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TIN: 81-5223488

OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

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

foundations)

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

Information about Form 990 and its instructions is at www.IRS.gov/form990.

Open to Public Inspection

A Fo	r th	e 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-3	1-2017							
B Chec	k if a	applicable: C Name of organization			D Employer	identif	ication number			
_		change	THE DEMOCRACY INTEGRITY PROJECT							
O Nai		Deing business as			81-52234	00				
✓ Init		turn boiling business as								
_		d return Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite		E Telephone	number				
		on pending 1360 BEVERLEY ROAD NO 300			(202) 810	-0126				
		City or town, state or province, country, and ZIP or foreign postal code								
		MCLEAN, VA 22101			G Gross recei	pts \$ 9,	,036,836			
		F Name and address of principal officer:	H(a)	Is this	a group retu	rn for				
		DANIEL J JONES 1360 BEVERLEY ROAD 300			inates?		□Yes ✓No			
		MCLEAN, VA 22101	H(b)		subordinates	;	☐ Yes ☐No			
I Tax	-exer	mpt status: \Box 501(c)(3) \checkmark 501(c) (4) \blacktriangleleft (insert no.) \Box 4947(a)(1) or \Box 527		include		. (see	instructions)			
J W	ebsit	te: N/A	H(c)		exemption n					
		·								
K Forn	n of o	rganization: 🗹 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨	L Year o	of format	ion: 2017 N	State	of legal domicile: DC			
		· · · · · · · · · · · · · · · · · · ·					_			
Pa	rt I	Summary								
	1 !	Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE DEMOCRACY INTEGRITY PROJECT IS TO PROMOTE DEMOCRA	CY IN TH	IE UNIT	ED STATES	AND AF	ROUND THE WORLD.			
JCe										
na										
Governance	2	Check this box ▶ □								
G G		Number of voting members of the governing body (Part VI, line 1a)		3	3					
*8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	2					
ties	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) .				5	3			
Activities &	6	Total number of volunteers (estimate if necessary)			6	0				
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12				7a	0			
	b	Net unrelated business taxable income from Form 990-T, line 34				7b	0			
				Prio	r Year		Current Year			
o o	8	Contributions and grants (Part VIII, line 1h)					7,005,649			
aue	9	Program service revenue (Part VIII, line 2g)					0			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					42,594			
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0			
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)					7,048,243			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)				L	0			
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0			
88	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)					493,014			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)					0			
be	b	Total fundraising expenses (Part IX, column (D), line 25) ▶52,957								
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					4,943,293			
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)					5,436,307			
	19	Revenue less expenses. Subtract line 18 from line 12					1,611,936			
Ses Ses			Begi	inning o	f Current Yea	r	End of Year			
Net Assets or Fund Balances										
Ass		Total assets (Part X, line 16)	<u> </u>			1	1,618,839			
et		Total liabilities (Part X, line 26)					6,903			
Zű	22	Net assets or fund balances. Subtract line 21 from line 20					1,611,936			

Part II	Sig	gnature Block						
	e and be		examined this return, including according according according to the contract of the contract					
				2018-11-15				
Sign	Sig	nature of officer			Date	_		
Here		NIEL J JONES PRESIDENT, CEO						
Paid		Print/Type preparer's name ROBERT H FRANK	Preparer's signature ROBERT H FRANK	Date 2018-11-14	Check if	PTIN P00943320		
Prepar	er	Firm's name FRANK & COMPAN		Firm's EIN ► 54-1156733				
Use Or		Firm's address ► 1360 BEVERLY RC	OAD SUITE 300		Phone no. (703) 821-0702			
	y	MCLEAN, VA 221	01					
May the IF	RS discu	uss this return with the preparer	shown above? (see instructions)			. Yes 🗆 No		
For Paper	rwork I	Reduction Act Notice, see the	separate instructions.	Cat. I	No. 11282Y	Form 990 (2017)		

