Return of Organization Exempt From Income Tax

For Paperwork Reduction Act Notice, see the separate instructions.



9821907501

OMB No 1545-0047

20**18**

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for Instructions and the latest information. \分\

20 2018, and ending For the 2018 calendar year, or tax year beginning D Employer identification number C Name of organization TRUE THE VOTE. INC В Check if applicable: 27-2860095 Doing business as Address change Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change PO BOX 131768 \Box Initial return City or town, state or province, country, and ZIP or foreign postal code П Final return/terminated 436046 \Box HOUSTON, TX 77219-1768 G Gross receipts \$ Amended return H(a) Is this a group return for subordinates? Yes X No F Name and address of principal officer CATHERINE H ENGELBRECHT Application pending Mb) Are all subordinates included? 🔲 Yes 🔲 No 13909 TRACK ROAD EAST CAT SPRING, TX 78933 If "No," attach a list (see instructions) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Tax-exempt status H(c) Group exemption number ▶ Website: ▶ L Year of formation 2010 M State of legal domicile: TX Part I Briefly describe the organization's mission or most significant activities: To equip citizens to take a stand for free and fair elections Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 8000 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 38 Prior Year Current Year 436046 423535 Contributions and grants (Part VIII, line 1h) . . . 8 Revenue Program service revenue (Part VIII, line 2g) q 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 423535 436046 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 121285 159392 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 266018 442103 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 563388 425410 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 10636 -139853 Revenue less expenses. Subtract line 18 from line 12 19 End of Year Begin ning of Current Year 66650 60732 Total assets (Part X, line 16) 20 JAN **1 1**. 2021 6625 1907 21 Total liabilities (Part X, line 26) . . 54107 64743 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schoolies, and statements, and to the best of my knowledge, and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Date Sign Signature of officer CATHERINE H ENGELBRECHT, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check 🔲 if **Paid** CHAR ESTES 09/15/2019 P01773344 self-employed Preparer EVERYONES TEXAS TAX SERVICE 45-5134636 Firm's name ▶ Firm's EIN ▶ **Use Only** 5018 ANTOINE DR SUITE D 77092-3352 713-683-8888 Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes 🗌 No

Form **990** (2018)

Form 99	00 (2018) Page 2
Part	Check if Schedule O contains a response or note to any line in this Part III
``1	Briefly describe the organization's mission: TO EQUIP CITIZENS TO TAKE A STAND FOR FREE AND FAIR ELECTIONS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.) (Expenses \$ Including grants of \$) (Revenue \$)
4e	Total program service expenses ▶



Part	Checklist of Required Schedules			
			Yes	No
Υ΄	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Х	
2	complete Schedule A	2		Х
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		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
Ū	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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	11a		х
b	The state of the s	11b		X_
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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		
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? If "Yes," complete Schedule F, Parts I and IV	14b		x
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		Х
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? If "Yes," complete Schedule F, Parts III and IV.	16		х
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Par	Checklist of Required Schedules (continued)			
4.			Yes	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? If "Yes," complete Schedule I, Parts I and III	22		х
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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 pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
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		х
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•	• •	
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
`2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u></u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
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		
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	一十	
b	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		
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_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/n		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Ì	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		İ	l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
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 year 12b	i i	ĺ	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	}		J
_	the organization is licensed to issue qualified health plans			
с 14а	Enter the amount of reserves on hand	14a	\rightarrow	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
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Part					
٠,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	• •	<u> </u>
Sect	ion A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 4		100	
	If there are material differences in voting rights among members of the governing body, or		1		'
	if the governing body delegated broad authority to an executive committee or similar		1		.
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 4	4		1 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business in any other officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		
5	Did the organization become aware during the year of a significant diversion of the organization		5		
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		
ь	Are any governance decisions of the organization reserved to (or subject to approval	by) members,			
8	stockholders, or persons other than the governing body?		7b		1
	the year by the following:	20.12.10.1. Cag			
а	The governing body?		8a		
b	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	9		
Secti	on B. Policies (This Section B requests information about policies not required by the	Internal Reven	ue C	ode.)	
			[40]	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	-	<u>X</u> _
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem	ot purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the copy	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	Х	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	rise to conflicts?	12b	$\frac{x}{x}$	
c	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"		х	
13	describe in Schedule O how this was done		12c	X	—
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	nd approval by			
а	The organization's CEO, Executive Director, or top management official		15a	х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				$\neg \gamma$
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?	ar arrangement	16a		
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 organization's exempt status with respect to such arrangements?	safeguard the	16b	-	
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 000 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable) (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Sch	, 990, and 990-T apply.			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer financial statements available to the public during the tax year.		•		, and
20	State the name, address, and telephone number of the person who possesses the organization CATHERINE ENGELBRECHT 832-444-7701 13909 TRACK ROAD E CAT SPRING TX 78933	n's books and red	ords l	•	

