POSSIBLE DUPLICATE 2949317003902 1

_	Qq	n	Return of Organization Exempt From I	ncome Ta	X	OMB No 1545-0047
For	_	2000)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e.	xcept private fou	ndations)	2019
,	v January		▶ Do not enter social security numbers on this form as it may		•	Open to Public
	oartment of emai Revenu	the Treasury ue Service	► Go to www.irs.gov/Form990 for instructions and the later	•	1910	Inspection
Ā	For the	2019 calend	dar year, or tax year beginning , 2019, and end	ing		, 20
В	Check if a	pplicable	C Name of organization TRUE THE VOTE, INC		D Employ	er identification number
	Address c	hange	Doing business as		27-28	860095
	Name cha	inge	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephoi	ne number
	Initial retui	m	PO BOX 3109 -19128			
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			
닏	Amended	1	HOUSTON, TX 77253		G Gross re	
Ш	Applicatio	n pending	F Name and address of principal officerCATHERINE H ENGELBRECHT 13909 TRACK ROAD EAST CAT SPRING, TX 78933	—		ubordinates? Yes No
;	Tax-exem	int etatue	13909 TRACK ROAD EAST CAT SPRING, TX 76933			included? Yes No (see instructions)
<u>'</u>	Website:		23 30 1(c)(3)	H(c) Group e		
<u>.</u> К			Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form			legal domicile TX
	art I	Summai			0.0.0	
			cribe the erganization's mission or most cignificant adjustics:		···	
မွ		To equip of	citizens to take a stand for free and fair elections			
Governance	_					
l e	2		box ▶ ☐ If the organization discontinued its operations or dispese		25% of its	s net assets.
Ĝ	3 1		voting members of the governing body (Part VI, line 1a) RECE		3	4_
త	4 1	Number of	independent voting members of the governing body (Part VI, line 1	b)	4	4
ite	5 7	Fotal numb	per of individuals employed in calendar year 2019 👸 t V, 📭 🔁 a) 4	2020 9	5	1
Activities &			per of volunteers (estimate if necessary)	S	6	10000
Þ	7a T	otal unrela	ated business revenue from Part VIII, column (C), ine 10GDEN	J' 1'17	7a	·
	b N	Net unrelat	ed business taxable income from Form 990-1, line 39		7b	
	8 0	Contributio	une and grants (Part VIII. line 1h)	Pnor Year	046	731921
Revenue			ons and grants (Part VIII, line 1h)	430	,040	731721
ě.		-	income (Part VIII, column (A), lines 3, 4, and 7d)			·
æ			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	436	046	731921
_			I similar amounts paid (Part IX, column (A), lines 1-3)			
	14 E	Benefits pa	aid to or for members (Part IX, column (A), line 4)			
S	15 8	Salaries, oth	her compensation, employee benefits (Part IX, column (A), lines 5-10)	159	392	150500
xpenses	16a F	Professiona	al fundraising fees (Part IX, column (A), line 11e)			
ă	1		aising expenses (Part IX, column (D), line 25) ▶			
ш			nses (Part IX, column (A), lines 11a-11d, 11f-24e)		018	233545
	,		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		410	384045 347876
- 5	19 F	tevenue le	ss expenses. Subtract line 18 from line 12	Beginning of Curre	636	End of Year
Net Assets or Fund Balances	20 T	ntal accet	s (Part X, line 16)		650	445061
Ass	21 T		ties (Part X, line 26)			0
F Set	22 N		or fund balances. Subtract line 21 from line 20		743	445061
	art II	Signatur		<u> </u>		
Un	der penaltie	es of perjury,	I declare that I have examined this return, including accompanying schedules and sta Declaration of prepare (other than officer) is based on all information of which prepa	tements, and to the	best of my	knowledge and belief, it is
tru	e, correct, a	and complete	Declaration of preparer forher than officer) is based on all information of which preparer	rer has any knowled	ge	
٠.	1				7-2-	70
Sig	-		re of officer	Date Date		
He	re		HERINE H ENGELBRECHT, EXECUTIVE DIREC	TOR		
		' ''	print name and title	T		DTIN
Pa	id	1		Date	Check self-employ	
	eparer	F	EVEDVONED MEN'S CHAV CROWLED	00/01/2020		ed P01773344 5-5134636
Us	e Only	Firm's nam	<u> </u>	Firm's		3-683-8888
Ma	v the IRS	Firm's addr	ress ► 5018 ANTOINE DR SUITE D 77092-3352 his return with the preparer shown above? (see instructions)	Phone	110 / 1	□Wes □ No
_				No 11282Y	· · · ·	Form 990 (2019)
. 01	. upciwo		on mot money occurre ocparate manufactoria.			A 3 SIIII DUD (2013)

