Form **990**

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 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

Open to Public

Δ	For the	2016 calendar y	year or tay year	heginning		2016, and ending	· · · · · · · · · · · · · · · · · · ·		da digitar i tana 11 a
<u></u>	Check if a		year, or tax year	beginning	<u>.</u>	zoro, and enemy		over identifi	ication number
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	!		094 Townsh:	in Rd 403				hone number	
	\mathbf{H}		ornville, (1		1-9750
	H	return/terminated					F	407-32	11-9750
	H-1	nded return					G Gmes	receipts \$	1,185,000
		l	Name and address of	principal officer:	 	12	i(a) is this a group re		
	[_]. _{_bb} ,,	1	me As C Abo			A I	(b) Are all subordina If 'No,' attach a in		[] tes [[] tr
	Tax-exe				nsert no.) 4947(a)(1) or [[527-7]	If 'No,' attach a li	st (see instr	uctions)
<u>-</u>		site: > N/A	(-)(0)	(7 (4 / ((c) Group exemption	number 🕨	
ĸ			Corporation Trus	st Association	Other -	L Year of formation			pal domicile: OH
		Summary		<u> </u>			 		
-نا	1 B	riefly describe th	ne organization's	mission or most	significant activities	See Sched	nle O		
a	_								
Š	_								
Ë	_								
& Gövernance	2 C	heck this box	if the organ	nization discontinu	ed its operations of	r disposed of mor	e than 25% of it		ets.
ુ જ જ					Part VI, line 1a) erning body (Part V			3 4	
Activities & Go					ear 2016 (Part V, li				
Activities	6 T	otal number of v	olunteers (estim	ate if necessary).				6	
Act					lumn (C), line 12			7a	0
	bΝ	et unrelated bus	iness taxable in	come from Form 9	990-T, line 34			7b	. 0
							Prior Yea		Current Year
<u>40</u>					•• ••• ••• ••••		82,	500.	1,185,000
듵							ļ		
Revenue					, and 7d) , 9c, 10c, and 11e)		ļ	86.	
					:, 90, 100, and 11e) Part VIII, column (<u> </u>	F0C	1 100 000
				(Parl IX, column		(A), fine 12)	353,	586.	1,185,000
							353,	300.	1,015,000
	15 S	alaries other co	mnensation em	played benefits (F	arth, column (A)	lines 5-10)	 		
Se Se	16 a Pi	rofessional fundi	raising fees (Par	t X, column (A)	ine tile)-		 		
Expenses	10a 1	stat tambaiana	evenes Pert	tive, polariti (10)			Agang & Farter	7-17-42	
묎				X, column (D), lun			() () () () () () () () () ()	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
_				(A), lines Palled			142,		45,137
					c, column (A), line		495,		1,060,137
.	19 R	evenue less exp	enses. Subtract	line 18 from line	12		-413,		124,863
2 8	00 T	otal assets (Dort	V has 16)				Beginning of Curre		End of Year
Asse							50,	375.	175, 238
100	i	•	•					0.	0
Z£				ract line 21 from t	ine 20	• • • • • • • • • • • • • • • • • • • •	50,	375.	175,238

Comp	r penalties olete. Deck	s of perjury, I declare I aration of preparer (of	that I have examined ther than officer) is ba	inis return, including acc ised on all information o	companying schedules and f which preparer has any	d statements, and to the knowledge	e best of my knowledg	e and belief	, it is true, correct, and
			DE S		Axed 11		11115	117	
Sig	ın	Signature of the	Mider		fusion-		Date		
He	re	Brian	Kinnett				President		
	-		name and title				rrepraeme		
_		Print/Type prepare	er's name	Preparer's sign	nature	Dale /	/ Check	ut P	TIN
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Us	e Only	Firm's address		in Street		$\overline{}$	Firm's EIN	► 30-e	0595434
	_		Grove Cit				Phone no.		370956
May	the IRS	6 discuss this re			e? (see instruction	s)	1, 1000		X Yes No
				see the separate			0113L 11/16/16		Form 990 (201
				,		ICLA	4 IN 100 LD		(20)