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Form **990** (2018)

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

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

- 1a Complete this table for all persons required to be listed. 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, and 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 no	r anv relate	d ora	aniz	atic	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	ot ch	Pos neck s pe	C) ition more rson	than o	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CATHERINE ENGELBRECHT	65									
EXECUTIVE DIRECTOR		Х		ļ	<u> </u>			143071	0	0
(2) DIANNE JOSEPHS BOARD MEMBER	1	Х						o	٥١	0
(3) GREGG PHILLIPS	1	Λ		┢	\vdash					
BOARD MEMBER	 	х						0	o	0
(4) BRENT MUDD	1							<u> </u>		
BOARD MEMBER	†	X						0	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										-
(13)										
(14)										

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Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (co	ntinued)	_ 	
	•				•	C)					ļ		
•	(A)	(B)	(do r	ot ch		ition more	e than	one	(D)	(E)		(F)	
	Name and title	Average hours per	box,	box, unless person is both		box, unless person is both a officer and a director/truste			h an	Reportable compensation	Reportable compensation fi		Estimated Imount of
		week (list any		1	. –	,			from	related		other	
		hours for	Individual trustee or director	Institutional truster	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MIS		mpensation from the	
		related organizations	호흡	다	≝	턝	oye est	ব্	(W-2/1099-MISC)			ganization	
		below dotted	악류	Tel.		§	• 🖁		ľ	ŀ	I	nd related	
		line)	l ste	trus .		8	l B				ort	ganızations	
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		l		Ш				Ļ	142071				
1b	Sub-total			•	•		•		143071				
C	Total from continuation sheets to Part			•	•		•	P	143071				
d	Total (add lines 1b and 1c)									ero than \$100	000 of		
2	reportable compensation from the organi		i to tri	ose	IISL	eu a	ADOVE	3) W	no received me	ne man proc	,,000 01		
	reportable compensation from the organi	Zation										Yes No	
3	Did the organization list any former of	ficar direct	tor o	r +r	uete	20	kov s	mn	lovee or high	est compens	bote:		
3	employee on line 1a? If "Yes," complete S									est compens	3	Х	
4	For any individual listed on line 1a, is the									encation from	n the		
4	organization and related organizations	greater tha	301 (a) 30 \$1	50 t	บบบ	1961	"Ye	nı a. S."	complete Sch	edule J for	such		
	individual							-, 			. 4		
5	Did any person listed on line 1a receive o	r accrue co	mper	nsat	ion	fror	n any	un	related organiz	ation or indiv	idual		
	for services rendered to the organization?												
Section	on B. Independent Contractors												
1	Complete this table for your five highest of												
	compensation from the organization. Rep	ort comper	nsatic	n fo	or th	e c	alend	ar y	ear ending wit	h or within the	ə organiza	tion's tax	
	year.							·					
	(A)								(B)			C)	
	Name and business add						-		Description of se	SI VICES		nsation	
								ļ					
								<u> </u>					
	-							<u> </u>	1				
2	Total number of independent contracto							th:	ose listed abo	ove) who			
	received more than \$100,000 of compensation	ation from t	ne or	yanı	zati	ON I				ja ja	_	000	
											F	om 990 (2018)	

