Form	990-EZ	

Short Form

OMB No. 1545-1150

4

201

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

			Open to Public			
Depa Inter	artment c nal Rever	of the Treasury nue Service	► Information about Form 990-EZ and its instructions is at www.irs.gov/for	rm990.		Inspection
			ar year, or tax year beginning 01/01 , 2014, and ending	-	12/31	, 20 14
	Check if ap		C Name of organization	D Emplo	•	entification number
	Address c	-	The Center for Election Science	 		5-2334002
	Name cha Initial retur	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep		
		rn n/terminated	2936 Harper Street Unit B	I		2-760-7051
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code	F Grou	•	•
			Berkeley, CA, 94703		ber 🕨	
		ting Method:				f the organization is not
	Vebsite		electology.org	•		ach Schedule B
			ck only one) - ✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	(⊢orm 99	9 0, 99(0-EZ, or 990-PF).
		-	Corporation Trust Association Other	ul occ - '		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	40
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		<u>- \$</u>	18,189 tor Part I)
- Fi	anul		the organization used Schedule O to respond to any question in this Part I			,
	1		ins, gifts, grants, and similar amounts received .			
	2		ervice revenue including government fees and contracts	- F	1 2	18,188
	3	-	ip dues and assessments	•••	2 3	0 0
	4	Investment	•	•••	3 4	0 1
	4 5a		unt from sale of assets other than inventory		-7	I
	b		or other basis and sales expenses	0		
	c		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	•	5c	0
	6		d fundraising events			0
ē	a	Gross inco	ome from gaming (attach Schedule G if greater than			
nue	b		me from fundraising events (not including \$ 0 of contribution	0 ns		
Revenue			aising events reported on line 1) (attach Schedule G if the			
æ			h gross income and contributions exceeds \$15,000) 6b	0		
	c		t expenses from gaming and fundraising events 6c			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract		
		line 6c)			6d	0
	7a	Gross sales	s of inventory, less returns and allowances 7a	o		
	b		of goods sold	0		
	с	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other rever	nue (describe in Schedule O)	<u>.</u>	8	0
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 🕨	9	18,189
	10	Grants and	similar amounts paid (list in Schedule O)		10	0
	11		aid to or for members		11	0
es	12		her compensation, and employee benefits	-	12	9,329
sue	13		al fees and other payments to independent contractors		13	0
Expenses	14		/, rent, utilities, and maintenance		14	0
Ш	15		ublications, postage, and shipping		15	0
	16		nses (describe in Schedule O) .See Schedule O, Statement 1		16	6,480
	17		nses. Add lines 10 through 16		17	15,809
ts	18	•	deficit) for the year (Subtract line 17 from line 9)	-	18	2,380
sse	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			
Net Assets		-	r figure reported on prior year's return)		19	5,598
Net	20		ges in net assets or fund balances (explain in Schedule O)		20	0
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. 🕨	21	7,978

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2014)