Form 99	TRUE THE VOTE, INC 27-2860095	, Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	D
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?	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	⊠ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code.) (Expenses \$ including grants of \$) (Revenue \$ TO EQUIP CITIZENS TO TAKE A STAND FOR FREE AND FAIR ELECTIONS)
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	is a second description of the second descri	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	_)
	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶	

age 3

Form 990 (2019)

rarı	W Checkist of Nequired Schedules		Yes	No
	504/ VOV. 4047/ VAV. / H. H. H. A. F. Alaba VO IF (VA. III.		res	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
3	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, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
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	125		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		Х
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		x
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		х
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		х
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		х

Part	90 (2019) Checklist of Required Schedules (continued)			Page
			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		,
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	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	┼
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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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).	Sumper	NE 1523	- -
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		Х
	conservation contributions? If "Yes," complete Schedule M	30		х
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		X
33	complete Schedule N, Part II	32		X
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		X
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? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	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	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	·		
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	$\overline{}$	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	C. 100		9 pr
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

Page 5

Part	Va 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 1	-		.
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 ▶	4	4 4	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		**4 "	l
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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
oa.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		
	gifts were not tax deductible?	6b_		Ь—
7	Organizations that may receive deductible contributions under section 170(c).	18.	1.	
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	27.2	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-1		Η.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	a-Carl-	19X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		+ 1	
•	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			-
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	- 2,	•	
11	Section 501(c)(12) organizations. Enter.		٠	
a	Gross income from members or shareholders	. 2.	,	١.
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	1.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		L
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	-		
~	the organization is licensed to issue qualified health plans	, ·	-	- 1
c	Enter the amount of reserves on hand	<u>.</u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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.			•

27-2860095 . TRUE THE VOTE, INC Form 990 (2019) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 12c 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- - ☐ Another's website ☐ Upon request Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records CATHERINE ENGELBRECHT 832-444-7701 13909 TRACK ROAD E CAT SPRING, TX 78933 20

Page	i

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. See instructions for the order in which to list the persons above.

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

Officer this box it fielther the organization for		0.9	<u> </u>	(C)		,,,,,,			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office Individua	unles er and	neck ss pe	erson	e that both or/trus Highest compensated employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CATHERINE ENGELBRECHT	38	7,								
EXECUTIVE DIRECTOR	1	X	<u> </u>		_			145000	0	0
(2) DIANNE JOSEPHS BOARD MEMBER	1	X		ĺ				0	0	0
(3) GREGG PHILLIPS	1				-	 				
BOARD MEMBER	-	Х						0	0	0
(4) BRENT MUDD	1									
BOARD MEMBER		Х						0	0	0
(5)										
(6)									3 .	
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)					-					

Form 990 (2019)

Par	VII Section A. Officers, Directors, 1	rustees,	Key	Emį	plo	yee	s, an	d H	lighest Compe	ensated	Emplo	yees (c	ontınüed
	(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe d a d	(C) Position eck more than s person is both a director/trus			(D) Reportable compensation from the	(E) Reportat compensa from relat	able sation	Estimate of	(F) ed amount other ensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	ations	froi organiz	ensation in the ation and ganizations
(15)	,												,
(16)													
(17)	# 1 2 4 m m m m m m m m m m m m m m m m m m		-	,	,								m
(18)			-										
(19)													
(20)											-		
(21)											-		
(22)											_		
(23)													
(24)													
(25)													
1b	Subtotal	, , .		-			.		145000				
d d	Total from continuation sheets to Part V Total (add lines 1b and 1c)	-		<u> </u>			i		145000				
2	Total number of individuals (including but reportable compensation from the organization)	not limited) wt	no received more	than \$10	00,000	of	
3	Did the 'organization' list any former o employee on line 1a? If "Yes," complete S							nplo	oyee, or highes		nsated		res No
4	For any individual listed on line 1a, is the organization and related organizations of individual	sum of rep	ortab	le c	om	pen	satio						·
5	Did any person listed on line 1a receive or for services rendered to the organization?									on or ind	Iıvıdual		
Section	on B. Independent Contractors	11 100, 0	<u> </u>					-	20.1 per co.1	 -	<u> </u>	1 -	
1	Complete this table for your five higher compensation from the organization. Repo												
	(A) Name and business addre	988					-		(B) Description of servi	ces	C	(C) Compensati	ion
<u> </u>	•								· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent contractor received more than \$100,000 of compensa							tho	ose listed above	e) who			, .