ı aı		Check if Schedule O contains a response or note to	o anv line in this	Part VIII		🗆
	,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
के क	1a	Federated campaigns 1a				
ia i	b	Membership dues 1b				5/31 784
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c				The second
	d	Related organizations 1d]			100
	е	Government grants (contributions) 1e				34.
	f	All other contributions, gifts, grants,				
章養		and similar amounts not included above 1f 436046				14文章
Ĕ	g	Noncash contributions included in lines 1a–1f: \$				" ,
<u>೧</u> <u>ឌ</u>	h	Total. Add lines 1a–1f	436046			40
Program Service Revenue		Business Code				
evel	2a					
e e	b					
<u>Ş</u> .	C					· · · · · · · · · · · · · · · · · · ·
Š	d			 -		
퉏	e	All other programmes and in the second			-	
ğ	g	All other program service revenue . Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,				
	•	and other similar amounts)				·
	4	Income from investment of tax-exempt bond proceeds ▶				
	5					
		Royalties				
	6a	Gross rents				
	ь	Less: rental expenses				
	С	Rental income or (loss)				, ,
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				1
		assets other than inventory			1	
	Ь	Less: cost or other basis				1
	ŀ	and sales expenses	1		İ	1,5
	C	Gain or (loss)				
	d	Net gain or (loss)				- ACT
9	8a	Gross income from fundraising				7.00
ē	04	events (not including \$	Ì			
Revenue		of contributions reported on line 1c).				7 marija 1
		See Part IV, line 18 a				1.8195.00
Other	ь	Less: direct expenses b				* 35
0		Net income or (loss) from fundraising events .				
		Gross income from gaming activities.				, ,
		See Part IV, line 19 a	·			
	b	Less: direct expenses b				,
		Net income or (loss) from gaming activities •				
	10a	Gross sales of inventory, less				333
		returns and allowances a	,			
		Less: cost of goods sold b		·		107 - 78395 m
	С	Net income or (loss) from sales of inventory				
	44-	Miscellaneous Revenue Business Code				
	11a					
	b				.	
	d	All other revenue				
	e	Total. Add lines 11a–11d		· - · ·		1
	12	Total revenue. See instructions	436046			

	statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con	molete all columns. A	All other organization	ns must complete co	olumn (A).
<u></u>	Check if Schedule O contains a respor				000
	ot include amounts reported on lines 6b, 7b, 3b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			ا مر جا	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			are the	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			. 4,4	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	143071	143071		
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 8	Other salaries and wages	14026	14026		
9	Other employee benefits				
10	Payroll taxes	2295	2295		
11	Fees for services (non-employees):				
а	Management				
b	Legal		_		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion				
13	Office expenses	17292	17292		
14	Information technology	57969	57969		
15	Royalties				
16	Occupancy	52262	- 52262		
17	Travel	53363	53363		. <u>.</u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization .	-			
23	Insurance				
24	Other expenses, Itemize expenses not covered				150
	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.)			,	
а	LEGAL PROF	8143	8143		
b	PHONE COMMUNICATIONS	6433	6433		
C	BANK FEES	540	540		
d	MISC	638	638		
0	All other expenses Other program service expenses Payme				
25	Total functional expenses. Add lines 1 through 24e	425410	425410		
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)				

_	4	TRUE THE VOTE, INC	27	-286	50095
_	m 990 (2	· · · · · · · · · · · · · · · · · · ·			Page 11
	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pal			
~		Check it Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		(B) End of year
	T 1	Cash—non-interest-bearing	20125	1	4754
	2	Cash—non-interest-bearing		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		-	
	"	trustees, key employees, and highest compensated employees.			ا الله الله الله الله الله الله الله ال
		Complete Part II of Schedule L	40607	5	61896
	١.	· •	10007	-	02030
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			. ,
		sponsonng organizations of section 501(c)(9) voluntary employees beneficiary		[[. [
ø		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
AS	8	Inventories for sale or use	_ 	8	
-	9	Prepaid expenses and deferred charges	····	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			i
	ь	Less: accumulated depreciation 10b		10c	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	60732	16	66650
	17	Accounts payable and accrued expenses	6625	17	1907
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
8	22	Loans and other payables to current and former officers, directors,			
<u>I</u>		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties [23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6625	26	1907
g,		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		1	j
일		complete lines 27 through 29, and lines 33 and 34.			
喜	27	Unrestricted net assets		27	
ĕ	28	Temporarily restricted net assets		28	
[29	Permanently restricted net assets		29	
ᄯ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ △ and complete lines 30 through 34.	ĺ		' 4
<u>~</u>	00	·		_	
# #	30	Capital stock or trust principal, or current funds		30	
ğ	31	Paid-in or capital surplus, or land, building, or equipment fund	54107	31	64743
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds .	54107	32	64743
z	34	Total liabilities and not seem for the balances	60732	34	66650
ZNA		Total liabilities and net assets/fund balances	00732	34	Form 990 (2018)