			Page 2		
Form	990 (2017)				Page 2
Par	t III Statement	of Program Service	Accomplishments		
	Check if Sche	dule O contains a respon	se or note to any line in this	Part III	🗆
1		rganization's mission:	,		
THE	PURPOSE OF THE DEM	OCRACY INTEGRITY PRO	JECT IS TO PROMOTE DEMO	CRACY IN THE UNITED STATES AND A	ROUND THE WORLD.
2	Did the organization	undertake any significan	program services during th	ne year which were not listed on	_
	the prior Form 990 o	r 990-EZ?			🗆 Yes 🔽 No
	If "Yes," describe the	se new services on Sche	dule O.		
3	Did the organization	cease conducting, or ma	ke significant changes in ho	w it conducts, any program	
	services?				. 🗆 Yes 🛂 No
	If "Yes," describe the	se changes on Schedule	0.		
4	Section 501(c)(3) an		s are required to report the	its three largest program services, as r amount of grants and allocations to oth	
4a	(Code:) (Expenses \$	2,557,983 including gra	ants of \$) (Revenue \$)
4b	MANAGING A NETWOR	RK OF EXPERIENCED ORGANI	ZATIONS AND INDIVIDUALS WE	ATIC ELECTIONS AROUND THE WORLD PRIM, 10 WORK TO UNCOVER DETAILS, THROUGH F S, TO INTERFERE IN DEMOCRATIC ELECTION ants of \$) (Revenue \$	IELD RESEARCH AND DATA
40	ANALYSIS AND REPOR ORGANIZATIONS AND	TING - THE ORGANIZATION, INDIVIDUALS IT ENGAGES, DNS AROUND THE WORLD TO	BY COMBINING ITS OWN INSIG REPORTS ORIGINAL, CREDIBLE,	SHTS AND ANALYSIS WITH THE RESEARCH CO AND FACT-BASED INFORMATION REGARDIN 5 THAT EDUCATE THE PUBLIC REGARDING SU	G EFFORTS TO INTERFERE WITH
4c	(Code:) (Expenses \$	including gra	ants of \$) (Revenue \$)
	-				
44	Other program	visco (Dosoviho in Cahada	do O)		
4d	(Expenses \$	vices (Describe in Schedu	uding grants of \$) (Revenue \$	1
4e	Total program se		5,115,966) (Inchessue 4	,
76	rotal program se	THE EXPENSES F	5,115,500		Form 990 (2017)

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Par	t IV Checklist of Required Schedules	1		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥦	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II **	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
			~ ~ ~ ~ ~ ~ ~	A (2017)

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Par	t IV Checklist of Required Schedules (continued)			r age ¬
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	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		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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
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		
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	n (2017)

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Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			✓
1-	Enter the number reported in Poy 2 of Form 1006 Enter 0, if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 20 Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Yes	
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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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 sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
12	<u> </u>	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]

а	Is the organization licensed to issue qualified health plans in more than one state? Note. additional information the organization must report on Schedule O.	ne instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax ye	14a	No		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation	n in Sc	chedule O	14b	

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orm	990 (2017)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	" respo	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>
Se	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		res	NO
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: $\frac{1}{2}$			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	-	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			

Describe in 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: THE ORGANIZATION 1360 BEVERLEY ROAD NO 300 MCLEAN, VA 22101 (202) 810-0126

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

and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII .

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an on on is	e bo bot	t chox, uh an br/tr	eck mountess office (unless office (ustee)) Highest compensated	er	(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) DANIEL J JONES PRESIDENT, CEO	40.00	х		х				381,263	0	0
(2) MICHAEL S BALASCIO TRASURER, DIRECTOR	1.00	х		Х				0	0	0
(3) ADAM S KAUFMAN SECRETARY, DIRECTOR	1.00	х		х				0	0	0

– Page 8 *–*

Part VII Section A. Officers, Direction	ctors, Trustees	s, Key	Empl	loye	es,	and	Higl	hest Cor	npensat	ed Employees	(conti	nued)	rage O	
(A) Name and Title	(B) Average hours per week (list any hours for		ne bo	ox, ι n of	t che unles ficer	ss pers	son	Repo compe fror organiza	ortable ensation in the ation (W-	Reportable compensation from related organizations (W-	(F) Estimated amount of othe compensation from the organization ar		
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	.) c	rganizati relati organiza	ed	
1b Sub-Total	Part VII, Sectio		· .			* *			381,263		0		0	
2 Total number of individuals (includir of reportable compensation from the			e list	ed a	bov	e) who	rec	eived mo	re than \$1	.00,000				
3 Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e	mpl	oyee,	or hi	ighest cor	npensated	i employee on	3	Yes	No No	
4 For any individual listed on line 1a, i organization and related organization individual										n the	4	Vos		
5 Did any person listed on line 1a recesservices rendered to the organizatio		•						_	tion or ind	ividual for	5	Yes	No	
Section B. Independent Contrac	tors													
1 Complete this table for your five hig from the organization. Report comp											mpens	ation		
Name	(A) and business addre	ess							Desc	(B) cription of services		(C Compen		
BEAN LLC										CONSULTING			.323,924	
1700 CONNECTICUT AVE NW 400 WASHINGTON, DC 200091134									DECEASO	CONCLUTING			2E1 600	
WALSINGHAM PARTNERS LTD HIGHLAND HOUSE MAYFLOWER CLOSE CHANDLERS FORD, HAMPSHIRE									NESEAKUH	CONSULTING			251,689	