Page 9

Par	t VIII	Statement of Revenue		l	1 //III		
		Check if Schedule O contains a re-	sponse or note to a				· · · <u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ıts İts	1a	Federated campaigns	1a				
irar	b	Membership dues	1b	1		-	
s, G	C	Fundraising events	1c	4			<u>'</u>
ar a	d	Related organizations	1d le	- '			, , ,
ž E	e f	All other contributions, gifts, grants,	1e	* * *	• 4	7 ** ** * *	* * *
tion is	'	and similar amounts not included above	1f 731921				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in		1 -			1
a pt		lines 1a-1f	1g \$,		
<u>ة ت</u>	h	Total. Add lines 1a-1f		731921			•
au.			Business Code			1 4,	
Š.	2a						
gram Ser Revenue	b						
E S	d						
Program Service Revenue	е						
7	f	All other program service revenue .					
	g	Total. Add lines 2a-2f					
	3	Investment income (including divid					
		other similar amounts)					
	5	Royalties	· · · · · · · · · · · · · · · · · · ·				
	•	(i) Roal	(ii) Personal	, , ,	, ,		
	6а	Gross rents 6a					
	b	Less rental expenses 6b]			
	C	Rental income or (loss) 6c		* * !		,	
	d						
	7a	Gross amount from (i) Securite	-3 (II) Other				
		sales of assets other than inventory 7a					4
ø.	ь	Less cost or other basis:		*		, , ,	
Revenue		and sales expenses . 7b					u (
ě	С	Gain or (loss) 7c					
¥	d	Net gain or (loss)	<u> ▶</u>			*	<u> </u>
ş	8a	Gross income from fundralsing	r			,	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		events (not including \$ of contributions reported on line				1	1 ,
		1c). See Part IV, line 18	8a	\ \ \ \	' *		11
	ь	Less direct expenses	8b	_ \ _ \		,	<u> </u>
	С	Net income or (loss) from fundraising	events >				
	9a	Gross income from gaming		bi i 4		-y =1+1 x	and the state of t
		activities. See Part IV, line 19	9a		,	•	
	l .	Less: direct expenses	9b □	- *			
		Gross sales of inventory, less	ivides		·		 ,
	,va	• • • • • • • • • • • • • • • • • • • •	10a	t.		ľ	:
	b	Less: cost of goods sold	10b	•	,		= _ ·
	С	Net income or (loss) from sales of inv					
Sn			Business Code				
၉ ရ	11a						
Miscellaneous Revenue	b						
Re	c d	All other revenue					
Σ		Total. Add lines 11a–11d					ī
	12	Total revenue. See instructions .		731921			

Form 990 (2019)

Part IX	Statement of Fur	nctional Expenses
---------	------------------	-------------------

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. Al	other organizations	must complete coll	ımn (A)
	Check if Schedule O contains a response	e or note to any line	e in this Part IX .		🔀
	Check if Schedule O contains a response of include amounts reported on lines 6b, 7b, b, 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			h	
	and domestic governments. See Part IV, line 21 .			ν	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			<u> </u>	
	organizations, foreign governments, and			,	
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	145000			
-6.	-Compensation not included above to disqualified	,			
	persons (as defined under section 4958(f)(1)) and	'	3 140 4		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5500		- -	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	· <u> </u>			
b	Legal				
C	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 O.)	1232			
12	Advertising and promotion	1232			
13	Office expenses				
14	Information technology				
15 16	Royalties				
17	Occupancy	42035			
18	Payments of travel or entertainment expenses	12033			
	for any federal, state, or local public officials	٠. ٠. ٠	المقير والأوواد والمسارة مدادي	ersely, copperate to	nagen vanta 💢 📑
19	Conferences, conventions, and meetings .				1
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				-]
	(A) amount, list line 24e expenses on Schedule O.)		:	-	5.1
а	BANK FEES	367		_, <u>_</u>	
b	DATA PURCHASE AND SERVICES	134178			
C	SOFTWARE SERVICES AND SUBSCRIPTIONS	21003			
d	SUPPLIES	28704			
е	All other expenses	6026			
25	Total functional expenses. Add lines 1 through 24e	384045			
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 ŠOP 98-2 (ASC 958-720)				

