Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

## **Short Form Return of Organization Exempt From Income Tax**

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

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

, 2016, and ending

OMB No. 1545-1150

Open to Public Inspection

₽_	Check	if applicable: C	Employer i	dentification number
H		schange The Center for Election Science	45-23	34002
H	Initial r	1860 McAllister Street	Γelephone	
H		San Francisco, CA 94115	(202)	-760-7051
Ħ				xemption
	Applica	ation pending	Number.	<b>&gt;</b>
G	Acco	unting Method: ☐ Cash ☐ Accrual Other (specify) ► ☐ H Check ►	X if the	organization is <b>not</b>
I	Webs			Schedule B
J	Tax-ex	tempt status (check only one) $ \boxed{X}$ 501(c)(3) $$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $$ 4947(a)(1) or $$ 527 $$ (Form 990)	, 990-E	Z, or 990-PF).
K	Form	of organization: X Corporation Trust Association Other		
L	Add I asset	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if totals (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	al ►\$	50,648.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc		for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received		38,572.
	2	Program service revenue including government fees and contracts		11,500.
	3	Membership dues and assessments		
	4	Investment income.	4	576.
		Gross amount from sale of assets other than inventory		
		Less: cost or other basis and sales expenses		
	с 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
R E	а	Gross income from gaming (attach Schedule G if greater than \$15,000)   6a		
R E V E	b	Gross income from fundraising events (not including \$ of contributions		
N U E		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	С	Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
	7 a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7с	
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	50,648.
	10	Grants and similar amounts paid (list in Schedule O)		•
	11	Benefits paid to or for members	11	
E X P	12	Salaries, other compensation, and employee benefits	12	14,003.
	13	Professional fees and other payments to independent contractors	13	13,097.
N	14	Occupancy, rent, utilities, and maintenance	14	•
E N S E S	15	Printing, publications, postage, and shipping	15	3,740.
3	16	Other expenses (describe in Schedule O). See Schedule O	16	14,837.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	45,677.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,971.
A S S E E T T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
E Ě T T S	20	Other changes in net assets or fund balances (explain in Schedule O)		<u> </u>
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20		4,971.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2016)

ıuı	Check if the organization used Sche	dule O to respond to any qu	estion in this Part II.			
				(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments				22	4,971.
23	Land and buildings				23	·
24	Other assets (describe in Schedule O)				24	
25	Total assets			0	_	4,971.
26	Total liabilities (describe in Schedule O)		L.	0		0.
27	Net assets or fund balances (line 27 of o			0	. 27	4,971.
Par	t III Statement of Program Service Ac Check if the organization used Sci	complishments (see the inst	ructions for Part III)	III		Expenses
What	is the organization's primary exempt purpose? See	Schedule 0	question in this Part	Ш <u>А</u>		uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of	its three largest prog	ram services, as	òrgai	nizations; optional
meas	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servi	ces provided, the nu	mber of persons	for of	thers.)
28	C C -1 11 - O					
	<u>bec_benedute_o</u>					
	(Grants \$ ) If thi	is amount includes foreign g	rants, check here		28 a	45,677.
29						20,0.71
	(Grants \$ ) If thi	s amount includes foreign g	rants, check here	🗲 📘	29 a	
30						
	70					
~-		is amount includes foreign g			30 a	
31	Other program services (describe in Sch	•			24	
20	(Grants \$ ) If thi  Total program service expenses (add lir	is amount includes foreign g			31 a	45 655
					32	45,677.
Par	List of Officers, Directors, 7 Check if the organization used Sci					
	Check if the organization used Sci	· · · · · · · · · · · · · · · · · · ·	i	4.6		· · · · · · · · · · · · · · · · · · ·
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensat (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employeement	oyee	(e) Estimated amount of other compensation
		position	(if not paid, enter -0-)	compensation	Jirou	other compensation
	neson Quinn					_
Dir	rector	2.5		0.	0.	0.
	nice Dru				_	
	nirman	3		0.	0.	0.
	rik_Lundh	2 -			_	_
	rector	2.5		0.	0.	0.
	ephen Cobb	2 -		,	0	^
	cector con Hamlin	2.5		0.	0.	0.
	ecutive Dir.	23	10,31	1	0.	0.
	nn Marcum		10,31	· •	υ.	0.
	easurer	2.5		o.	0.	0.
		2.0				<u> </u>
BAA		TEEA0812L 1	2/22/16			Form <b>990-EZ</b> (2016)
БАА		IEEAU81ZL I	L1 L2 10			FOITH <b>990-EZ</b> (2016)

