

efil	e GRAPHIC	print - DO NOT PROCESS As Filed Data -			DLN:	93493319107016
_ (	990	Return of Organization Exempt Fr	om Incom	ne Tax		OMBNo 1545-0047
Form		Under section 501(c), 527, or 4947(a)(1) of the Internal Revention foundations)	nue Code (exce	pt private		2015
Treasu	ment of the ry Il Revenue Servie	<ul> <li>Do not enter social security numbers on this form a</li> <li>Information about Form 990 and its instructions is</li> </ul>				Open to Public Inspection
A Fo	or the 2015 ca	lendar year, or tax year beginning 01-01-2015, and ending 12-3	31-2015			
_	ck if applicable	C Name of organization THE VOTER PARTICIPATION CENTER		D Emplo	oyer id	entification number
·	dress change me change			55-0	88974	48
-	tial return	Doing business as				
Fir		Number and street (or P O box if mail is not delivered to street address) Rc	oom/suite	E Teleph	one nu	mber
	terminated ended return	1707 L STREET NW NO 300	,	(202)	659-	9570
	blication pending	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		<b>G</b> Gross	receipts	s \$ 2,292,997
		F Name and address of principal officer	H(a) ⊺	s this a group	retur	n for
		PAGE GARDNER 1707 L STREET NW NO 300 WASHINGTON, DC 20036	s	ubordinates? No		Yes 🗸
I Tax	-exempt status	✓ 501(c)(3)    501(c)()    (insert no)    4947(a)(1) or    52	• • •	re all subord	inates	∑Yes ☐ No
J W	ebsite: ► WW	/W VOTERPARTICIPATION ORG	I			: (see instructions)
				Group exempt		umber Þ M State of legal domicile DC
K Forn	n of organization	✓ Corporation   Trust   Association   Other ▶		or formation 2t		- state of legal domicile DC
Pa	rtI Sum	mary	L		1	
		scribe the organization's mission or most significant activities F III, LINE 1				
θ						
anc						
em	<b>2</b> Check th	ns box ▶ ┌─ if the organization discontinued its operations or disp	osed of more th	an 25% of its	s net a	assets
Governance	- 0110011 (1					
25	3 Number	of voting members of the governing body (Part VI, line 1a)		3	3	
Activities &		of independent voting members of the governing body (Part VI, lin		4	2	
Stim:		nber of individuals employed in calendar year 2015 (Part V, line 2	2a)		5	16
Ă		mber of volunteers (estimate if necessary)			6 7a	2
		ated business taxable income from Form 990-T, line 34			74 7b	0
				Prior Year		Current Year
	8 Contri	butions and grants (Part VIII, line 1h)		13,106,	359	2,288,650
ēnu	9 Progra	am service revenue (Part VIII, line 2g)		1,087,	253	0
enneven		tment income (Part VIII, column (A ), lines 3, 4, and 7d )		,	124	1,844
ш		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	·		128	10
	<b>12</b> Total 12)	revenue—add lines 8 through 11 (must equal Part VIII, column (A	A), line	14,194,	864	2,290,504
	13 Grants	s and similar amounts paid (Part IX, column (A ), lines 1-3 ) $\ .$		78,	820	0
	14 Benef	ts paid to or for members (Part IX, column (A), line 4)			0	0
ş		es, other compensation, employee benefits (Part IX, column (A), I	ines	878,	558	1,299,120
Expenses	5–10 <b>16a</b> Profe	) ssional fundraising fees (Part IX, column (A), line 11e)		509,	166	295,366
хре		indraising expenses (Part IX, column (D), line 25) $>$ 579,978		/		
ш		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	—	9,833,	275	3,048,164
	<b>18</b> Total	expenses Add lines 13-17 (must equal Part IX, column (A), line	25)	11,299,	819	4,642,650
	19 Reven	ue less expenses Subtract line 18 from line 12		2,895,	045	-2,352,146
Net Assets or Fund Balances			Beginn	ing of Current	Year	End of Year
sset Bala	<b>20</b> Total	assets (Part X, line 16)		3,959,	675	2,205,618
et A Ind E	<b>21</b> Total	liabilities (Part X, line 26)		349,	271	947,360
		ssets or fund balances Subtract line 21 from line 20		3,610,	404	1,258,258
		a <b>ture Block</b> perjury, I declare that I have examined this return, including acco	mpanving sche	dules and sta	ateme	nts, and to the best of
my kr	nowledge and	belief, it is true, correct, and complete Declaration of preparer (ot				
prepa	rer has any k	nowledge				
	N			2016 11 11		

	****			2016-11-14					
Sign /	Signature of officer			Date					
Here	PAGE GARDNER PRESIDENT								
	Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signature	Date	Check f self-employed					
Preparer	Firm's name 🕨 GELMAN ROSENB	ERG & FREEDMAN	Firm's EIN 🕨 52-1392008						
Use Only	Fırm's address ► 4550 MONTGOME	RY AVE SUITE 650N		Phone no (301) 951-9090					
	BETHESDA, MD 2	08142930							
May the IRS o	liscuss this return with the prepar	er shown above? (see instructions)			'es 🔽 No				
For Paperwork	k Reduction Act Notice, see the se	eparate instructions.	Cat	No 11282Y	Form <b>990</b> (2015)				

Form	990 (2015)				Page <b>2</b>
Par	t IIII Statement of Prog	ram Service Accom	olishments		
1	Check if Schedule O co Briefly describe the organizati		to any line in this Part I	II	· · · · · · · .
DEFI CAM	ONDUCT RESEARCH ON DET NED AS UNMARRIED WOMEN PAIGNS THAT MOTIVATE TH AE IN PUBLIC POLICY ISSUE	, YOUTH AND PEOPLE O E VOTER REGISTRATIO	F COLOR IN THE ELEC N AND PARTICIPATIO	TORATE, DEVELOPING PUBL	IC EDUCATION
2	Did the organization undertake	any significant program s	ervices during the year	which were not listed on	
	the prior Form 990 or 990-EZ If "Yes," describe these new se				└─Yes \✓No
3	Did the organization cease con services? If "Yes," describe these chang	ducting, or make significa	nt changes ın how ıt cor	ducts, any program	Yes √No
4	Describe the organization's pro	ogram service accomplishi nd 501(c)(4) organization	s are required to report	ee largest program services, as the amount of grants and alloca	
4a	(Code ) (Exp	benses \$ 3,294,216	including grants of \$	) (Revenue \$	)
				ASS MARKETING TECHNOLOGIES LIKE BOUT UNMARRIED WOMEN AND PATTE	
4b	(Code ) (Exp	penses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code ) (Exp	penses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Des				``````````````````````````````````````
4 -	(Expenses \$	including grants o		) (Revenue \$	)
4e	Total program service expens	es▶ 3,294,216	,		Form <b>990</b> (2015)