			(A) Beginning of year		(B) End of year
_	1	Cash – non-interest-bearing	4754	1	331665
	2	Savings and temporary cash investments	<u> </u>	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	_
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			- 1-17 h
		controlled entity or family member of any of these persons	61896	5	113396
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	~	6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ĭ	9	Prepaid expenses and deferred charges		9	30.00
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			le a tale a te
	b	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 33)	66650	16	445061
	17	Accounts payable and accrued expenses	1907	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
i	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
LIGDIIILES	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		: - 22	-4.
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties		23	
٠	23 24	Unsecured notes and loans payable to unrelated third parties		24	
1		The state of the s			
	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	1907	26	0
ייבר המסכים כו י מוום בחמונכם		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.	A CALL TO THE STREET OF THE ST	, , ,	1 1 - was it -
<u> </u>	27	Net assets without donor restrictions		27	
3	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			Article Control
;	29	Capital stock or trust principal, or current funds		29	
1	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	64743	31	,,
:	32	Total net assets or fund balances	64743	32	4
2	33	Total liabilities and net assets/fund balances	66650	33	(1/21/1/V)

27-2860095 TRUE THE VOTE. INC Form 990 (2019) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 731921 1 384045 2 2 3 347876 3 64743 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . 4 5 5 6 6 7 7 8 8 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 412619 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Yes No If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 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: Consolidated basis Both consolidated and separate basis Separate basis X **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 on

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

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

QNA

Form **990** (2019)

3а

3b

Х

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable 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
2019
Open to Public

Inspection

Internal Revenue Service

Employer identification number

TRUE THE VOTE, INC 27-2860095 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).) 3 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 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 33½% of its support from gross investment 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). 12 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, 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 listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) No Yes (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part II

	Part III. If the organization fails to						y =
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning ın) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	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)		\		•	** *	
6	Public support. Subtract line 5 from line 4		\				
	on B. Total Support	<u> </u>	<u> </u>	l	L	l <u></u>	
	dar year (or fiscal year beginning in)	(a) 2015	(b) \2016	(c) 2017	(d) 2018	(e) 2019	(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						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	-					
Saati	organization, check this box and stop her on C. Computation of Public Suppor				 /	· · · · ·	· · <u> </u>
14	Public support percentage for 2019 (line 6			1 column (f)	<u> </u>	14	%
15	Public support percentage from 2018 Sch		=			15	
16a	331/3% support test—2019. If the organi					<u> </u>	
	box and stop here. The organization qual	ifies as a publi	cly supported	organization		. \	▶ 🗆
b	331/3% support test—2018. If the organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts-	and-circumsta	ances" test, ch	eck this box a	ind stop here.	Explain in
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 ets the ets the ets.	e "facts-and-c s-and-circums	circumstances" stances" test.	test, check the organization.	his box and son qualifies as	top here. a publicly • \[\bigsimes \bigsi
18	Private foundation. If the organization did instructions						

Page 3

Part III Support Schedule for Organizations Described in Section 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	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	940764	304891	423535	436046	731921	2837157
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	940764	304891	423535	436046	731921	2837157
b	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						
с 8	Add lines 7a and 7b						2837157
Secti	on B. Total Support					1	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	940764	304891	423535	436046	731921	2837157
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	_					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			٠.			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	940764	304891	423535	436046	731921	2837157
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization's		l, third, fourth,		ar as a section	
Section	on C. Computation of Public Support						
15	Public support percentage for 2019 (line 8			3, column (f))		15 100	.000 %
16	Public support percentage from 2018 Sch		-			16 100	.000 %
Section	on D. Computation of Investment Inc						
17	Investment income percentage for 2019 (li			/ line 13, colun	nn (f))	17	%
18 19a	Investment income percentage from 2018 331/3% support tests—2019. If the organiz 17 is not more than 331/3%, check this box a	zation did not c	heck the box	on line 14, and	d line 15 is mo		
b	331/3% support tests—2018. If the organization 18 is not more than 331/3%, check this b	ation did not che	eck a box on li	ne 14 or line 19	a, and line 16	is more than 33	3 ¹ /3%, and
20	Private foundation If the organization did	I not check a be	ov on line 14	10a or 10h ch	eck this hov a	ind see instruct	tions 🕨 🗀

Schedule A (Form 990 or 990-EZ) 2019

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.)