	990 (2016) A PUBLIC VOICE, INC	<u>45-</u> 5	34805	55	P	age 2
Par	Statement of Program Service Accomplishments	-				
	Check if Schedule O contains a response or note to any line in this Part III					X
1	Briefly describe the organization's mission:					
,	See Schedule O					
2	Did the organization undertake any significant program services during the year which were not listed on the program services.	or			63	
	Form 990 or 990-EZ?			Yes	X	No
_	If 'Yes,' describe these new services on Schedule O				E3	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program sei If 'Yes,' describe these changes on Schedule O	rvices?	Ц	Yes	X	No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	ices, as r is to othe	measure rs, the	ed by e total e	expen xpens	ses es,
4 a	(Code) (Expenses \$ 1,060,000. including grants of \$ 1,015,000.) (R	evenue	\$)
	The organization engaged in and supported efforts to give the pub			ter	voi	ce
	in direct democracy including making a grant for a citizen-initia					
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4 h	(Code ) (Expenses \$ including grants of \$ ) (R	Revenue	Ś			
			·			′
		<del></del>				
4 c	(Code) (Expenses \$ including grants of \$) (R	evenue	\$			)
	~	. <b>-</b>				
						_ ~ _
4 d	Other program services (Describe in Schedule O.)					
	(Expenses \$ including grants of \$ ) (Revenue \$				)	
4 e	Total program service expenses ► 1,060,000.					

BCIO

#### Part IV. Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A X X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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 Х 3 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 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 X 5 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, X 6 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* Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' complete Schedule D, Part III Х 8 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 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI 11 a Х **b** Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D. Part VII 11 b Х c 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 11 c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX X 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 14b Х 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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х

complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

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Form 990 (2016) A PUBLIC VOICE, INC

Part IV Checklist of Required Schedules (continued)

	•		Yes	NO
<b>20</b> a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c 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		
<b>25</b> <i>a</i>	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			# (# ()
â	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		Х
(	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197  Note. All Form 990 filers are required to complete Schedule O	38		Х
ΒĀΑ		Form	990 (	(2016)

Form 990 (2016) A PUBLIC VOICE, INC	45-534805	55	F	age <b>5</b>
Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a (			
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	16 (			
c Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	reportable gaming	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a (	)		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment		2 b	BisiElm II.	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	structions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3 a	Winds Milion	X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>		3 ь		<del>                                     </del>
4a At any time during the calendar year, did the organization have an interest in, or a signature or other	er authority over la	-		<del>                                     </del>
financial account in a foreign country (such as a bank account, securities account, or other f	inancial account)?	4a		Х
<b>b</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 ta	x year ⁷	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shel	ter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a	Х	
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contribute	ions or gifts were			
not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).		6 b	X	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	partly for goods and	7 a		
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was required to file			
Form 8282?		7 c		
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	349 MH44 3336.00		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		71	 	l
g If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	<b>5</b>	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	W	1780 2 0
9 Sponsoring organizations maintaining donor advised funds.		8.3.4.3.5s		
a Did the sponsoring organization make any taxable distributions under section 4966?	_	9 a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	rson ⁹	9 b		
10 Section 501(c)(7) organizations. Enter	l l			
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
<b>b</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:	1 1			
a Gross income from members or shareholders	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 Ь			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	of Form 1041?	12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
Note. See the instructions for additional information the organization must report on Schedu	le O			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in	Land			
which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	Sahadula O	14a		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in</i> BAA  TEEA0105L 11/16/16	Scriedule O	14b	900	(2016)
		4 0111		(2010)

Form 990 (2016) A PUBLIC VOICE, INC 45-5348055 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below. and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1 a b Enter the number of voting members included in line 1a, above, who are independent 1 h 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7 a 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? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Y stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 a X b Each committee with authority to act on behalf of the governing body? 8Ь X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10a Х b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 162 taxable entity during the year? **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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Non Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 See Schedule O

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Thornville OH 43076 (513)-342-4640

State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION 15094 Township Road 403

# Form 990 (2016) A PUBLIC VOICE, INC 45-5348055 Page Part VIII 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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) **(F)** (A) (B) (D) (E) Name and Title Average hours Reportable compensation from Reportable compensation from Estimated amount of other per related organizations (W-2/1099 MISC) compensation from the Officer the organization (W 2/1099-MISC) week Institutional (cy employee lighest compensated organization and related organizations (list any hours for related organiza tions Itrustee below See Schedule O (1) Brian Kinnett 0 President Х Х 0 0 0. (2) Mark Becker 1 Treasurer 0 X 0 0 0. (3) Eric Wiegers 1 Secretary 0 Х X 0 0. 0. (4) Chris Hines 0 0 Х Х 0. President 0 0 (6) (7) (8) (9) (10)(11)(12)(13)(14)

(18) (29) (21) (22) (23) (24) (25)  1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	Part VIII Section A. Officers, Directors, 111		ney	Em	<del>-</del>		es, a	anc	nighest Con	ipensated Emp	Toyees (continuea)
According to the property of	•	(B)			•	•			<b>.</b> .	-	
Continue of the continuation sheets to Part VII, Section A   0, 0, 0, 0		Average hours	(do box	not c unle	heck	more	than o	one n an			
150	Name and title	per week	offic	er an	nd a	direct	or/trust	tee)	compensation from	compensation from	amount of other compensation
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Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	5 Did any person listed on line 1a receive or accru	ue compei	nsatio	on fr	om dule	any	unre	elate	ed organization or person	ındıvıdual	The second secon
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	Section B. Independent Contractors										
(A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	Complete this table for your five highest comper compensation from the organization. Report compe	nsated inc nsation for	lepen the c	iden alen	it co idar	ntra yea	ctors r endi	tha	at received more t with or within the o	han \$100,000 of rganization's tax ye	ar
2 Total number of independent contractors (including but not limited to those listed above) who received more than	(A)						-		(B	)	(C)
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name and business add	uress							Description	or services	Compensation
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<del>-</del>	•							-			