Form **990** (2018)

QNA

Form 990 (2018) Page 12 Part Xi Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 436046 425410 2 Total expenses (must equal Part IX, column (A), line 25) 2 10636 3 3 Revenue less expenses. Subtract line 2 from line 1 54107 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . 4 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 64743 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No Accounting method used to prepare the Form 990:
Cash
Accrual
Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in X За 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.

SCHEQULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

27-2860095 TRUE THE VOTE, INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from growther trained to the exempt functions—subject to deficial exceptions, and (2) in the training support from growth income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of isted in your governing other support (see (described on lines 1-10 support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Schedule A (Form 990 or 990-EZ) 2018

	7						
Part							
	(Complete only if you checked the						alify under
٠	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						<i>'</i>
2	Tax revenues levied for the						
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	·			/		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					Total	
6	Public support. Subtract line 5 from line 4			/			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			/			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	1		_			
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her			· · · · · ·			> 🗀
Secti	on C. Computation of Public Suppor	t Percentage	е				
14	Public support percentage for 2018 (line 6					14	%
15	Public support percentage from 2017 Sch	edule A, Part	II, line 14 .			15	<u></u> %
16a	331/3% support test-2018. If the organi	zation did not	check the box	on line 13, ar	nd line 14 is 33	11/3% or more,	check this
	box and stop here. The organization qual	•	•	-			
b	331/3% support test—2017. If the organization this box and stop here! The organization						ore, check ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "i	ets the "facts	-and-circumsta	ances" test, ch	eck this box a	ind stop here.	Explain in
	organization			· · · · ·	· · · · · ·		> []
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	e "facts-and-c s-and-circums	ircumstances"	' test, check t	his box and s	top here.
18	Private foundation. If the organization did	d not check a			, or 17b, checl	k this box and	see
	instructions	<u> </u>	<u></u>	<u></u>	<u></u>	· · · · ·	▶ 🗆
	/	-				edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018

Part III	Support Sc	chedule for Org	ganizations	Described in S	ection 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sect	ion A. Public Support	_					
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees					ļ	
	received (Do not include any "unusual grants")	1193092	940764	304891			2438747
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	127		129904			130031
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	2	2				4
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	•						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1193221	940766	434795			2568782
	Amounts included on lines 1, 2, and 3		3201.00		_		
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						2568782
	on B. Total Support		T		4 B 0047	() 0040	(O Tabal
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015 940766	(c) 2016 434795	(d) 2017	(e) 2018	(f) Total 2568782
9	Amounts from line 6	1193221	940766	434/93			2300762
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources .						
ь	Unrelated business taxable income (less	i	_				-
_	section 511 taxes) from businesses		i				
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)		1				
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)	1193221	940766	434795			2568782
14	First five years. If the Form 990 is for th				or fifth tax ve	ear as a sectio	
• •	organization, check this box and stop her	-					• 🗅
Secti	on C. Computation of Public Suppor			<u> </u>	-		
15	Public support percentage for 2018 (line 8			3, column (f))			0.000 %
16	Public support percentage from 2017 Sch	edule A, Part I	ll, line 15 .		<u></u>	16 100	0.000 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (I		• •	-		17	
18	Investment income percentage from 2017					18	<u>%</u>
19a	331/3% support tests—2018. If the organi						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests – 2017. If the organize line 18 is not more than 331/3%, check this b						
20			_	•	-		
~~	Private foundation. If the organization did	a not check a t	,OA OH III IE 14,	ısa, ur isu, Ci	ICCK LIIIS DOX	ぬけい うせせ けらばせ	Juons 🚩 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, 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 Part VI 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 Part VI when and how the organization made the determination.	3b		,
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 Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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? 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.	4b		
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.	4-		
5а	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).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 I of Schedule L (Form 990 or 990-EZ).	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 Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a 10b		二