Section A. All Supporting (Organizations
-----------------------------	---------------

CCI	on A. All Supporting Organizations		Voc	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	140
•	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	ļ	<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	-		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		<u> </u>
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	l		
• -	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		ļ
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	70		
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		ľ	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer. (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			-
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	 5a	*	
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	•		
	anyone other than (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.			ئے۔
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor -	6		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	٠ كـ		
	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	Ja	-	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	, 	
C	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		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	J	ļ	1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
h	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		 -
b	determine whether the organization had excess business holdings.)	10b		

Schedu	ule A (Form 990 or 990-EZ) 2019			Page 5
Part	IV Supporting Organizations (continued)	-	·	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ŀ		'
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	-	-
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		,
Secti	on C. Type II Supporting Organizations			-
		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			,
Secti	on D. All Type III Supporting Organizations	<u>'</u>		ш
0001	on Di Aii Typo in Capporting Ciganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		-
Secti	on E. Type III Functionally Integrated Supporting Organizations		'	
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below.	see inș		ons)
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gar	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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),
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	,		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
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 factors (explain in detail in Part VI):			a an process
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	大学のこと これのなるとのなって	
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-functionally instructions).	y ini	egrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Par	v Type III Non-Functionally Integrated 509(a)(a) Supporting Organ	izations (continued)	
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 ex-	empt purposes of suppo	orted	
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		·· 	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
<u> 10 </u>	Line 8 amount divided by line 9 amount	т		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			50 G S
	instructions.			
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
_ <u> </u>	From 2015 .		7 - 7	
C	From 2016	1 - 2 -		
<u>d</u>	Γrom 2017			
	From 2018			
_ <u>_f</u> _	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			·
_ <u>.</u>	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from			
4				•
		1		
_ <u>a</u> b	Applied to underdistributions of prior years Applied to 2019 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
				
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result			•
	greater than zero, explain in Part VI. See instructions.	1-		. 1
6	Remaining underdistributions for 2019. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
-	and 4c.			•
8	Breakdown of line 7			
a	Excess from 2015 .	-		
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (F	Form 990 or 990-EZ) 2019	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	ion a, 2b,
		· -
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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

Open to Public Inspection

Name	of the organization		Employer identification number
TR	UE THE VOTE, INC		27-2860095
Pa			ds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?		or any other purpose
Par	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, recr		· · · · · · · · · · · · · · · · · · ·
	☐ Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributio	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified	•	<u> </u>
d			2d
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or term	ninated by the organization during the
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	garding the periodic monitoring, insp	
6	Staff and volunteer hours devoted to monitoring, inspe		
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easement	of the footnote to the organization's fina ents.	ancial statements that describes the
Pari	Organizations Maintaining Collections Complete if the organization answered	•	Other Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets	s held for public exhibition, education	, or research in furtherance of public
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FAI art, historical treasures, or other similar assets held provide the following amounts relating to these iter	d for public exhibition, education, or resms:	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, following amounts required to be reported under Fa	ASB ASC 958 relating to these items:	
a b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		