		. Check if Schedule O	contains a respo	onse or note to an	y line in this Part V	IIL		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, gismilar amounts not included a Noncash contributions included Total. Add lines 1a-1f	rants, and above 1 f	1,185,000.	1,185,000.			
				Business Code				
Program Service Revenue	2 a b c d e	All other program service	a rayenta		The state of the s		gereal consumeration with a second of the se	
Ş	'	Total. Add lines 2a-2f	e revenue _			Mills Callette villalle i de		12.4% Million \ 4.996 \ 11.49 \ M
	3 4 5	Investment income (includer similar amounts) Income from investment Royalties	t of tax-exempt	bond proceeds				
	b	Gross rents Less rental expenses Rental income or (loss) Net rental income or (lo	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	8a	Gross income from function (not including \$ of contributions reported See Part IV, line 18 Less direct expenses Net income or (loss) from	d on line 1c)	vents ►				
	b	Gross income from gam See Part IV, line 19 Less direct expenses	ŀ		<b>4</b>			The second secon
	10 a	Net income or (loss) fro Gross sales of inventory and allowances Less cost of goods solo	v, less returns a					
	C	Net income or (loss) fro			Manager of the Control of the Contro			
	-	Miscellaneous Revenu	ie	Business Code				industrial Europe S
	11 a b							<del></del>
		<b>'</b>						
	ا ا	All other revenue	- <b>-</b>			<del></del>	<del>                                     </del>	<del></del>
		Total. Add lines 11a-11	d.	<u> </u>				
	12	Total revenue. See inst	ructions	<b>.</b>	1,185,000.	0.	0.	0.

# Part X 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 line in this Part IX (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundráising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 1,015,000 1,015,000 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described ın section 4958(c)(3)(B) 0 0 0 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 11 Fees for services (non-employees) a Management 10,000 10,000 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f-Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 35,000 35,000 Advertising and promotion 12 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment 18 expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) 137 All other expenses 1,060,000 137. Total functional expenses Add lines 1 through 24e 1,060,137. 0. 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) BAA Form **990** (2016)

TEEA0110L 11/16/16

		·Check if Schedule O contains a response or note to	any	line in this Part X			
	,				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			35,375.	1	160,238.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions) Complete	3)(B), (9) vol	and contributing luntary employees'		6	
ts.	7	Notes and loans receivable, net			15,000.	7	15,000.
Assets	8	Inventories for sale or use				8	
Ą	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10 a				
	b	Less accumulated depreciation	10 b	-		10 c	3. Million Millionia III II sono i Milli Millione e a Millia menera <u>sa.</u> Sala
	11	Investments – publicly traded securities				11	
	12	Investments – other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)		50,375.	16	175,238.
$\Box$	17	Accounts payable and accrued expenses			1	17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
8	21	Escrow or custodial account liability. Complete Part I	V of S	Schedule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated the	nird pa	rties		23	
	24	Unsecured notes and loans payable to unrelated third	l partie	es		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to re iplete	elated third parties, Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
Joes	27	Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34. Unrestricted net assets	ere ►	and complete		27	
<u>a</u>	28	Temporarily restricted net assets				27	
ä	29	Permanently restricted net assets				29	<del></del>
2	29	Organizations that do not follow SFAS 117 (ASC 958), ch	ook b	V		29	10000 11000 1 -555 1000 100 1000 1000 10
Net Assets or Fund Balar		and complete lines 30 through 34.	ieck iii	ere ► X			
ţ	30	Capital stock or trust principal, or current funds				30	
38	31	Paid-in or capital surplus, or land, building, or equipment				31	
Ţ	32	Retained earnings, endowment, accumulated income,	, or ot	ner tunds	50,375.	32	175,238.
2	33	Total net assets or fund balances			50,375.	33	175,238.
	34_	Total liabilities and net assets/fund balances			50,375.	34	<u>175,238.</u>

Forr	n 990 (2016) A PUBLIC VOICE, INC	5-5348055	Pa	age <b>12</b>
Pa	Reconciliation 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	1,185,	000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,060,	137.
3	Revenue less expenses Subtract line 2 from line 1	3	124,8	863.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,3	375.
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	175,2	238.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revies separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	wed on a		
	b Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both'  Separate basis  Consolidated basis  Both consolidated and separate basis			
1	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	dit,	2 c	-
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	3 a	Х
l	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udit	3 b	
BAA			Form <b>990</b>	(2016)