Form	990-EZ (2014)					Page 2
Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to an	ny question in this I	Part II....		🗹
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			4,703	22	7,083
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) See.Sche	edule O, Statement 2		895	24	895
25	Total assets			5,598	25	7,978
26	Total liabilities (describe in Schedule O)		<u> </u>	0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	5,598	27	7,978
Par				,		_
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part III . 🗌	(Dec	Expenses guired for section
Wha	t is the organization's primary exempt purpose?	See Schedule O, Sta	tement 3		· ·	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ear	anner, describe the ch program title.	e services provided	, the number of	orga othe	anizations; optional for ers.)
28	Educated the public about electoral theory and refor	m through print, pod	casts, conference ap	pearances;		
	delivered articles and election tools from a website t	hat served 52,000 un	ique visitors in 2014;	and initiated		
	a voting evaluation and design project with a large a					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	🕨 🗌	28a	1 2,570
29						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 🗌	29a	1
30						
.	· · · · · · · · · · · · · · · · · · ·		nts, check here .		30a	1
31	Other program services (describe in Schedule O)				• •	
	(Grants \$ 0) If this amount	includes foreign gra	nts check here	🕨 🗌	31a	1 O
~~						
-	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	12,570
32 Par	Total program service expenses (add lines 28a tList of Officers, Directors, Trustees, and Key	hrough 31a)	n one even if not comp	►		12,570
-	Total program service expenses (add lines 28a t	hrough 31a)	n one even if not comp ny question in this I	oensated-see the in Part IV		12,570
-	Total program service expenses (add lines 28a tList of Officers, Directors, Trustees, and Key	hrough 31a)	n one even if not comp	Densated—see the in Part IV	 ee (e)	12,570 ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	Densated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e)	12,570 ctions for Part IV)
Par	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e)	12,570 ctions for Part IV)
Par And Direc	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	► Deensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e)	12,570 ctions for Part IV)
Par And Direc Laur	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	► Deensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	nstruc ee (e) 0	12,570 ctions for Part IV)
Par Andu Direc Laur	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rew Jennings ctor and Chair en Payne	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	Densated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	nstruc ee (e) 0	12,570 ctions for Part IV)
Par And Direc Laur Jam	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rew Jennings ctor and Chair en Payne ctor and Vice Chair	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	Densated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e) 0	12,570 ctions for Part IV)
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Form 99	90-EZ (2014)		P	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		V	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \triangleright			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
е	40c reimbursed by the organization	40e		
41	List the states with which a copy of this return is filed ►	400		V
42a		202-76	0-705	1
b	Located at ► 2936 Harper Street Unit B, Berkeley, CA 94703 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	94	703 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	42b		v
с	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		.	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	Na
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	res	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<i>v</i>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) .	45b		~

Form 990-EZ (2014)

orm 99	90-EZ (2014)					F	Page 4
						Yes	No
46	Did the organization engage, directly or in						
	to candidates for public office? If "Yes," of		, Part I		· 46		~
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		stions 47–49b and	52, and complete the	e tables f	for lin	əs
	Check if the organization used Scl	hedule O to respond	I to any question in t	his Part VI			
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par			n in effect during the			~
48	Is the organization a school as described in						V
49a							V
b	If "Yes," was the related organization a se	•	•				
50	Complete this table for the organization's employees) who each received more than	1 \$100,000 of comper	nsation from the organ				
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estimate other cor		
None							

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation						
None		_							
		-							
		-							
		-							
		-							
d	Total number of other independent contractors each receiving	over \$100,000 ►							
52	Did the organization complete Schedule A? Note. All se completed Schedule A								
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.								

Sign Here	Signature of officer Stephen Cobb, Treasurer	Date					
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name			Firm's EIN ►			
					Phone no.		
May the IRS discuss this return with the preparer shown above? See instructions							

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service		▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at ww	tion about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		
	► Attach to Form 990 or Form 990-EZ.				

Name of the organization	Employer identification number
The Center for Election Science	45-2334002
Part I Reason for Public Charity Status (All organizations must complete this	s part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 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:
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ✓ An organization that normally receives: (1) more than 331/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/₃% of its support from 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a 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.
 - **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.
 - 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.
 - **d Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) 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.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported c	organizations .						
g	Provide the following information	about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization Ir governing ment?	(v) Amount of monetary support (see instructions)	other s	amount of support (see ructions)
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								0