Form 990 (2015)
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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 $98-19^7$ . 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? <i>If "Yes," complete Schedule D, Part IV</i> 🕲	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😒	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 为	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕲	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😒	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H $\cdot\cdot\cdot\cdot$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2015)
Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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	
<b>24</b> a	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year ?	24d		
	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, Part 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? <i>If "Yes," complete Schedule L, Part III</i>	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>	<b>28</b> 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 conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
				(201E)

Form **990** (2015)

Form	990 (2015)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			·
15	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   27		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable <b>1b</b> 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1.	Vee	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
	by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.I</b> f the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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
Ь	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?	6b		
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization 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?	7e 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
8	Form 1098-C?	7h		
	during the year?	8		
<b>9</b> a	Did the sponsoring organization make any taxable distributions under section 4966? $\ldots$ .	<b>9</b> a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\ldots$ .	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	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 <b>13b</b>	ber		
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

Form	990 (2015)			Page <b>6</b>
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b,	or 10	)b belo	w,
	describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	•		🗸
Se	ction A. Governing Body and Management		Vaa	Na
1a	Enter the number of voting members of the governing body at the end of the tax 1a 3		Yes	No
	year If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а		<b>8</b> a	Yes	
	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO , Executive Director , or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16</b> a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
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?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► CA, CO, MA, NM, NY, FL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	$\bigcirc$ Own website $\bigcirc$ Another's website $\checkmark$ Upon request $\bigcirc$ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►GAIL KITCH 1707 L STREET NW SUITE 300 WASHINGTON, DC 20036 (202)659-9570

#### 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 compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related	more pers and	than on is	one bot recto	not box har or/tr	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) PAGE GARDNER PRESIDENT	35 00	×		x				190,000	0	0
(2) CLAIRE SILBERMAN TREASURER (UNTIL 11/15)	0 50	×		x				0	0	0
(3) AVIS JONES-DEWEEVER BOARD MEMBER	0 50	×						0	0	0
(4) WILLIAM MCNARY BOARD MEMBER	0 50	×						0	0	0
(5) GAIL KITCH SR VP OF COMMUNICATIONS & FINANCE	35 00			x				159,680	0	12,163
(6) LISA PHILIPS DIRECTOR OF FINANCE	35 00			x				102,406	0	0
										Form <b>990</b> (2015)

Form 990 (2015)

# Form 990 (2015)

(A) Name and T	itle	(B) Average hours per week (list any hours for related	more t perso and	(C)(D)(E)Position (do not check ore than one box, unless erson is both an officer ind a director/trustee)Reportable compensation from the organization (W- 2/1099-MISC)Reportable compensation from related 2/1099-MISC)								ion ed s (W-	(F) Estimated amount of oth compensatio from the organization a		ted fother ation he	
		organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,2000		,			-	relate	ed
											_					
											_					
											_					
1b Sub-Total							►									
c   Total from continuation sheets to Part VII, Section A      d   Total (add lines 1b and 1c)								12,163								
2 Total number of \$100,000 of rep	individuals (in	cluding but not	limited	to th			d abov	e) wl			e tha	an				
3 Did the organization on line 1a? If "Ye						key	emplo	iyee,	or highest	comp	ens	ated employe		_	Yes	No
<ul> <li>For any individual</li> <li><i>individual</i></li> </ul>	al listed on line	e 1a, is the sum	ofrepo	rtabl	e co	•								3		No
5 Did any person l services rendere									-	anızatı	on •	or individual f	or	4 5	Yes	No
Section B. Inde	pendent Co	ntractors														
1 Complete this ta compensation fro	ble for your fiv	ve highest comp													ax year	
· · · · ·		(A) lame and business										(B) ription of service			(C Compen	
MISSION CONTROL INC 624 HEBRON AVE BLDG 3 S	TE 200									PRINTIN	\G∕Ւ	IAIL				587,646
GLASTRONBURY, CT 06033 CATALIST										LIST PU	RCH	ASE SERVICES		_		432,667
1090 VERMONT AVENUE NV WASHINGTON, DC 20005	W SUITE 300															
DEWEY SQUARE GROUP 607 14TH STREET NW SUIT	E 500									СОММИ	NIC	ATIONS				286,914
WASHINGTON, DC 20005 DEMOCRACY CORPS										RESEAR	СН					223,584
10 G STREET NE SUITE 500 WASHINGTON, DC 20002	)															
BONNER GROUP INC 455 MASSACHUSETTS AVE NW SUITE 64											205,009					
WASHINGTON, DC 20001 2 Total number of in		ntractors (inclu	dına but	not	limit	ed t	o those	e list	ed above)	who re	ecei	ved more tha	n			
\$100,000 of com											_ 51			Ļ		

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Form	990	(2015)

Part V	1111	Statement of Revenue				_
		Check if Schedule O contains a response or note to any l	ine in this Part VIII (A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1a				
ants unts	Ь	Membership dues 1b				
dra Mo	c c	Fundraising events 1c				
fts. r A	d	Related organizations 1d				
Gi nila	e	Government grants (contributions) 1e				
Sin S						
tributions, Gifts, Grants Other Similar Amounts	f	All other contributions, gifts, grants, and <b>1f</b> 2,288,650 similar amounts not included above				
Oth	g	Noncash contributions included in lines 1a-1f \$				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	2,288,650			
		Business Code				
ะหมง	2a					
Re č	Ь					
IC e	c					
Serv	d					
am	e					
Program Service Revenue	f	All other program service revenue				
<u> </u>	g	Total. Add lines 2a-2f ►				
	3	Investment income (including dividends, interest, and other similar amounts)	1,844			1,844
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	(I) Real (II) Personal Gross rents	-			
		Less rental	-			
	Ь	expenses	-			
	C	Rental income or (loss)	-			
	d	Net rental income or (loss)				
	7a	(I) Securities (II) Other Gross amount from sales of assets other than inventory	3			
	Ь	Less cost or other basis and 2,49 sales expenses Gain or (loss)	3			
	c d	Net gain or (loss)	0			
a)		Gross income from fundraising				
Other Revenue		events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a				
the	Ь	Less direct expenses b	1			
0	1	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	Ь	Less direct expenses b				
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold b	4			
	⊢ c	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a	MISCELLANEOUS (Vertice) Dusiness Code	ə 10			10
	Ь					
	с					
	d	All other revenue				
	e	Total. Add lines 11a-11d ▶	10			
	12	Total revenue. See Instructions	2,290,504	0	0	1,854
	i.			-		Form <b>990</b> (2015)

(D)