(A) Name and business address	(B) Description of services	(C) Compensation
ISTOK ASSOCIATES LTD	RESEARCH CONSULTING	149,544
12 MELOMBE PLACE LONDON, NW1 6JJ UK		
ZUCKERMAN SPAEDER LLP	LEGAL FEES	148,231
1800 M STREET NW SUITE 100 WASHINGTON, DC 200365802		
EDWARD AUSTIN LTD	RESEARCH CONSULTING	127,915
COMMUNICATION HOUSE 26 YORK STREET LONDON, ENGLAND W1U 6 UK		
2 Total number of independent contractors (including but not limited to those listed above) who compensation from the organization ▶ 6	received more than \$100,000 of	

Part \	90 (2017) /III Statement of Re	evenue					Page S		
	Check if Schedule O	contains a res	ponse or note to ar	ny line in this Part VII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
s	1a Federated campaigns	1a		_		•	-		
まま	b Membership dues .	. 1b		-					
عَ قَا	c Fundraising events .	. 10		-					
Ēξ	d Related organizations	1d	İ	_					
ੂ ਦੋ	e Government grants (contri	ibutions) 1e		=					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gift and similar amounts not in above		7,005,649	-)					
a Oth	g Noncash contributions in lines 1a-1f:\$	1,	990,649						
Cont	h Total.Add lines 1a-1f .		>	7,005,649					
ne			Busine	ss Code					
Nen	Σa 								
200	b ————								
ķ	с ———								
Se	d ———								
ram	-								
Program Service Revenue	f All other program service revenue . g Total.Add lines 2a-2f								
je.	3 Investment income (inclu	uding dividends	, interest, and other	er 83	33		83		
Revenue	similar amounts) 4 Income from investment		hand proceeds	<u> </u>					
ě	5 Royalties			•	+	+			
je je		(i) Real	(ii) Personal						
Other	6a Gross rents								
	b Less: rental expenses								
	c Rental income or (loss)								
	d Net rental income or (lo	oss)	•	,					
	7a Gross amount from sales of assets other than inventory	(i) Securities 2,030,3	(ii) Other						
	b Less: cost or other basis and sales expenses	1,988,5	93						
	C Gain or (loss)	41,7	61						
	d Net gain or (loss) .		•	41,76	51		41,76		
	8a Gross income from fund (not including \$ contributions reported o	of on line 1c).							
	See Part IV, line 18 .		a						
	b Less: direct expenses		b						
	c Net income or (loss) fro9a Gross income from gam	_	events	_					
	See Part IV, line 19 .		a						
	b Less: direct expensesc Net income or (loss) fro		b /ities						

10a Gross sales of inventory, less returns and allowances]			
returns and anowances	a				
b Less: cost of goods sold	b]			
c Net income or (loss) from sales of inv	ventory 🕨				
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
127.1					
12 Total revenue. See Instructions	>	7 048 243	0	0	42 594

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Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	381,263	343,137	19,063	19,063
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	90,526	81,474	4,526	4,526
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	21,225	19,103	1,061	1,061
11 Fees for services (non-employees):				
a Management				
b Legal	148,230		140,819	7,411
c Accounting	65,216		61,955	3,261
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,056		1,953	103
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,389,986	4,389,986		
12 Advertising and promotion	4,055	4,055		
13 Office expenses	21,078	17,093	2,981	1,004
14 Information technology	137,014	116,462	13,701	6,851
15 Royalties				
16 Occupancy	68,628	58,334	10,294	
17 Travel	95,914	86,322		9,592
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,700		1,615	85
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,416		9,416	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
С				
d				
e All other expenses				
Total functional expenses. Add lines 1 through 24e	5,436,307	5,115,966	267,384	52,957
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720).				

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Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX			🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	106,526
	2	Savings and temporary cash investments	0	2	1,331,187
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	450.000
ssets	7	Notes and loans receivable, net	0	7	150,000
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 9,595			
	b	Less: accumulated depreciation 0	0	10c	9,595
	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	0	15	21,531
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0	16	1,618,839
	17	Accounts payable and accrued expenses	0	17	6,903
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
.00		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	6,903
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
Sak	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Fund		Organizations that do not follow SFAS 117 (ASC 958),			-
9	30	check here ▶ ✓ and complete lines 30 through 34. Capital stock or trust principal, or current funds	0	30	0
et	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
Assets	32	Retained earnings, endowment, accumulated income, or other funds	0	32	1,611,936
Net /	33	Total net assets or fund balances	0	33	1,611,936
Z	34	Total liabilities and net assets/fund balances	0	34	1,618,839

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Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	,048,243
2	Total expenses (must equal Part IX, column (A), line 25)	2			,436,307
3	Revenue less expenses. Subtract line 2 from line 1	3			,611,936
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,611,936
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate be consolidated basis, or both:	asis,	2b		No
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ule O	-		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	jle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed	3b		

Form 990 (2017)

Additional Data Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description