROGRAM SERVICE EXPENSES 15,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL
	EXPENSES 15,000 PROJECT CONSULTANTS PROGRAM SERVICE EXPENSES 380,565 MANAGEMENT AND GENERAL
	EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 380,565