Schedule D (Form 990) 2019

Par	t III Organizations Maintaining	Collections of	Art, His	storical	Treasure	s, or O	her Similar	Assets	(contii	าued)
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	ords, chec	ck any of the	he follow	ving that make	e signific	ant us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	ram			
b	Scholarly research		e	☐ Othe	er					
c	☐ Preservation for future generation	s								
4	Provide a description of the organiza XIII.		and expl	ain how t	they furthe	r the org	ganization's ex	rempt pu	ırpose	ın Part
5	During the year, did the organization	solicit or receive	donatio	ns of art.	historical	treasure	s. or other sin	nılar		
	assets to be sold to raise funds rathe								Yes	□ No
Par	IV Escrow and Custodial Arra									
	Complete if the organization 990, Part X, line 21.		" on Fo	rm 990, I	Part IV, lir	ne 9, or	reported an	amount	on Fo	rm
1a	Is the organization an agent, trustee included on Form 990, Part X?								Yes	—— □ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing t	able:				•	
	· · · · · · · · · · · · · · · · · · ·	Netres " OL	-		•	~~ ~~	, , , , ,	Amount	١,	
·c	Beginning balance					10				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amou					ustodia	account liabil	lity?	Yes [□No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	<u>xplanatio</u>	n has beer	provide	ed on Part XIII		[
Par	t V Endowment Funds.								٠.	
	Complete if the organization						·			
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years b	ack (e) F	our years	s back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t		d balanc	e (line 1g	j, column (a	a)) held a	as:			
а	Board designated or quasi-endowmer	nt ▶	%							
b	Permanent endowment ►	%								
C	Term endowment ▶%									
	The percentages on lines 2a, 2b, and									
3a	Are there endowment funds not in the	e possession of th	e organı	zation tha	at are held	and adı	ministered for	the		
	organization by:							_	Yes	No
	(i) Unrelated organizations							. 3a	· · ·	<u> </u>
	\., \.							. 3a(<u> </u>
b	If "Yes" on line 3a(ii), are the related of							. <u>3t</u>	<u> </u>	<u></u>
4	Describe in Part XIII the intended uses		n's endo	wment fu	unds.	_				
Part				000 5						
	Complete if the organization	, ···								
	Description of property	(a) Cost or oth			r other basis ther)		occumulated preciation	(d) E	Book valu	e
1a	Land	<u> </u>		<u> </u>			Acres and a subject of			
b						THE PERSON NAMED IN	No.			
	Buildings	·				<u> </u>				
q	Leasehold improvements	·			-					
d e	Equipment	·				<u> </u>				
	Add lines 1a through 1e. (Column (d) m	rust equal Form 99	n Part	Column	(R) line 10)c 1	—			

Schedule D (Form 990) 2019

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" on For	m 000 Port IV In	o 11h Soo Form (200 Dort V June 12
	(a) Description of security or category	(b) Book value		d of valuation
	(including name of security)		Cost or end-o	f-year market value
(1) Financial			<u> </u>	
•	reld equity interests			
(A) (B)			 	
(C)				
(D)			l	
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12) 🕨	4	<u> </u>	
Part VIII	Investments—Program Related.	ائیے سے کئے ہے۔ سالمان کی اسلام محمد میں	ر المالي br>- المالي الم	00 0 00 00
	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value	, , ,	d of valuation -year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)		_		
	nn (b) must equal Form 990, Part X, col. (B) line 13.) .		0	1
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form 9	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(6)				
(7)	,			
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15.)	_ <u> </u>	<u> ▶ </u>	
Part X	Other Liabilities.	000 David IV Iva	. 11 116 O F	000 D+ V
	Complete if the organization answered "Yes" on Fori line 25.	m 990, Part IV, line	e i le or i it. See r	form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in				(-, -, -, -, -, -, -, -, -, -, -, -, -, -
(2)				
(3)				
(4)				
(5)				
(6)				
(7) -				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)	 	. ▶	 _
	uncertain tax positions. In Part XIII, provide the text of the footnot			
organization's	liability for uncertain tax positions under FASB ASC 740. Check	here if the text of the	roothote has been pro	ovided in Part XIII . 📋

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	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]	
C	Recoveries of prior year grants	2c] .	
d	Other (Describe in Part XIII.)	2d] <u>: *</u>	
е	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:]]		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part				
	Complete if the organization answered "Yes" on Form 990,			1
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			
а	Donated services and use of facilities	2a] .]	
b	Prior year adjustments	2b		
c	Other losses	2c	1. 1	
d	Other (Describe in Part XIII.)	2d		
е	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.			,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
_		ا مما		
b	Other (Describe in Part XIII.)	4b	 	
С	Add lines 4a and 4b		4c	
5 5	Add lines 4a and 4b		4c 5	
c 5 Part	Add lines 4a and 4b	e 18.)	5	Part X line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 c; Part V, line 4;	Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 c; Part V, line 4;	Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 c; Part V, line 4;	Part X, line
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	·····
5 Part Provid	Add lines 4a and 4b	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	·····
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5 ; Part V, line 4; formation.	