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

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3b

Schedule A (Form 990 or 990-EZ) 2018

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Page	o

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			lain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Sec	tions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection 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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			11 Sept.
instructions for short tax year or assets held for part of year):			الم والراب
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	<u> </u>	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			4,7
factors (explain in detail in Part VI):			, 41
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	_	
7 Check here if the current year is the organization's first as a non-functional	ly int	tegrated Type III support	ing organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 7

	V Type III Non-Functionally Integrated 509(a)(s) Supporting Organ	izations (continued)	Current Veer
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
_	organizations, in excess of income from activity	_ _		
		poses of supported orga	ınızatıons	
	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.	<u> </u>		
	Total annual distributions. Add lines 1 through 6.	1.41		
	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	en the organization is res	sponsive	
9_	Distributable amount for 2018 from Section C, line 6			
<u>10</u>	Line 8 amount divided by line 9 amount		f n	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.	,		د مغیر دارد در در در در در در در در در در در در د
3	Excess distributions carryover, if any, to 2018			67 , \$15. 67 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	From 2013			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
b	From 2014			T. 1 / G 2 m 19 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m
С				127,12
d	From 2016			* 27 F
е	From 2017			in in
f	Total of lines 3a through e			A STA
g	Applied to underdistributions of prior years			35. 27
h	Applied to 2018 distributable amount			
<u>i</u> _	Carryover from 2013 not applied (see instructions)			, (4.4 <u>K</u>)
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			S. C. Maria
4	Distributions for 2018 from			
	Section D, line 7:			
<u>a</u>	11			Co, i
<u> </u>	Applied to 2018 distributable amount			
<u>_</u> _	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			ئى ئىلىلىكى ئىلىكى br>ئىلىن ئىلىكى ئىلىكى ئىلىكى ئىلىكى ئىلىكى ئىلىكى ئىلىكى ئىلىكى ئىلىكى ئىلىكى ئىلىكى ئىلىكى ئىلىكى ئىلىكى ئىلىكى
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			الله الله الله الله الله الله الله الله
8	Breakdown of line 7:			4.1
а	Excess from 2014			6. %
b	Excess from 2015			2 - 2nd, hr
С	Excess from 2016			4.
ď	Excess from 2017			in sac on
e	Excess from 2018			· At the

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization TRUE THE VOTE, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Schedule D (Form 990) 2018

