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Short Form
Return of Organization Exempt From Income Tax

2016

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

Open to Public
Inspection

SCANNED JUN 9 2017

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning

, 2016, and ending

, 20

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

NORTH CAROLINA VOTERS FOR CLEAN ELECTIONS INC

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

1821 GREEN STREET

104

City or town, state or province, country, and ZIP or foreign postal code

DURHAM, NC 27705

D Employer identification number

56-2129334

E Telephone number

919-489-1931

F Group Exemption
Number ►

G Accounting Method

- Cash
- Accrual
- Other (specify) ► _____

I Website: ► _____

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ▶ (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)

K Form of organization

 Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 69,851

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1	68,975
2	Program service revenue including government fees and contracts	2	700
3	Membership dues and assessments	3	
4	Investment income	4	176
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	69,851
10	Grants and similar amounts paid (list in Schedule O)	10	10,000
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	36,590
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	6,102
15	Printing, publications, postage, and shipping	15	423
16	Other expenses (describe in Schedule O)	16	19,240
17	Total expenses. Add lines 10 through 16	17	72,355
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,504
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	37,674
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	35,170

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2016)

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	37,674	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	37,674	25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,674	27
			35,170

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? to promote responsible elections and ethics policies

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	Holding meetings, preparing and distributing materials, working with the media, educating policy makers, conducting research, and coordinating activities of members for advocacy for election and ethics reforms.		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	72,355
29			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		► 32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Bob Phillips, President 1821 Green St., Durham, NC 27705	1	0	0	0
Bob Hall, Treasurer 1821 Green St., Durham, NC 27705	1	0	0	0
Brent Laurenz, Secretary 1821 Green St., Durham, NC 27705	0	0	0	0
Jeanne Van Divender 1821 Green St., Durham, NC 27705	0	0	0	0
Peg Chapin 1821 Green St., Durham, NC 27705	0	0	0	0
Isela Gutierrez 1821 Green St., Durham, NC 27705	0	0	0	0
Kathryn Schwille 1821 Green St., Durham, NC 27705	0	0	0	0
Rob Schofield 1821 Green St., Durham, NC 27705	0	0	0	0
Bill Rowe 1821 Green St., Durham, NC 27705	0	0	0	0
MaryBe McMillan 1821 Green St., Durham, NC 27705	0	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file **Form 1120-POL** for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter: 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► Leigh Bradley Telephone no. ► 919-908-7910
Located at ► 1821 Green St, Durham, NC ZIP + 4 ► 27705 42b

b 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

46		Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input type="checkbox"/> <input checked="" type="checkbox"/> 46		
Part VI		Section 501(c)(3) organizations only				
		All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51				
		Check if the organization used Schedule O to respond to any question in this Part VI		<input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
47		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		<input type="checkbox"/> 47		
48		Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input type="checkbox"/> 48		
49a		Did the organization make any transfers to an exempt non-charitable related organization?		<input type="checkbox"/> 49a		
b		If "Yes," was the related organization a section 527 organization?		<input type="checkbox"/> 49b		
50		Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."				
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
f		Total number of other employees paid over \$100,000		►		
51		Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"				
		(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation		
d		Total number of other independent contractors each receiving over \$100,000		►		
52		Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		► <input type="checkbox"/> Yes <input type="checkbox"/> No		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge						
Sign Here	►  Signature of officer Robert H. Hall, Treasurer Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name <hr/> Firm's name ►	Preparer's signature <hr/> Firm's address ►		Date <hr/> Firm's EIN ►	Check <input type="checkbox"/> if self-employed <hr/> Phone no	PTIN
May the IRS discuss this return with the preparer shown above? See instructions						
► <input type="checkbox"/> Yes <input type="checkbox"/> No						

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2016

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

Name of the organization

NORTH CAROLINA VOTERS FOR CLEAN ELECTIONS

Employer identification number

56-2129334

PART 1, LINE 16, OTHER EXPENSES

\$ 2,090 - Travel

\$ 498 - Supplies

\$15,115 - Paid phone calls for lobbying

\$ -968 - Meetings and events

\$ 504 - Lobbyists registration fees

\$ 65 - Miscellaneous

\$19,240 - TOTAL

PART 1, LINE 10, DESCRIPTION OF GRANTS - ALL FOR NON-LOBBYING PUBLIC EDUCATION

\$2,500 to Institute for Southern Studies

\$2,500 to Democracy North Carolina

\$2,500 to NC NAACP

\$2,500 to NC AFL-CIO