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

TRUE THE VOTE, INC

Employer identification number

27-2860095

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	1		-
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		*	37.4
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	Spring of		77
	☐ Travel for companions ☐ Payments for business use of personal residence	1	e Same	1 mm
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	1,35	- 4', a	-574
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)	تر از مداری	41.	30
	Bissicitorially openioning associate	Mr. 347		
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment.	1		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	10.14	<u> </u>	1
	explain	ંદેવ 1b	χ̄.	8
	onplaint.		71-75	"TOTAL TOTAL
•	P. I. H	- SEC. 1	نتند	MEET
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	_ '	T.F	
	1a?	2	_X	3 Stern #
_		# "	35 C	
3	Indicate which, if any, of the following the organization used to establish the compensation of the	"选	<i>y.</i> 3	3.3
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a		10	4
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	- T-1	7	顶头
	Compensation committee Written employment contract	300	7.1	
	☐ Independent compensation consultant : ☐ Compensation survey or study	4		3.3
	Form 990 of other organizations .		73,65. 401,49	1
		2 1	10 B	3
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	43		196
	organization or a related organization	100	2	2.5
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	r prima	-	البيوا
		بتتر		÷
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	900	. 1	3.84
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	3	ادر مع ادر مع	52.7
	compensation contingent on the revenues of	32		
а	The organization?	5a	ATTENNA.	X
b	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.	عند	in X	
		1,420		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	4		\overline{a}
•	compensation contingent on the net earnings of:	مر المراجعة المطلسلة	7.47	<i>\$</i> ₹
а	The organization?	6a	تكلت	X
b	Any related organization?	6b	-	X
			VE 23	<u>र्</u>
	in res on line oa or ob, describe in rait in.			49
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		***	لغقظ
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	. ,	X
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	' -+		
8	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	۱۳	` .	
	In Part III	ا ہ		x ·
		8	JU - 42	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	بشند	كنت	14
3	Regulations section 53'4958-6/c/2'	_		

Page 2

1

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 Part II

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII, Section A, Ine 1a, applicable column (D) and (E) amounts for that individual. Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, Ine 1a, applicable column (D) and (E) amounts for that individual.	arry incor	ז וופום אחוז פושטועוני ווsted individual mu	isted on roun 550, ist equal the total amo	Fan VIII. ount of Form 990, Pa	rt VII, Section A, line 1	a, applicable colum	ın (D) and (E) amount	s for that individual.
	ļ .	(B) Breakdown of W-2	f W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nicotaxapla	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(a)(a)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2019

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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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name o	f the organization								Emplo	yer ide	ntificat	ion nu	mber		
Т	RUE THE VOTE,	INC									27-2	286	009	5	
Part	Excess Bene Complete if th	fit Transaction e organization	ns (section 50° answered "Ye	(c)(3), s" on	, section Form 99	501(c)(4), a 0, Part IV, I	ind se	ection 501 5a or 25b,	(c)(29) or Foi	orgar rm 99	nizatio 0-EZ,	ns or Part	nly). V, line	40b.	
	· · · · · · · · · · · · · · · · · · ·		(b) Relationship be											r	rected?
1	(a) Name of disqualified	person		organız	•			(C) De	scriptio	n or trai	nsactioi	n		Yes	No
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(2)															
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(4)								<u> </u>							
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(6)_							L								
3	Enter the amount of under section 4958 Enter the amount of	,		٠, ٠		, .			· .,	ring t · ·	ne ye ! !	ar ▶ \$ ▶ \$	S' S	<u> </u>	
Part	Complete if th	or From Interest of the control of t	answered "Ye	s" on				38a or F	orm 99	90, Pa	rt IV,	line 2	6; or 1	f the	
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fre	oan to or om the nization?	(e) Origir principal am		(f) Baland	e due	(g) In c	lefault?	by bo	proved pard or nittee?	(i) Wi	ritten ment?
				То	From					Yes	No	Yes	No	Yes	No
(1)	CATHERINE ENGELBREC	EXECUTIVE DIR	ADVANCES FOR	N	Y	1133	396	11.	3396	<u> </u>	X	Х		Х	
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Total		L	L	<u> </u>			. ▶	\$ 1133	96	_	-				
Part	Grants or Ass Complete if the	e organization	fiting Interestor answered "Ye	ed Pe s" on	rsons. Form 990), Part IV, II	ne 27	·		· -					
(a)	Name of interested person		ship between inter- and the organization		(c) Amount	of assistance		d) Type of as	ssistanci	e 	(e)	Purpo	se of as	ssistan	:e
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(9)	 														

	(a) Name of interested person .	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi rever	
	•				Yes	No
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Part V	Supplemental Information. Provide additional information	on for responses to questions	on Schedule I. (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

TRUE THE VOTE, INC	27-2860095
PART IX LINE 24e.	
FEES 2020, COMMUNICATIONS 829, OTHER PROGRAM EXP 200,	UTIL 49/7
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Related Organizations and Unrelated Partnerships SCHEDULE R (Form 990)