Fundraising

expenses

75,356

70,844

6.864

8,765

43,657

295,366

6,956

587

7,279

1,060

14,947

20,700

754

539

23,353

2,951

579,978

Form 990 (2015) 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) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . . . . . . Benefits paid to or for members . . . 5 Compensation of current officers, directors, trustees, and 464,249 192,690 196,203 key employees . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 696,752 414,198 211,710 . Pension plan accruals and contributions (include section 401(k) 8 and 403(b) employer contributions) . . . Other employee benefits . . 9 63,676 37,016 19,796 . 10 Payroll taxes 74,443 41,943 23,735 . . . . . . . . . 11 Fees for services (non-employees) Management . а . . . 290,323 218,551 28,115 h Legal . . . . . . . . 17,200 17,200 Accounting С . . . . . . . . . . d Lobbying . . . . . . . . . . е Professional fundraising services See Part IV, line 17 295,366 f Investment management fees . . . . Other (If line 11g amount exceeds 10% of line 25, column (A) g amount, list line 11g expenses on Schedule O) . . . 928,074 765,260 155,858 12 Advertising and promotion . 890 244 59 13 Office expenses . 40,975 21,443 12,253 . . . . . 14 Information technology . 101,425 84.590 15,775 . 15 Royalties . . 466,442 466,442 16 Occupancy . 141,207 74,399 51,861 . . . . . . 17 Travel . . 69,974 39,840 9,434 . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 3,513 2.292 Conferences, conventions, and meetings 467 . 20 Interest . . . . 21 Payments to affiliates . . . . . 22 Depreciation, depletion, and amortization . 12,144 12.144 23 Insurance . . . . . . . . . 5,089 2,681 1,869 . . 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) PRODUCTION AND PRINTING 448,140 448,140 а b RESEARCH STUDIES 208,565 208,565 DIRECT MAILING FEES 199,113 199,113 с d DUES AND SUBSCRIPTIONS 48,772 23,674 1,745 66,318 53,135 10,232 All other expenses

4,642,650

3,294,216

Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► [ If following SOP 98-2 (ASC 958-720)

25

768.456

# Form 990 (2015)

**Balance Sheet** 

Part X

	τx	Check if Schedule O contains a response or note to any line	e in this P	artX.			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			739,698	1	139,566
	2	Savings and temporary cash investments			544,629	2	1,126,044
	3	Pledges and grants receivable, net		2,204,197	3	357,045	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L			5		
Assets	6	Loans and other receivables from other disqualified perso section 4958(f)(1)), persons described in section 4958( contributing employers and sponsoring organizations of s voluntary employees' beneficiary organizations (see instr II of Schedule L	nd 1 (c )(9 )		6		
\$\$	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use				, 8	
	9	Prepaid expenses and deferred charges			105,840	9	107,204
	10a	Land, buildings, and equipment cost or other basis			100,040	9	101,204
	104	Complete Part VI of Schedule D	10a	74,892			
	b	Less accumulated depreciation	<b>10</b> b	33,548	28,948	<b>10</b> c	41,344
	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			336,363	15	434,415
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,959,675	16	2,205,618
	17	Accounts payable and accrued expenses			305,151	17	568,049
	18	Grants payable			18		
	19	Deferred revenue		19	350,000		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete Part IV of	D		21		
_iabilities	22	Loans and other payables to current and former officers, on key employees, highest compensated employees, and dis		trustees,			
ide		persons Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelated third p	parties .			23	
	24	Unsecured notes and loans payable to unrelated third par	ties .			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o related t	hırd partıes,			
				•••	44,120	25	29,311
	26	Total liabilities. Add lines 17 through 25			349,271	26	947,360
sə		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re 🕨 🔽 a	nd complete			
Net Assets or Fund Balances	27	Unrestricted net assets			1,237,487	27	759,091
Ba	28	Temporarily restricted net assets			2,372,917	28	499,167
pu	29	Permanently restricted net assets				29	
r Fu		Organizations that do not follow SFAS 117 (ASC 958), ch	eck here 🖡	▶ 🔽 and			
ō		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building or equipment f				31	
et ,	32	Retained earnings, endowment, accumulated income, or o	ther funds			32	
Ź	33	Total net assets or fund balances		• •	3,610,404	33	1,258,258
	34	Total liabilities and net assets/fund balances		• •	3,959,675	34	2,205,618
							Form <b>990</b> (2015)

Form 990 (2015)

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · ·			🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,2	290,504
2	Total expenses (must equal Part IX, column (A ), line 25)	2		4 6	542,650
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		-2,3	352,146
-		4		3,6	510,404
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	0			
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,2	258,258
Par	Extine         Financial Statements and Reporting           Check if Schedule O contains a response or note to any line in this Part XII				
		· ·	· ·	Yes	No
1	Accounting method used to prepare the Form 990 $\Box$ Cash $\checkmark$ Accrual $\Box$ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	igvee Separate basis $igvee$ Consolidated basis $igvee$ Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant.		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
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		Зb		