rai	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. X
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
	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		Х
35 a	a 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)?	35 a		Х
	<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? <i>If 'No,' provide an explanation in Schedule O</i>	35 b		Λ
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
26	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.  b Did the organization file Form 1120-POL for this year?	37 b		Х
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	37.5		A
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	amount involved			
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
ŀ	b Gross receipts, included on line 9, for public use of club facilities			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
ŀ	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	40 b		X
•	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
(	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		Х
41		400		
	a The organization's books are in care of ► Jenn Marcum  Located at ► 10707 Par Cove Lane Charlotte NC  Telephone no. ► (812)	- <u>325</u>		
ŀ	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	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:	42 b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
(	c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		X
	If 'Yes,' enter the name of the foreign country:►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here		► ☐	N/A N/A
44 a	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a	. 55	Х
ŀ	<b>b</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	44 b		Х
•	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
•	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 d		
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44 a		X
	<b>b</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)	45 b		Х

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						Yes	No
46 Did t	he organization engage, directly or indire idates for public office? If 'Yes,' complete	ctly, in political campa e Schedule C, Part I	ign activities on behalf o	of or in opposition to	46		Х
Part VI						1	
	All section 501(c)(3) organization for lines 50 and 51.	ons must answer q	uestions 47-49b an	d 52, and complete	the table	es	
	Check if the organization used Schedul	le O to respond to any	question in this Part VI				П
	-		•			Yes	No
	ne organization engage in lobbying activities plete Schedule C, Part II				47		Х
	e organization a school as described in se						X
<b>49 a</b> Did t	he organization make any transfers to an	exempt non-charitable	e related organization?		49 a		X
	es,' was the related organization a section	-					<u> </u>
	olete this table for the organization's five high oyees) who each received more than \$100,0				ey		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
None							
		100,000					
	I number of other employees paid over \$1 plete this table for the organization's five high		endent contractors who ea	_ ach received more than \$	\$100,000 of		
comp	pensation from the organization. If there i	s none, enter 'None.'	1	•	1		
	(a) Name and business address of each independent c	ontractor	<b>(b)</b> Type	of service	(c) Comp	ensatio	n
None_							
d Total	number of other independent contractors	s each receiving over	000 0014				
	he organization complete Schedule A? <b>N</b>		· · ·			Г	
	oleted Schedule A				► X Yes	;	No
true, correct,	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying scheer) is based on all information	of which preparer has any knowl	e best of my knowledge and be ledge.	liet, it is		
C!	Signature of officer			Date			
Sign Here	Jenn Marcum			Treasurer			
	Type or print name and title			TICABATCI			
	Print/Type preparer's name	Preparer's signature	Date	Check I if	PTIN		
Paid				self-employed			
Preparer Use Only	Firm's name ► Firm's address ►			Firm's EIN			
				Phone no.			
May the IF	RS discuss this return with the preparer sh	nown above? See instr	ructions	·····	► Yes	;	No
					Form <b>99</b>	0-EZ	(2016)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