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

Open to Public Inspection OMB No 1545-0047 2019

Employer identification number 27-2860095 ▶ Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990. TRUE THE VOTE, Department of the Treasury Internal Revenue Service Name of the organization

Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

Partl

(f)
Direct confrolling
entity 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. (e) End-of-year assets (d) . Total income יו ה (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (2) Part II Ξ ල ₹ 3 9

(g) Section 512(b)(13) controlled entity? ŝ Yes (f)
Direct controlling 'entity (e)
Public chanty status
(if section 501(c)(3)) ~ (d) Exempt Code section (c)
Legal domicile (state or foreign country) (b) Primary activity L , (a) Name, address, and EIN of related organization (2) 9 € 2 ල € Ε

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

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Schedule R (Form 990) 2019

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TRUE THE VOTE, INC Schedule R (Form 990) 2019

Page 2 (k) Percentage ownership 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. 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. (i) General or managing partner? ŝ Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (h)
Disproportionate
allocations? Yes No (g) Share of end-ofyear assets , T Ö (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) (d)

(Direct controlling entity (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization Part III Part IV € <u>©</u> 2 ල 9 E

				inologia Similar and Company of the	ı				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling - entity (C	(e) Type of entity corp, S corp, or trust)	ਲ	(g) (h) (i) (i) Share of Percentage Section 512(b)(13) end-of-year assets ownership entity?	(h) Percentage ownership	(i) Section 512 controlls entity*	(b)(13)
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Schedule R (Form 990) 2019

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 11 any entity is listed in Parts II, III, or Not this schedule. 1 During that is year, of captal contribution to include acquiraction as controlled entity. 2 All captal of the listed in Parts III, or Not this schedule. 3 Receipt of () Interest, (iii) annuise, (iii) royalities or (iv) restrict on a controlled entity. 4 Cann or loan guarantees to retried organization(s) 5 Loans or loan guarantees to retried organization(s) 6 Loans or loan guarantees by related organization(s) 9 Sale of assess to related organization(s) 9 Sale of assess to related organization(s) 9 Sale of assess to related organization(s) 1 Lease of facilities, equipment, or other assess from include organization(s) 1 Lease of facilities, equipment, or other assess from include organization(s) 1 Lease of facilities, equipment, or other assess from include organization(s) 1 Lease of facilities, equipment, or other assess from include organization(s) 2 Removes or membrasian or fundamental and proparation(s) 3 Sharing of paid employees with related organization(s) 4 Cann or beautiful that are organization(s) for expenses 4 Removement paid to related organization(s) for expenses 5 Other transfer of cash or property to related organization(s) 5 Other transfer of cash or property to related organization(s) 6 Sharing of paid employees with related organization(s) 7 The answer to any organization(s) for expenses 9 Removements paid by related organization(s) for expenses 9 Removements paid by related organization(s) for expenses 9 Removements are organization(s) for expenses 10 Coher transfer of cash or property to related organization(s) 1 The answer to any organization(s) for expenses 2 If the answer to any organization(s) for expenses 1 The answer to any organization(s) for expenses 1 The answer to any organ	L	Yes	1										1									100,000	resnoids.	ount involved						r	orm 990) 201
		27				10		:		÷	-						÷	<u>و</u>		 	<u> </u>	\$	nsnips and transaction tr	(d) Method of determining amo				*			Schedule R (Fo
		to a potal against and the same	anizations listed in Parts		 																· · · · ;		iciuding covered relation	(c) Amount involved		1	ns	: 0,	Š		
			e or more related org		 	•									(s	· · · · · (s							complete this line, in	(b) Transaction type (a – s)							
	4	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	During the tax year, did the organization engage in any of the following transactions with on	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Gift, grant, or capital contribution from related organization(s)	Loans or loan quarantees to or for related organization(s)	Loans or loan guarantees by related organization(s)	Dividends from related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)		: Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising solicitations for related organization(m Performance of services or membership or fundraising solicitations by related organization(Sharing of facilities, equipment, mailing lists, or other a	Sharing of paid employees with related organization(s)					If the answer to any of the above is "Yes," see the instructions for information on who must	(a) Name of related organization	-	•					

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.

	,					2				
Name, address, and EIN of entity	Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No		•	Yes No		Yes No	
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QNA						1 14	;	Sche	dule R (Forn	Schedule R (Form 990) 2019

Part VII	Supplemental Information Provide additional information for	or responses to question	s on Schedule F	I. See instructions.	
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