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efile GRAPHIC print - DC			- DO I	NOT PROCES	55 As Filed Dat	a -	DLN: 93	493319107016
SCHEDULE A (Form 990 or 990EZ)		_	c		e organization is a sect 4947(a)(1) nonexe	s and Public Suppo ion 501(c)(3) organization or mpt charitable trust. 990 or Form 990-EZ.	ort 🕇	<b>2015</b>
Freasu		of the enue Service		Information al <u>vw.irs.gov/fo</u>	bout Schedule A (Form	1 990 or 990-EZ) and its instru	ctions is at	Open to Public Inspection
		ne organization					Employer identification	ation number
		ARTICIPATION CEN	TER					
							55-0889748	
	rt I					tions must complete this p		ons.
he c	organı	•			•	through 11, check only one bo	,	
1		A church, conv	ention	of churches, or	r association of church	nes described in <b>section 170(b</b>	o)(1)(A)(i).	
2	Γ	A school desci	ribed in	section 170(b)	)(1)(A)(ii).(Attach Sc	hedule E (Form 990 or 990-E	Z))	
3	Γ	A hospital or a	cooper	ative hospital	service organization d	lescribed in <b>section 170(b)(1)</b>	(A)(iii).	
4	Г				rated in conjunction w	ith a hospital described in <b>sec</b>	tion 170(b)(1)(A)(iii	). Enter the
5	Г	hospital's nam An organizatic 170(b)(1)(A)	on opera	ited for the ber		versity owned or operated by	a governmental unit o	lescribed in <b>section</b>
6						described in section 170(b)(1	L)(A)(V).	
7	~	An organization	n that n	ormally receiv	2	of its support from a governme		general public
8	Г	A community t	rust de	scribed in <b>sect</b>	ion 170(b)(1)(A)(vi)	(Complete Part II )		
9 10		receipts from a from from gross inv organization a	activitie estmen fter Jun	es related to it: it income and it e 30, 1975 Se	s exempt functions—s unrelated business tax ee <b>section 509(a)(2).</b> (	1/3% of its support from contri ubject to certain exceptions, a kable income (less section 51 (Complete Part III) t for public safety See <b>sectior</b>	and (2) no more than 1 tax) from businesse	331/3% of its support
11 a	Г Г	one or more pu the box in lines <b>Type I.</b> A supp	iblicly s s 11a th orting o	upported orgai nrough 11d tha rganization op	nizations described in It describes the type o erated, supervised, or	e benefit of, to perform the funct section 509(a)(1) or section if supporting organization and controlled by its supported of r elect a majority of the directo	509(a)(2) See <b>sectio</b> complete lines 11e, 1 rganization(s), typical	<b>n 509(a)(3).</b> Check L1f, and 11g Ily by giving the
b	Γ	organization <b>Y</b> <b>Type II.</b> A sup	<b>'ou mus</b> porting f the su	t complete Pai organization s pporting organ	rt IV, Sections A and E upervised or controlle lization vested in the s		rted organization(s), I	by having control or
с						n operated in connection with, <b>nplete Part IV, Sections A, D,</b>		grated with, its
d	Г	Type III non-f	unction	ally integrated	I. A supporting organiz	zation operated in connection st satisfy a distribution require	with its supported org	
e	Г	Check this box	(If the o	organization re	te Part IV, Sections A ceived a written detern ally integrated support	mination from the IRS that it is	s а Туре I, Туре II, Т	ype III functionally
f g	Ente			8	ns out the supported orga		· · · · · · · ·	
Nam	ne of s	(i) supported organi	zation	<b>(ii)</b> EIN	<b>(iii)</b> Type of organization	(iv) Is the organization listed in your governing	(♥) A mount of monetary support	<b>(vi)</b> A mount of other support (see

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orga listed in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
			Yes	No		
Total						

Sch	edule A (Form 990 or 990-EZ) 201	5						Page <b>2</b>
Ра	art II Support Schedule f							
	(Complete only if you Part III. If the organiz	checked the bo	ox on line 5, 7, 1	or 8 of Part I or	r if the organiza	nloto P	led to qu	alify under
5	ection A. Public Support			lesis iisteu beit	Jw, please com	piete P	<u>art III.)</u>	
	Calendar year							
(or	fiscal year beginning in)	(a)2011	(b)2012	(c)2013	(d)2014	<b>(e)</b> 2	015	(f)Total
1	Gifts, grants, contributions, and							
	membership fees received (Do	2,689,044	9,766,131	3,136,573	13,106,359		2,288,650	30,986,757
_	not include any unusual grants )							
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	<b>Total.</b> Add lines 1 through 3	2,689,044	9,766,131	3,136,573	13,106,359		2,288,650	30,986,757
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							889,874
	on line 1 that exceeds 2% of the							005,07
	amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							30,096,883
	from line 4							, ,
	ection B. Total Support	I						
	Calendar year	(a)2011	( <b>b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2	015	(f)Total
•	fiscal year beginning in) ►	2,689,044	9,766,131	3,136,573	13,106,359		2,288,650	30,986,757
7	Amounts from line 4	2,669,044	9,766,131	5,156,575	13,106,339		2,200,000	30,966,737
8	Gross income from interest, dividends, payments received							
	on securities loans, rents,	32	1,108	831	1,124		1,844	4,939
	royalties and income from							
	similar sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
10	carried on Other income Do not include							
10	gain or loss from the sale of							
	capital assets (Explain in Part	250	10,007		128		10	10,395
	VI)							
11	Total support. Add lines 7							31,002,091
	through 10						L	
12	Gross receipts from related activi					12		1,280,000
13	First five years.If the Form 990 is	for the organizati	on's first, second	, third, fourth, or fi	fth tax year as a	section	501(c)(3)	organization,
	check this box and <b>stop here</b>							
S	ection C. Computation of Pu	iblic Support I	Percentage					
14	Public support percentage for 201	.5 (line 6, column	(f) divided by line	11, column (f))		14		97 080 %
15	Public support percentage for 201	4 Schedule A, Pa	rt II, line 14			15		97 560 %
16a	<b>33 1/3% support test-2015.</b> If the	e organization did	not check the box	on line 13, and li	ne 14 is 33 1/3%		<u>i</u> . check th	
2.94	and <b>stop here.</b> The organization qu						, encer u	
b					and line 15 is 33	1/3% 01	more ch	
5	box and <b>stop here.</b> The organization	-			and fine 15 15 55	_, 5 /0 01	ere, en	
17a	10%-facts-and-circumstances tes				e 13 16a or 16h	and lin	e 14	•
27 d	is 10% or more, and if the organiz							
	in Part VI how the organization me							ted
	organization			5				▶□
b	10%-facts-and-circumstances tes	<b>t—2014.</b> If the orga	anızatıon dıd not o	heck a box on line	e 13, 16a, 16b, o	r17a,a	nd line	
	15 is 10% or more, and if the orga	anization meets th	e "facts-and-circ	umstances" test,	check this box a	nd stop I	here.	
	Explain in Part VI how the organiz	ation meets the "i	facts-and-circum	stances" test The	e organization qua	alifies as	a publicly	
	supported organization							

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

▶□

# 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.) Section A. Public Support

	ction Ai i abiic Support				1			
	Calendar year	(a)2011	(b)2012	(c)2013	(d)2014	<b>(e)</b> 20	15	(f)⊤otal
(or f	iscal year beginning in) 🕨	<b>(/</b>	(-)	(-)	(	(-)		
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							
5	that are not an unrelated trade or							
	business under section 513							
	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	<b>Total.</b> Add lines 1 through 5							
7a	A mounts included on lines 1, 2,							
	and 3 received from disqualified							
	persons							
b	A mounts 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							
<i>c</i>	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6)							
Se	ction B. Total Support							
	Calendar year	(-)2011	(1)2012	(0)2012	(4)2014	<b>(e)</b> 20	1 5	(f)Tatal
(or f	iscal year beginning in) 🕨	(a)2011	(b)2012	(c)2013	(d)2014	(e)20	15	(f)Total
9	Amounts from line 6							
10a	Gross income from interest,							
104	dividends, payments received on							
	securities loans, rents, royalties							
	securices rouns, renes, royances							
	and income from similar sources							
h	and income from similar sources							
b	Unrelated business taxable							
b	Unrelated business taxable income (less section 511 taxes)							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after							
-	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b							
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# Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V )