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply): a Public exhibition	Par	t IIII Organizations Maintaining	Collections of	Art, His	torical	Treasures	s, or Ot	her Similar As	sets (continu	<u>(ea)</u>
b Scholarly research e Other	3			her reco	rds, ched	ck any of th	ne follov	wing that are a s	ignificant use	of its
b Scholarly research e Other	а	Public exhibition		d	☐ Loan	or exchan	ge prog	rams		
c	b	Scholarly research			_					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 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?	C	<u> </u>	S		_					
XIII.	_			and expl	ain how t	hev further	the ord	anization's exen	npt purpose in	Part
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? Part IV	-	•				,	_	•		
Part IV Escrow and Custodial Arrangements.	5		solicit or receive	donation	ns of art	historical t	reasure	s, or other simila	ır	
Escrow and Custodial Arrangements. 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? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1 1d	•	assets to be sold to raise funds rather	than to be mainta	uned as	part of th	e organizat	ion's co	ellection?		No
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 No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 16	Par					J				
included on Form 990, Part X? Ves No No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id	, a	Complete if the organization 990, Part X, line 21.	answered "Yes"							n
C Beginning balance	1a									No
d Additions during the year 1d	b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing t	able:		l Ar	mount	
d Additions during the year Ending balance Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_	Reginning belance					10			
Ending balance 1e 1f 1 1 1 1 1 1 1 1										
Ending balance If		- ·								
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		o ,					<u> </u>			—
Part V Endowment Endowment In Part XIII. Check here if the explanation has been provided on Part XIII. □ Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										NI.
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a. See Form 990, Part IV, line										
Complete if the organization answered "Yes" on Form 990, Part IV, Inne 10. a Gournet year (b) Prior year (c) Two years back (d) Three years back (e) Four years bac			art XIII. Check here	e if the e	xpianatio	n nas been	provide	ed on Part XIII .	<u>· · · · </u>	
(a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back	Par			" -	000 1	David IV Jum	- 10			
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 5a(ii) related organizations 4 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Pescription of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Other		Complete if the organization						(d) Three years back	(a) Four years b	
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d Grants or scholarships	b	ì		_						
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b Buildings		Description of property	***		' '				(d) Book value	
b Buildings	1a	Land								
c Leasehold improvements		ŧ								
d Equipment		· ·								
e Other		·						_		—
		- : ·							·	
				0. Part 1	Column	(R) line 10)c)			—

Schedule D (Form 990) 2018

Part VII	Investments — Other Securities. Complete if the organization answ	vered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	n 990, Part X, line 12.
,	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	thod of valuation I-of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(^)					
(B)					
(C) (D)					
(E)					
(E) (F)	·	•••••			
(G)					
(H)					
Total. (Column (t	o) must equal Form 990, Part X, col (B) line 12.) ▶				
Part VIII	Investments—Program Related	•			
	Complete if the organization answ	vered "Yes" on For			
	(a) Description of investment		(b) Book value		thod of valuation I-of-year market value
(1)					· · · · · · · · · · · · · · · · · · ·
_(2)					
(3)					
(4)					
(5)					
<u>(6)</u> <u>(7)</u>				·	· · · · · · · · · · · · · · · · · · ·
(8)					
(9)					
Total (Column II	n) must equal Form 990, Part X, col (B) line 13)				
	i i i i i i i i i i i i i i i i i i i				
Part IX	Other Assets.			44 1 0 5	000 B-+V E 45
	Other Assets. Complete if the organization answ		m 990, Part IV, line	e 11d. See Form	
Part IX	Other Assets. Complete if the organization answ	vered "Yes" on For	m 990, Part IV, lind	e 11d. See Form	n 990, Part X, line 15.
Part IX (1)	Other Assets. Complete if the organization answ		m 990, Part IV, line	e 11d. See Form	
(1) (2)	Other Assets. Complete if the organization answ		m 990, Part IV, line	e 11d. See Form	
(1) (2) (3)	Other Assets. Complete if the organization answ		m 990, Part IV, line	e 11d. See Form	
(1) (2) (3) (4)	Other Assets. Complete if the organization answ		m 990, Part IV, line	e 11d. See Form	
(1) (2) (3)	Other Assets. Complete if the organization answ		m 990, Part IV, lind	e 11d. See Form	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answ		m 990, Part IV, line	e 11d. See Form	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ		m 990, Part IV, line	e 11d. See Form	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answ (a)	Description	m 990, Part IV, line		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answ	Description I. (B) line 15.)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answ line 25.	Description I. (B) line 15.) Vered "Yes" on For			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colur Part X	other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description I. (B) line 15.)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description I. (B) line 15.) Vered "Yes" on For			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colur Part X	other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description I. (B) line 15.) Vered "Yes" on For			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description I. (B) line 15.) Vered "Yes" on For			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5)	other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description I. (B) line 15.) Vered "Yes" on For			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colur Part X 1. (1) Federal in (2) (3) (4) (5) (6)	other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description I. (B) line 15.) Vered "Yes" on For			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colur Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7)	other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description I. (B) line 15.) Vered "Yes" on For			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description I. (B) line 15.) Vered "Yes" on For			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answ line 25. (a) Description of liability come taxes	Description I. (B) line 15.) Vered "Yes" on For			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b)	other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	J. (B) line 15.)	m 990, Part IV, line	•	e Form 990, Part X,