	lle A (Form 990 or 990-EZ) 2014						Page 2
Part	II Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	-
Sect	ion A. Public Support	yquality ana					
	idar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.						
	ion B. Total Support	() 00 (0	(1) 0044	() 00 (0	()) 00 (0)	() 00 (((a +))
	Indar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 th	•			•		
0	organization, check this box and stop he						🕨 🗋
	on C. Computation of Public Suppor			11 oolump (f)		14	%
14 15	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch		-			14	<u>~~~</u> %
16a	33 ¹ / ₃ % support test—2014. If the organize box and stop here. The organization qual	zation did not	check the box	on line 13, an	d line 14 is 33 ¹	¹ /3% or more, c	heck this
b							
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part VI how the organization meets the "factor organization .	ets the "facts- acts-and-circu	and-circumstaumstaumstances" te	ances" test, ch	eck this box a	nd stop here. I	Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	tion meets the leets the "fact	e "facts-and-c s-and-circums	ircumstances"	test, check th	his box and st	op here.
18	Private foundation. If the organization di				a, or 17b, chec	k this box and	see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			· •	•	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	0	0	2,568	16,288	18,187	37,043
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the				0.770		2 770
3	organization's tax-exempt purpose Gross receipts from activities that are not an	0	0	0	2,778	0	2,778
3	unrelated trade or business under section 513						
		0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	0	0	2,568	19,066	18,187	39,821
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0	0	0
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	0	0	0	0	7,000	7,000
С	Add lines 7a and 7b	0	0	0	0	7,000	7,000
8	Public support (Subtract line 7c from						
	line 6.)						32,821
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	2,568	19,066	18,187	39,821
10a	Gross income from interest, dividends,				· · · · ·		
	payments received on securities loans, rents,						
	royalties and income from similar sources	0	0	0	22	1	23
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
с	Add lines 10a and 10b	0	0	0	22	1	23
11	Net income from unrelated business	0	0				25
••	activities not included in line 10b, whether						
	or not the business is regularly carried on		0		0	0	0
10		0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)		-		4.007	_	4 00-
12		0	0	0	1,387	0	1,387
13	Total support. (Add lines 9, 10c, 11, and 12.)	_	_		oo 17-	40.00	
4.4			0	2,568	20,475	18,188	41,231
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			-		.
Co ot							🕨 🗸
	on C. Computation of Public Suppor			0			
15	Public support percentage for 2014 (line						%
<u>16</u>	Public support percentage from 2013 Sc					16	%
_	on D. Computation of Investment In		-				
17	Investment income percentage for 2014 (•	.,		())		%
18	Investment income percentage from 2013 Schedule A, Part III, line 17						
19a							
	17 is not more than 33 ¹ / ₃ %, check this box and stop here. The organization qualifies as a publicly supported organization .						
b	331/3% support tests-2013. If the organiz						
	line 18 is not more than 33 ¹ / ₃ %, check this	-	-	-			
20	Private foundation. If the organization di	id not check a l	box on line 14	, 19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌
						edule A (Form 990	000 53 0044

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- **1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **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.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		
b	A family member of a person described in (a) above?	11b		
С	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		
Secti	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? <i>If</i> "Yes," <i>explain in</i> 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).	1		
Secti	on D. All Type III Supporting Organizations			

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c
 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

2a

2b

3a

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
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):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
			/

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

Part	V Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continued)	Page
	on D - Distributions	b) Supporting Organi		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		Ourrent real
	Amounts paid to perform activity that directly furthers exe		ortod	
2	organizations, in excess of income from activity	sinpl pulposes of suppl	n leu	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6			
 10	Line 8 amount divided by Line 9 amount			
10			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Schedule A	A, Part III, Line 12 - In 2013 several people gave CES in-kind donations consisting of books to be autographed by their authors.
Total purcl	hase value was \$1387.
	······

SCHE	DUL	EC)	
(Form	990	or	990-	EZ)

Department of the Treasury

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.

► Attach to Form 990 or 990-EZ.

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



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www		Inspection
Name of the organization		Employer identifica	
The Center for Election	n Science	45-2	2334002

Other Expenses Structured Explanation

Description	Amount
Information Technology	1,305
Travel	1,998
Conferences	400
Catchafire skills based volunteer matching service	1,444
Bank service charges	302
All other expenses	1,031
Total:	6,480

Other Assets Structured Explanation

Description	EOY Amount
6 book series Collected Papers of Kenneth Arrow	638
Book Social Choice and Individual Values Cowles Commission 1st Ed	72
Book Social Choice and Individual Values Cowles Commission 1st Ed	85
Book Rational Choice Functions and Orderings	100
Total:	895

Primary Exempt Purpose

Primary Exempt Purpose

The Center for Election Science is a nonpartisan nonprofit comprised of voting system experts and activists dedicated to helping people make better collective decisions. We pursue election-related scholarship, educating the general public, and advocating voting methods that most benefit the public good.