Se	ction A. All Supporting Organizations			
			Yes	No
1	A re all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing ielationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under			
	section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	Зb		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	Зc		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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			
с	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 was used exclusively for section $170(c)(2)(B)$ purposes	4c		
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)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
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)	7		
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)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	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 <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	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," answei b below	<b>10</b> a		
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)	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	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

11c

#### Section B. Type I 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
 I
 I
 I

 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?
 I
 I

If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

# Section C. Type II Supporting Organizations

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

# Section D. All Type III Supporting Organizations

			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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regaid	3		

# Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- **a** The organization satisfied the Activities Test Complete **line 2** below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)
- 2 <u>Activities Test</u> 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) 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 each of the supported organizations? *Provide details in Part VI* **3a**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*

2

3b

2b

Yes

No

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. 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)	з		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		

8

8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

#### Section B - Minimum Asset Amount

- Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- **a** A verage monthly value of securities
- **b** Average monthly cash balances
- c Fair market value of other non-exempt-use assets
- d Total (add lines 1a, 1b, and 1c)
- e Discount claimed for blockage or other factors (explain in detail in Part VI)
- 2 Acquisition indebtedness applicable to non-exempt use assets
- 3 Subtract line 2 from line 1d
- 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 035
- 7 Recoveries of prior-year distributions
- 8 Minimum Asset Amount (add line 7 to line 6)

#### Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

	Current Year
1	
2	
3	
4	
5	
6	

Schedule A (Form 990 or 990-EZ) 2015	Page <b>7</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (con	ntinued)
Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C , line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
а			
b			
c			
<b>d</b> 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)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$			
<ul> <li>Applied to underdistributions of prior years</li> </ul>			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> 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 3j and 4c			
8 Breakdown of line 7			
а			
b			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

#### 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

Return Reference Explanation
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efile GRAPHIC pr	int - DO NO	T PROCESS As Filed Data			DLN: 93493319107016
SCHEDULE C		Political Campaign and	d Lobbyin <mark>g</mark>	Activities	OMB No 1545-0047
(Form 990 or 990-EZ) Department of the	1 527 EZ. Dpen to Public Inspection				
Treasury Internal Revenue					
Service If the organization ar • Section 501(c)(3) of • Section 501(c) (oth • Section 527 organiz If the organization ar • Section 501(c)(3) of • Section 501(c)(3) of If the organization ar line 35c (Proxy Tax) (	ganizations C er than sectior zations Comple iswered "Yes rganizations th rganizations th iswered "Yes see separate	s" on Form 990, Part IV, Line 4, or hat have filed Form 5768 (election und hat have NOT filed Form 5768 (electio s" on Form 990, Part IV, Line 5 (Pr e instructions), then	blete Part I-C Parts I-A and C be • Form 990-EZ, Pa der section 501(h) in under section 50	low Do not complete Pa art VI, line 47 (Lobby) ) Complete Part II-A Do D1(h)) Complete Part II-I	art I-B I <b>ng Activities), then</b> o not complete Part II-B B Do not complete Part II-A
<ul> <li>Section 501(c)(4), 6</li> <li>Name of the organiza</li> </ul>		nızatıons Complete Part III		Employer	identification number
THE VOTER PARTICIPATIC				55-0889	
Part I-A Comple	te if the or	ganization is exempt under	section 501(		
		ganization's direct and indirect politi		-	
<ul><li>2 Political expendi</li></ul>			ical campaign act	>	\$
3 Volunteer hours	tures.			r.	Ψ
-		ganization is exempt under			
		e tax incurred by the organization un			► \$
		e tax incurred by organization manage	-	14955 1	► \$
-		ection 4955 tax, did it file Form 472	20 IOI this year		Yes No
<b>4a</b> Was a correction					Yes No
b If "Yes," describ Part I-C Comple		ganization is exempt under	section 501(	c), except section	<b>501(c)(3).</b>
-		nded by the filing organization for se	-		
	t of the filing o	rganization's funds contributed to of			\$
<b>3</b> Total exempt fur	ction expendit	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	► <sub>\$</sub>
4 Did the filing org	anızatıon file <b>F</b>	orm 1120-POL for this year?			Yes No
organization mac amount of politic	le payments F al contributior	nd employer identification number (E For each organization listed, enter th is received that were promptly and c political action committee (PAC) If	ne amount paid fro directly delivered	om the filing organization to a separate political	tions to which the filing on's funds Also enter the organization, such as a
<b>(a)</b> Name		<b>(b)</b> Address	(c) EIN	(d) A mount paid fro filing organization funds If none, enter	's contributions received
2					
3					
3					

Sc	nedule C (Form 990 or 990-EZ) 2015			Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768	(election
A	Check Fifthe filing organization belongs expenses, and share of excess lo	to an affiliated group (and list in Part IV each affiliate bbying expenditures)	d group member's nam	e,address,EIN,
в	Check 🕨 🔽 If the filing organization checked	box A and "limited control" provisions apply		
		bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence publi	c opinion (grass roots	0	
b	lobbying) Total lobbying expenditures to influence a leg	islative body (direct lobbying)	0	
c	Total lobbying expenditures (add lines 1a and	1b)	0	
d	Other exempt purpose expenditures		4,642,650	
е	Total exempt purpose expenditures (add lines	4,642,650		
f	Lobbying nontaxable amount Enter the amoun		382,133	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
		<u>.</u>		
g	Grassroots nontaxable amount (enter 25% of	line 1f)	95,533	
h	Subtract line 1g from line 1a If zero or less, e	nter -0-	0	
i	Subtract line 1f from line 1c If zero or less, e	nter -0-	0	
j	If there is an amount other than zero on eithe reporting section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 4720		

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

└ Yes └No

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) ⊺otal				
2a	Lobbying nontaxable amount	613,192	321,808	714,991	382,133	2,032,124				
ь	Lobbying ceiling amount (150% of line 2a, column(e))					3,048,186				
c	Total lobbying expenditures		12,848			12,848				
d	Grassroots nontaxable amount	153,298	80,452	178,748	95,533	508,031				
e	Grassroots ceiling amount (150% of line 2d, column (e))					762,047				
f	Grassroots lobbying expenditures		12,848			12,848				

# **Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		a)	(b)	
activ			No	Amount	
	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes			
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)^{2}$				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Date	+ III A Complete if the exception is exempt under section E01(e)(A) section				

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

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

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	<b>2</b> a	
b	Carryover from last year	<b>2</b> b	
с	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

# Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return	Reference

E	v	n	a	n	2	t۰	0	n	

#### Schedule C (Form 990 or 990EZ) 2015

efi	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			DLN:	93493319107016
	HEDULE D m 990)	Suppler	nental Financ	ial Statements			OMB No 1545-0047
•	rtment of the		8, 9, 10, 11a, 11b, 11	vered "Yes," on Form 990 c, 11d, 11e, 11f, 12a, or 1			2015
Treas		Information about Schedule D	Attach to Forr (Form 990) and its in		a.gov/for	<u>m990</u> .	Open to Public Inspection
Na	me of the organi				Employ	er identi	fication number
					55-088		
Pa	rt I Organi Comple	izations Maintaining Dono ete if the organization answer	<b>r Advised Funds</b> ed "Yes" on Form	or Other Similar Fu 990, Part IV, line 6.	unds or	Accou	nts.
		g	(a) Donor advised		<b>(b)</b> Fu	nds and	other accounts
1	Total numbe	r at end of year					
2	Aggregate v year)	alue of contributions to (during					
3	Aggregate v	alue of grants from (during year)					
4	Aggregate v	alue at end of year					
5	funds are the o	ation inform all donors and donor rganization's property, subject to	the organization's ex	clusive legal control?		ł	∏Yes ∏No
6	used only for cl	ation inform all grantees, donors, haritable purposes and not for the ermissible private benefit?				urpose	☐ Yes   □ No
Pa		rvation Easements. Compl	ete if the organiza	tion answered "Yes" o	n Form 9	990, Pai	
1		onservation easements held by th		k all that apply)			
	Preservati education)	on of land for public use (e g , reci	eation or	Preservation of a	n historica	ally impo	rtant land area
		of natural habitat		Preservation of a			
	Preservati	on of open space					
2	•	2a through 2d If the organization he last day of the tax year	held a qualified cons	ervation contribution in t	he form of	a conse	rvation
	Tatal averabase a	6				Held at	the End of the Year
a b		f conservation easements restricted by conservation easem	ents		2a 2b		
c		servation easements on a certified		cluded in (a)	20 2c		
d	Number of cons	servation easements included in ( ire listed in the National Register		. ,	2d		
3	Number of cons	servation easements modified, tra	nsferred, released, e	xtinguished, or terminate	d by the o	organızat	ion during the
4	Number of stat	es where property subject to cons	ervation easement is	located <b>&gt;</b>			
5	Does the organ	nzation have a written policy rega enforcement of the conservation	rding the periodic mo		lling of	Г	Yes No
6	year	teer hours devoted to monitoring,	inspecting, handling	of violations, and enforci	ng conser	vation ea	asements during the
	▶ <u> </u>						
7		enses incurred in monitoring, insp	ecting, handling of vi	plations, and enforcing co	onservatio	on easem	ents during the year
8		servation easement reported on li on 170(h)(4)(B)(II)?	ne 2(d) above satisfy	the requirements of sec	tion 170(	h)(4) [	Yes 🔽 No
9	balance sheet,	escribe how the organization repor and include, if applicable, the tex n's accounting for conservation ea	t of the footnote to th				-
Par		izations Maintaining Collec			or Othe	r Simila	ar Assets.
1a		ete if the organization answer non elected, as permitted under S			nue staten	nent and	balance sheet
Ia	works of art, his service, provid	storical treasures, or other simila e, in Part XIII, the text of the foot	r assets held for publ note to its financial s	ic exhibition, education, e tatements that describe	or researc s these ite	ch in furth ems	nerance of public
b	works of art, his	tion elected, as permitted under S storical treasures, or other simila e the following amounts relating to	r assets held for publ				
(	(i) <sub>Revenue</sub> inclu	ided on Form 990, Part VIII, line	1		▶\$		
(i	<b>ii)</b> Assets include	ed in Form 990, Part X		,			
2		ion received or held works of art, nts required to be reported under		or other similar assets fo			
а	Revenue includ	led on Form 990, Part VIII, line 1			•	▶\$	
b		d ın Form 990, Part X			►	• \$	
For I	Paperwork Reduc	tion Act Notice, see the Instructi	ons for Form 990.	Cat No	52283D	Sche	dule D (Form 990) 2015

Schedule D (Form 990) 2015 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) d а Public exhibition Loan or exchange programs b Other Scholarly research Г С Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No **Escrow and Custodial Arrangements.** Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table A mount b с Beginning balance 10 d 1d Additions during the year 1e Distributions during the year f 1f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2a b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII 🛛 . Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Prior year **b** (c)Two years back (d)Three years back (e)Four years back 1a Beginning of year balance Contributions h . . . . С Net investment earnings, gains, and losses d Grants or scholarships . . Other expenditures for facilities е and programs . . . . Administrative expenses End of year balance a . . . . . Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as 2 а Board designated or quasi-endowment > h Permanent endowment > С Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the 3a organization by Yes No (i) unrelated organizations . 3a(i) 3a(ii) (ii) related organizations . If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Cost or other basis (b) Accumulated (d)Book value Description of property (a) Cost or other basis (investment) (c) depreciation (other) 1a Land .

**b** Buildings . .

d Equipment .

e Other

c Leasehold improvements

.

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

Schedule D	(Form	990)	2015
ochedule D	(1 01111	220,	1010

41.344

41,344

33,548

►

74.892

Part VIII Investments—Other Securities. Comp See Form 990, Part X, line 12.	plete if the organi	zation answered 'Ye	es' on Form	n 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		<b>(b)</b> Book value		c)Method of valuation r end-of-year market value
1)Financial derivatives				
2)Closely-held equity interests				
3)Other				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
art VIIII Investments—Program Related. Complete if the organization answered 'Y	′es' on Form 990,	Part IV, line 11c. <sub>S</sub>	ee Form 99	90, Part X, line 13.
(a) Description of investment		(b) Book value		) Method of valuation r end-of-year market value
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )	•			
Part IX Other Assets. Complete if the organization a (a) Descript		orm 990, Part IV, line	11d See Fo	<b>(b)</b> Book value
L) DEPOSIT 2) DUE FROM WVWV ACTION FUND				11,999 422,416
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 ,	)		· . •	434,415
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.		'Yes' on Form 990,		
(a) Description of liability	(b) Book value			

1.	(a) Description of liability	(b) Book value
Federal Inco	me taxes	
DEFERRED	29,311	
Total. (Colum	n (b) must equal Form 990. Part X. col (B) line 25)	• 29.311

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII 🔽

Schedule D (Form 990) 2015

Par	<b>t XI Reconciliation of Revenue per Audited Financial Statements With Revenue</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,306,900
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
Ь	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines <b>2a</b> through <b>2d</b>	2e	16,396
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,290,504
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . <b>4a</b>		
b	Other (Describe in Part XIII )		
с	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12).......	5	2,290,504
Pari	XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	4,659,046
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII )		
е	Add lines <b>2a</b> through <b>2d</b>	2e	16,396
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,642,650
4	Amounts included on Form 990, Part IX, line 25, but not on line <b>1:</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b 🔒 📕 🔒		
b	Other (Describe in Part XIII )		
с	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	4,642,650