vame	or the	eorganization					Employer	identilica	ation number	
The	e Ce	enter for Election	Science				45-23	3400	2	
Par	t I	Reason for Public Cha	rity Status (All or	rganizations must o	comple	te this	part.) See ir	struc	tions.	
The (	orga	nization is not a private found								
1		A church, convention of church	es, or association of ch	nurches described in sect	ion 170(	b)(1)(A)(	i).			
2		A school described in section 1					•			
3		A hospital or a cooperative h		·		•	Miii).			
4	H	A medical research organiza	,					Viii) F	nter the h	nenital'e
-		name, city, and state:						,,). ∟ -		
5	Ш	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or opera	ated by	a governmental	unit de	escribed in	l
6		A federal, state, or local gove	ernment or governme	ental unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).			
7	Χ	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the gen	eral pul	blic describ	ed
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)					
9		An agricultural research organia	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	n with a land-gra	nt colle	ege	
	ш	or university or a non-land-grar								
		university:								
10		An organization that normally r from activities related to its e investment income and unrel June 30, 1975. See section 5	eceives: (1) more than exempt functions—sub- lated business taxable	33-1/3% of its support froject to certain exception income (less section)	ns, and	(2) no r	nore than 33-1/3	3% of i	ts support	from gross
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	509(a)(4).			
12		An organization organized ar or more publicly supported o	nd operated exclusive	ely for the benefit of, to	perform	the fun	ctions of, or to o	carry o	ut the purp	ooses of one k the box in
		lines 12a through 12d that de	escribes the type of si	upporting organization	and com	iplete lir	nes 12e, 12f, an	d 12g.		
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported or rs or trus	rganizati tees of t	on(s), typically by he supporting org	y giving janizati	the suppo on. <b>You m</b> u	rted I <b>st</b>
b		Type II. A supporting organiz management of the supporting must complete Part IV. Secti	organization vested in	ontrolled in connection the same persons that or	with its ontrol or	support manage	ed organization( the supported or	(s), by ganizat	having contion(s). <b>You</b>	ntrol or
c		Type III functionally integrated organization(s) (see instruction		ion operated in connection	n with, ar	nd functio	onally integrated w	vith, its	supported	
d	I 🗌	Type III non-functionally integrated. The control of the control o	rated. A supporting org	anization operated in cor	nection	with its s	supported organiz	ation(s`	) that is no	t ent (aga
		instructions). You must com	plete Part IV, Section	s A and D, and Part V.						•
e		Check this box if the organization integrated, or Type III non-fu	nctionally integrated:	supporting organizatior	١.			II, Typ	e III functi	onally
		iter the number of supported of	•							
		ovide the following information			ı					
	(I) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	overning	(v) Amount of mo support (see instru		` '	nount of other see instructions)
					Yes	No				
(A)										
<u>, ,                                   </u>										
(B)										
(C)										
(D)										
<i>(-)</i>										
(E)										
T_1-										

# Part II 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 III. If the organization fails to qualify under the tests listed below, please complete Part III.)

begii 1	ndar year (or fiscal year nning in) > Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.).  Tax revenues levied for the	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total	
	membership fees received. (Do not include any 'unusual grants.)					(6) 2010	(i) rotar	
2		2,568.	17,675.	18,187.	14,932.	40,648.	94,010.	
	organization's benefit and either paid to or expended on its behalf						0.	
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3 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)	2,568.	17,675.	18,187.	14,932.	40,648.	94,010.	
6	Public support. Subtract line 5 from line 4						94,010.	
Sect	tion B. Total Support						<u>.                                      </u>	
Cale: begi:	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total	
7	Amounts from line 4	2,568.	17,675.	18,187.	14,932.	40,648.	94,010.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.	
	Total support. Add lines 7 through 10						94,010.	
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.	
	<b>First five years.</b> If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □	
Sect	tion C. Computation of Pul	olic Support P	ercentage					
	Public support percentage for 20						100.00%	
	Public support percentage from 2 33-1/3% support test—2016. If the	ne organization di	d not check the bo	ox on line 13. and	d line 14 is 33-1/3	% or more, check	0.00 % this box	
b	and stop here. The organization qualifies as a publicly supported organization.  b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this	box and stop her	e. Explain in Part	VI how	
	b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							

45-2334002

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.)