	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	r Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
_	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
ď	Other (Describe in Part XIII.)		- 2008
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		-
	Add lines 4a and 4b		4c
5			
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	5 b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	5 b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	5 b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	5 b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	5 b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional ii	b; Part V, line 4; Part X, line information

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization TRUE THE VOTE, INC

Employer identification number

27-2860095

Part	Questions Regarding Compensation				
•				Yes	No
1a	Check the appropriate box(es) if the organization pi 990, Part VII, Section A, line 1a. Complete Part III to p	rovided any of the following to or for a person listed on Form provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use			1
	☐ Travel for companions	Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	☐ Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did to or reimbursement or provision of all of the ex	the organization follow a written policy regarding payment spenses described above? If "No," complete Part III to	<u> </u>		
	explain		1b	Х	
2	Did the organization require substantiation prid directors, trustees, and officers, including the CE 1a?	or to reimbursing or allowing expenses incurred by all O/Executive Director, regarding the items checked on line	2	х	
3	organization's CEO/Executive Director. Check all t related organization to establish compensation of				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee	ı		
4	During the year, did any person listed on Form 990 organization or a related organization:	D, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control	ol payment?	4a		X
b	Participate in, or receive payment from, a supplem		4b		Х
С		based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and p	provide the applicable amounts for each item in Part III.	1		
			! !		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29)		ì		
5	For persons listed on Form 990, Part VII, Section A	A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:		<u></u>		
а	The organization?		5a		X
b	Any related organization?		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of:	A, line 1a, did the organization pay or accrue any	_		
а	The organization?		6a		X
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990 Part VIII Section	on A, line 1a, did the organization provide any nonfixed	<u> </u>		
•		" describe in Part III	7		Х
0			 		
8		, paid or accrued pursuant to a contract that was subject Regulations section 53.4958-4(a)(3)? If "Yes," describe			
		Regulations section 55.4956-4(a)(5)? If tes, describe			x
			8		·^ - I
0	If "Voo" on line O did the assessment as also fo	llow the reputtoble programmer procedure described in			
9	Regulations section 53 4958-6(c)?	llow the rebuttable presumption procedure described in			
	TIONUIGUOTO OCCUOTI JOSPACIOSCILLIS				

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 aren't listed on Form 990, Part VII.

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

(B) Breakdown of W-2 and/or 1099-MISC compensation	200	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	וון אוו, טפטווטוז א, וווזפ ז	a, applicable coluin	מויטטווג (ב) מווסטווג	s for that incividual.
					(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CATHEBINE ENGEL BRECHT	9	143071						
1 EXECUTIVE DIRECTOR	€			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
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	(3)							
8	(ii)			9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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	E							
15	(E)							
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16	€							

Schedule J (Form 990) 2018

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TRUE THE VOTE, INC 27-2860095 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization No Yes (1) (2)(3)(4)(5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) N	lame of interes	sted person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due (g)	(f) Balance due (g) In default	default?		ard or	(i) W agree	rrtten ment?
					То	From			Yes	No	Yes	No	Yes	No
(1)	CATHERINE	ENGELBREC	EXECUITVE DIR	ADVANCES FOR	Y	N	61896	61896		X	Х		Х	
(2)											,			
(3)														
(4)								-						
(5)								······································						
(6)														
(7)										i				
(8)										Ì				
(9)														
(10)														
otal								\$ 61896	100					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				

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

Schedule L (Form 990 or 990-EZ) 2018

Part IV	Business Transactions Involving Complete if the organization and	ng Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a,	28b, or 28c.		
•	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1) (2)						
(3)	-					
(4)						
(5)						
(6)					_	-
(7) (8)						
(9)	-					
(10)						
Part V	Supplemental Information. Provide additional information for	or responses to questions	on Schedule L (see	instructions).		
				·····		
				••••		
		······································				
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Form 990 for the latest information.