# Part XIII Supplemental Information

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

Return Reference	Explanation
	FOR THE YEAR ENDED DECEMBER 31, 2015, VPC 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 QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS

Page 4

Part XIII Supplemental In	formation (continued)
Return Reference	Explanation

#### Schedule D (Form 990) 2015

efile GRAPHIC print - D	OO NOT PROCESS	As Fi	iled Dat	a -		DLN:	93493319107016
SCHEDULE G (Form 990 or 990-EZ)	Fun Complete If the organi	draisi zation answ	ng or	Gaming Activi	ties 17, 18, or 19	, or if the	OMB No 1545-0047
Department of the Treasury Internal Revenue Service		► Atta	ach to Form	990 or Form 990-EZ		ov/form990	Open to Public Inspection
Name of the organization THE VOTER PARTICIPATIO	Supplemental Information Regarding Fundraising or Gaming Activities         Complete if the organization answered "Yes" on Form 990, Part IV, Ines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-E2. The Source Service         Match to Form 990 or Form 990-E2. The Source Service         Of the organization of the organization OTER PARTICIPATION CENTER         Information about Schedule 6 (Form 990 or 990-E2) and its instructions is at www. vs. gov/form990         OTER PARTICIPATION CENTER         Information about Schedule 6 (Form 990 or 990-E2) and its instructions is at www. vs. gov/form990         OTER PARTICIPATION CENTER         Information about Schedule 6 (Form 990 or 990-E2) and its instructions is at www. vs. gov/form990.         Match to Form 990-E2         Fundraising Activities.Complete if the organization answered "Yes" on Form 990, Part Form 990-E2 filers are not required to complete this part.         Indicate whether the organization raised funds through any of the following activities. Check all that apply         Mail solicitations       f       Solicitation of onon-government grants         P hone solicitations       g       Special fundraising events         Internet and email solicitations       f       Solicitation of government grants         P hole solicitations       g       Special fundraising events	Employer iden	tification number				
					" on Forr		, line 17.
<b>1</b> Indicate whether the org	anization raised funds	through	any of the	following activities	Check all	that apply	
<b>a</b> Mail solicitations			е	🗸 Solicitation of	non-govei	rnment grants	
<b>b</b> Internet and emails	olicitations		f	Solicitation of	governme	nt grants	
c 🔽 Phone solicitations			g	Special fundrai	sıng even	ts	
d 🔽 In-person solicitatio	ons						
						· · · · · · · · · · · · · · · · · · ·	es No
				ers) pursuant to agre	ements u	nder which the fu	ındraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrai cust cont	ser have ody or trol of		(or	retained by) aiser listed in	(vi) A mount paid to (or retained by) organization
1 THE BONNER GROUP 455 MASSACHUSETTS AVE NW SUITE 6 WASHINGTON, DC	CONSULTING	Yes			0	205,009	- 2 0 5 ,0 0 9
2 LESLIE MACDONALD JI 6 POND VIEW DR			No		0	90,357	-90,357
3	<u>+</u>						
4							
5							
6							
7							
8							
9							
10		1			_		

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

►

CA, DC, MA, NY

Total

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

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295,366

Schedule G (Form 990 or 990-EZ) 2015

-295,366

Schedule G	(Form 99	0 or 990-EZ)	2015
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Ρ	а	a	e	2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a)Event #1	(b)Event #2	(c)O ther events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
ne						
e						
Revenue	1	Gross receipts				
ã						
	2	Less Contributions				
	3	Gross income (line 1 minus				
		lıne 2)				
	4	Cash prizes				
	5	Noncash prizes				
		·				
S	6	Rent/facility costs				
benses	7	Food and beverages				
	<b>`</b>	Food and beverages				
ង	8	Entertainment				
e.	] 7	Other direct expenses				
Direct	10	Direct expense summary Add lines	4 through 9 in column (d)	)		
			0 from 100 - 2 100	,	•	
	11	LNet income summary Subtract line :	LU from line 3, column (d	)	🕨	

## Part IIII Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	<b>1</b> Gross revenue				
ses	2 Cash prizes				
Expenses	<b>3</b> Noncash prizes				
Direct E	<b>4</b> Rent/facility costs				
Ō	5 Other direct expenses				
	6 Volunteer labor		├ Yes% └ No	└─ Yes% └─ No 	
	8 Net gaming income summary Subtra	ict line 7 from line 1, col	umn (d)		
9 a b	Enter the state(s) in which the organiza Is the organization licensed to conduct If "No," explain		∏Yes ∏No		
	Were any of the organization's gaming h	icenses revoked, suspe	nded or terminated during	g the tax year?	
					orm 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015

11	Does the organization conduct gami	ng activities with nonmem	pers?		Yes	No		
12	Is the organization a grantor, benefi	ciary or trustee of a trust o	r a member of a partnership or other entity	,				
	formed to administer charitable gam	ning?			Yes			
13	Indicate the percentage of gaming a	ictivity conducted in			1	1		
а	The organization's facility			13a			9	
b	An outside facility			13b			9	
14	Enter the name and address of the p	person who prepares the org	ganization's gaming/special events books	and reco	ords			
	Name 🕨							
	Address 🕨							
15a	Does the organization have a contra	ict with a third party from w	hom the organization receives gaming					
	revenue?				Yes	No		
b	If "Yes," enter the amount of gaming	g revenue received by the o	organization 🕨 \$ ar	id the				
	amount of gaming revenue retained by the third party $\blacktriangleright$ \$							
с	If "Yes," enter name and address of the third party							
	Name ►							
	Address 🕨							
16	Gaming manager information							
	Name 🕨							
	Gaming manager compensation ▶ \$							
	Description of services provided							
	Director/officer	Employee	☐ Independent contractor					
17	Mandatory distributions							
a		tate law to make charitable	e distributions from the gaming proceeds to	)				
	retain the state gaming license?				Yes			
Ь	0 9	quired under state law distr	ributed to other exempt organizations or sp	pent	res			
_	in the organization's own exempt ac							
Pa	rt IV Supplemental Informa	tion. Provide the expla 15b, 15c, 16, and 17b,	nations required by Part I, line 2b, c as applicable. Also complete this par					
	Return Reference		Explanation					