Sec	tion A. Public Support	,	<u> </u>	,			
	lar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities 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						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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	Add lines 7a and 7b						
	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1			T	
	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		id, third, fourth, c	or fifth tax year as	a section 501(	c)(3) ►
Sec	tion C. Computation of Pul						
	Public support percentage for 20						
	Public support percentage from 2				<u></u>	10	6 %
	tion D. Computation of Inv						
	Investment income percentage for	•	• •	-			
	Investment income percentage fi					<u> </u>	
	<b>33-1/3% support tests—2016.</b> If t is not more than 33-1/3%, check <b>33-1/3% support tests—2015.</b> If t	this box and <b>sto</b> he organization o	<b>p here.</b> The organ did not check a bo	ization qualifies : x on line 14 or lir	as a publicly supp ne 19a, and line 1	orted organizat 6 is more than	33-1/3%, and
	line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box	and <b>stop here.</b> Th	e organization qu	ualifies as a public	ly supported or	ganization

### 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

	11 0 0		V	NI.
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
	and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organizations are provided at a support of the filing organizations are provided at a support of the filing organizations.	6		
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	0		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,'			
	answer 10b below.	1 <b>0</b> a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization'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			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part VI</b> how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	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).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was considered to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2016 The Center for Election Science			34002 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). <b>See</b> through E.
Sec	ction 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		
Sec	ction 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		
-	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		
Sec	ction 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	<b>Distributable Amount.</b> 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 int (see instructions).	tegrated	Type III supporting org	ganization

Schedule A (Form 990 or 990-EZ) 2016

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
a			
b			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
<b>b</b> Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			
BAA		Schedule A (Fo	rm 990 or 990-EZ) 2016

BAA

Schedule A (Form 990 or 990-EZ) 2016

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

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Center for Election Science

Employer identification number
45-2334002

# Form 990-EZ, Part I, Line 16 Other Expenses

\$ 2,464.
26.
1,520.
572.
1,150.
245.
1,676.
156.
1.248.
5.780
\$ 14,837.
\$

#### Form 990-EZ, Part III - Organization's 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 promoting voting methods that most benefit the public good.

#### Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

101 Research Advancement This year we organized a national poll comparing four different voting methods. Our sample included 2,000 nationally representative registered voters in the US. We were able to collect data on how people would vote given different voting methods as well as on tactical voting that would vary by voting method. This information helps us to understand how different voting methods are likely to play out in practice. We contracted this out with international polling agency, GfK. We were also able to collaborate with Policy Interactive to help field some preliminary questions before officially conducting the poll. 102 Public Outreach Our organization did our outreach through publishing articles and information on our website, writing for other sites, getting picked up by media, conferences, social media, and guest lecturing. We published over a dozen articles on our website this year. Our layperson-friendly articles focused on voting theory basics, voting methods conceptually applied to

Name of the organization

The Center for Election Science

45-2334002

#### Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

elections, voting in unique contexts, and election analysis with a voting method focus. Some 65K unique visitors were able to see our site for these articles. We published these articles as well as our other activities through social media where we have thousands of followers. Between our staff, advisors, and board members, we were able to land media coverage. These included Popular Mechanics, Huffington Post, Mesquite Local News, Grand Forks Herald, Bangor Daily News, and a reference by the documentary Third Candidates. Our staff contributed writing pieces to USA Today Magazine, Independent Voter Network, Democracy Chronicles, and We were able to attend and speak at the Free & Equal Electoral Symposium, discussing voting methods. Additionally, we did outreach at Politicon and FreedomFest (where we did a poll for their event). Finally, we gave an open lecture on voting methods for Northern Kentucky University. 103 Voting Method Advancement To help foster alternative voting method use in groups, our team of volunteer software developers have advanced a polling project where users can conduct polls with approval voting. We were asked for advice by legislators in New Hampshire who were proposing legislation on approval voting. There, we were able to offer informational support describing how approval voting works and its likely effects. We also provided services for The Webby Awards helping them to implement smarter voting methods for their awards. We provided polling services for the Republican Liberty Caucus as well advancing the usage of approval voting. Finally, a stakeholder from the city of Fargo, ND reached out to us as their elections commission was reviewing which voting method to use for electing their mayor. Here, we provided informational support and began planning future collaboration.

Name of the organization	Employer identification number
The Center for Election Science	45-2334002

# Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a)	Did the organization, during the year, receive any funds, directly or	
indi	rectly, to pay premiums on a personal benefit contract?	No
(b)	Did the organization, during the year, pay premiums, directly or	
indi	rectly, on a personal benefit contract?	No