Open to Public Inspection

ame of the organization	Employer identification number
TRUE THE VOTE, INC	27-2860095
DART TY LINE 240.	
PART IX, LINE 24e:	
Other program service expenses Payment proce	ssing, additional
expenses	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Partl

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.➤ Attach to Form 990.

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Open to Public Inspection 2018

OMB No 1545-0047

Employer identification number

27-2860095

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. TRUE THE VOTE, INC

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ELECTION INTEGRITY LLC 36-4731965		+			
PO BOX 131768 HOUSTON, TX 77219 (2)	ELECTION QUALITY REVIEWS				NA
(6)					
(4)					
(2)					
(9)					-
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ns. Complete if the organize the tax year.	ation answered "Yes"	on Form 990, Pa	rt IV, line 34, be	cause it had
(a) Name, address, and EIN of related organization	(b) (c) (c) Primary activity or foreign country)	(d) (country)	(if section 501(c)(3))	(f) Us Direct controlling entity	(g) Section 512(b)(13) controlled entry?
					Yes No
(1)				_	
(2)					-
(6)					
(4)					-
(9)					-
(9)					-
ω					
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TRUE THE VOTE, INC Schedule R (Form 990) 2018

(i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 Page 2 (k) Percentage ownership ģ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. General or managing partner? ŝ (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? Yes No (f) Share of total income (9) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
(Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV Ξ 8 9 E $\boldsymbol{\epsilon}$ ව € 3 9 E ව € 3 <u>0</u>

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	vered "Yes" on Form	990, Part IV, line 3	4, 35b, or 36.	Ì	1
Note: Complete line 1 if any antity is listed in Darte II III or IV of this school-lo				, Vac	Ģ
Divine the four road the recognition of the fall recognition and the fell recognition and t				_	: F
During the lax year, did the organization engage in any	s or more related organiz	ations listed in Part	: NI-IN ;	0	
a Receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity				1a	
b Gift, grant, or capital contribution to related organization(s)	•			1 b	
c Gift grant, or capital contribution from related organization(s)				10	
	•			2 7	
Loans of toal guarantees to of for leaded organization				<u> </u>	1
e Loans or loan guarantees by related organization(s)				1e	ſ
f Dividends from related organization(s)				16	l
g Sale of assets to related organization(s)				10	ĺ
h Purchase of assets from related organization(s)				2	
i Evrhance of accete with related organization(c)					
Therefore of accept with clared organization(s)				=	1
Lease of facilities, equipment, or other assets to related organization(s)				i	ļ
k Lease of facilities, equipment, or other assets from related organization(s)				1	
Performance of services or membership or fundraising solicitations for related organization(s)				=	
				= ;	1
Ferformance of services or membership or fundraising				E E	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				Ę	
Sharing of paid employees with related organization(s)	•	•		45	
	· · · · ·			2	
				1	
q Reimbursement paid by related organization(s) for expenses				19	
					į
r Other transfer of cash or property to related organization(s)				ţ	1
				- 4	
1	Sulpar earl sitt etelamon	rotaler bereved particular		ins	,
	Complete this line, include	ung covered relation	Isriips and transact	tion thresholds	ان.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	(d) ning amount involve	g.
(1)					
(2)					
(3)					1
(4)					
(9)					
ANC			Schedule	Schedule R (Form 990) 2018	181
()				•	

TRUE THE VOTE, INC Schedule R (Form 990) 2018

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Page 4

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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

	9	(3)	9	(e)	e e	(0)	3	8	5	.
Name, address, and EIN of entity	Primary activity	Leg (Sta	Predominant income (related,	Are all partners section	to sa	of /ear	Disproportionate allocations?	Code V-UBI	Ge.	Percentage
		country)	unrelated, excluded from tax under	501(c)(3) organizations?				of Schedule K-1 (Form 1065)	partner?	
			sections of 2 - 514)	Yes No			Yes No		Yes No	
(j)										
(2)							_			
(3)										
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(5)							<u> </u>			
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TRUE THE VOTE, INC Page 5 Schedule R (Form 990) 2018 Supplemental Information. Part VII Provide additional information for responses to questions on Schedule R. See instructions.

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