efi	le GRAPHIC p	orint - DO NOT PROCESS As Fil	ed [	Data -	DLN: 934	9331	9107	016
Schedule J		Compen	sat	ion Information	0 M I	BNo :	L545-0	0047
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest						
								5
				h to Form 990.		_		_
Depar Treas	tment of the ury	Information about Schedule J (Form	990)	and its instructions is at <u>www.irs</u>			o Pul ectio	
	al Revenue Service							
	ne of the organiz VOTER PARTICIPAT				Employer identificat	ion nui	mber	
De					55-0889748			
Pa	rt I Questi	ons Regarding Compensation					Yes	Na
1a		ropiate box(es) if the organization provide					res	No
		Section A, line 1a Complete Part III to p s or charter travel			-			
	·			Housing allowance or residence fo Payments for business use of pers				
	•	nification and gross-up payments		Health or social club dues or initia		Ì		
		nary spending account	, L	Personal services (e.g., maid, cha		i	İ	
	,	,	1			i	İ	
b		xes in line 1a are checked, did the organi or provision of all of the expenses descri				1b		
2	-	ation require substantiation prior to reiml rees, officers, including the CEO/Executiv			•			
	uncetors, trust	ices, oncers, mendang the CEO/Executiv		cetor, regarding the items checked	a in fine 1a.	2		
3	Indicate which	, if any, of the following the filing organizat	tion ii	used to establish the compensation	ofthe			
5	organization's	CEO/Executive Director Check all that a ed organization to establish compensatio	pply	Do not check any boxes for metho	ods			
	Compensa	ation committee	$\square$	Written employment contract				
	Independe	ent compensation consultant	$\checkmark$	Compensation survey or study				
	Form 990	of other organizations	$\checkmark$	Approval by the board or compens	ation committee			
4	During the year or a related org	r, dıd any person listed on Form 990, Parl Janızation	t VII,	, Section A , line 1a with respect to	the filing organization			
а	Receive a seve	erance payment or change-of-control pay	ment	2		4a		No
b	Participate in, o	or receive payment from, a supplemental	nonq	ualified retirement plan?		4b		No
с	Participate in, o	or receive payment from, an equity-based	l com	pensation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and provid	e the	applicable amounts for each item	ın Part III			
	Only $501(c)(3)$	, 501(c)(4), and 501(c)(29) organization:	c muc	st complete lines 5-9				
5	For persons lis	ted on Form 990, Part VII, Section A, lin contingent on the revenues of		•	any			
а	The organizatio	<sup>2</sup> nc <sup>2</sup>				5a		No
b	Any related org	•				5b		No
	If "Yes," on line	e 5a or 5b, describe in Part III						
6	•	ted on Form 990, Part VII, Section A, lin contingent on the net earnings of	e 1a,	did the organization pay or accrue	any			
а	The organization	on?				<b>6</b> a		No
b	Any related org					6b		No
		e 6a or 6b, describe in Part III						
7	payments not c	ted on Form 990, Part VII, Section A, lin described in lines 5 and 6? If "Yes," desc	ribe i	n Part III		7		No
8		ints reported on Form 990, Part VII, paid nitial contract exception described in Reg						N -
9		e 8 , did the organization also follow the rel	hutta	hle presumption procedure describ	ed in Regulations	8		No
2	section 53 495		ouild	bie presumption procedure describ	ea in Regulations	9		
For F	aperwork Reduc	tion Act Notice, see the Instructions for	Form	990. Cat No	50053T Schedule	J (For	m 990	) 2015

#### Schedule J (Form 990) 2015

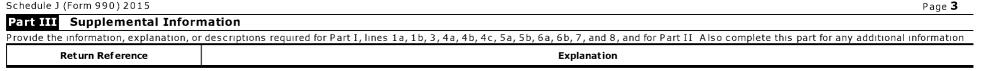
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(11) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	(F) Compensation in	
		Base (1) 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	
1 PAGE GARDNER PRESIDENT	(i)	190,000	0	0	0	0	190,000	0	
	(ii)	0	0	0	0	0	0	0	
2 GAIL KITCH SR VP OF COMMUNICATIONS	(i)	159,680	0	0	0	12,163	171,843	0	
& FINANCE	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015





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SCHEDULE O (Form 990 or	••		o Form 990 or 990-EZ	омв № 1545-0047 <b>2015</b>
990-EZ) Department of the Treasury Internal Revenue	nt of the Information about Schedule O (Form 990 or 990-EZ) and its instructions is a www.irs.gov/form990.		Open to Public	
Service			r identification number	
55-08897		9748		

Return Reference Explanation	
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS WITH THE ASSISTANCE OF THE CFO THE FORM WAS REVIEWED BY THE CFO AND THE PRESIDENT/CEO THE FINAL FORM 990 WAS DISTRIBUTED ELECTRONICALLY TO THE BOARD FOR REVIEW BEFORE FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON A HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, B HAS READ AND UNDERSTANDS THE POLICY, C HAS AGREED TO COMPLY WITH THE POLICY, AND D UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE LEAVES THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST. IT INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	IN DETERMINING COMPENSATION, THE BOARD RELIED ON AN INDEPENDENT SURVEY OF COMPENSATION DATA COMPILED OF CHIEF EXECUTIVE OFFICERS FOR ORGANIZATIONS OF COMPARABLE SIZE IN THE DC AREA. THE PROCESS AND THE DECISION OF THE BOARD IS DOCUMENTED IN THE MINUTES OF THE BOARD A COPY OF THE BOARD'S DECISION IS ALSO INCLUDED IN THE PERSONNEL FILE A SIMILAR PROCESS IS ALSO USED FOR OTHER OFFICERS OF THE ORGANIZATION, WHERE THE BOARD USES COMPARABLE DATA TO DETERMINE COMPENSATION. THE LAST COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2014

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	RESEARCH CONSULTANT PROGRAM SERVICE EXPENSES 205,400 MANAGEMENT AND GENERAL EXPENSES 41,833 FUNDRAISING EXPENSES 1,867 TOTAL EXPENSES 249,100 COMMUNICATIONS PROGRAM SERVICE EXPENSES 118,738 MANAGEMENT AND GENERAL EXPENSES 24,183 FUNDRAISING EXPENSES 1,079 TOTAL EXPENSES 144,000 OUTREACH/DEVELOPMENT PROGRAM SERVICE EXPENSES 108,513 MANAGEMENT AND GENERAL EXPENSES 22,101 FUNDRAISING EXPENSES 986 TOTAL EXPENSES 131,600 DATA ANALYSIS PROGRAM SERVICE EXPENSES 275,222 MANAGEMENT AND GENERAL EXPENSES 56,054 FUNDRAISING EXPENSES 2,501 TOTAL EXPENSES 333,777 OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 57,387 MANAGEMENT AND GENERAL EXPENSES 11,687 FUNDRAISING EXPENSES 523 TOTAL EXPENSES 69,597