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

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2016

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2016

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions

is at www.irs.gov/form990. If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

## If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III			
Nam	e of organization			Employer identifica	ition number
	PUBLIC VOICE, INC			45-534805	
12 11 111	4	rganization is exempt under section			zation.
1		organization's direct and indirect political c in of 'political campaign activities')	ampaign activities in	Part IV See Part	IA
2	Political campaign activity ex	xpenditures (see instructions)		▶\$	90,000.
3	Volunteer hours for political	campaign activities (see instructions)			
Pa	rt I-B Complete if the o	rganization is exempt under section	on <b>501(c)(3).</b>		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4	a Was a correction made?				Yes No
	<b>b</b> If 'Yes,' describe in Part IV				
		rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities 🕨 🕏 \$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 527	' exempt ►\$	90,000.
3	Total exempt function expen line 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	<b>►</b> \$	90,000.
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the arisis received that were promptly and directly delal action committee (PAC). If additional span	mount paid from the f	iling organization's fund ditical organization, such	hich the filing ds Also enter the
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0
(1)		PO Box 90891	81-1124556	90,000.	
<del>('')</del>	for Values	Washington, DC 20090		'	<del></del>
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 20	16 a DURITO VOT	CE INC		4E E24	19055 Page <b>2</b>
Part II-A Complete if section 501	the organization		ction 501(c)(3) and	45-534 I filed Form <b>5768</b> (6	3
<del></del>	<del></del>	to an affiliated group (and	flist in Part IV each affili	ated group member's pan	
• —		share of excess lobbying		ated group member 3 han	ne,
	•	ed box A and 'limited co	, ,		
B Check >				<del>,</del>	
(The term	Limits on Lobbyir expenditures' mean	ig Expenditures s amounts paid or incur	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expendit	ures to influence publ	ic opinion (grass roots lo	obbying)		
<b>b</b> Total lobbying expendit	tures to influence a leg	gislative body (direct lobi	bying)		
c Total lobbying expendit	ures (add lines 1a and	d 1b)			
d Other exempt purpose	expenditures.				
e Total exempt purpose e	expenditures (add line	s 1c and 1d)			· · · · · · · · · · · · · · · · · · ·
f Lobbying nontaxable ar both columns	mount Enter the amo	unt from the following ta	ble ın		
If the amount on line 1e, col	lumn (a) or (b) is	he lobbying nontaxable	amount is		
Not over \$500,000		0% of the amount on line 1e			
Over \$500,000 but not over \$1	1,000,000 \$	100,000 plus 15% of the excess	s over \$500,000		
Over \$1,000,000 but not over	<del></del>	75,000 plus 10% of the excess	<del></del>		
Over \$1,500,000 but not over	<del></del>	225,000 plus 5% of the excess			
Over \$17,000,000		1,000,000			
<b>q</b> Grassroots nontaxable	<del></del>	<del></del>		\$11,211,111 10,211,111 11,112 11,112 11,113,113,113,113,113,113	[ 13, 75, 768, 76, 97896, 766, 767, 767, 767, 767, 767, 767, 7
h Subtract line 1g from li	•	•		<del></del>	
i Subtract line 1f from lin	· ·			<del> </del>	<del></del>
			5	L	<u> </u>
j If there is an amount othe section 4911 tax for this		ne In or line II, did the or	ganization file Form 4/20	reporting	Yes No
(Son	ne organizations that	Year Averaging Period made a section 501(h) e w. See the separate inst	lection do not have to		
	Lobbyi	ng Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					

f Grassroots lobbying expenditures

BAA

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2016

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	d For	m 5768	
	a)	(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity  Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		7	
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	s and permissioner		
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		. Vandrillen Station (Control of the State Will Affect of the State of	2000, 2000
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	S 20 mentatria.		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	or	19 402 40 11 10 42 24 24 14 2	
section 501(c)(6).	,,		
		Yes I	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y	ear?	3	
Rart III B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part answered 'Yes.'	, or s III-A,	section 501(c) line 3, is	
1 Dues, assessments and similar amounts from members	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year	2 a		
<b>b</b> Carryover from last year	2b		
<b>c</b> Total	2 c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		
5 Taxable amount of lobbying and political expenditures (see instructions)	5		
Part V Supplemental Information			_

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

# Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

The organization made a contribution to an independent expenditure only committee.

# SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Publi Inspection

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X Yes

See Part IV

2016

Employer identification number 45-5348055 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? A PUBLIC VOICE, INC Department of the Treasury Internal Revenue Service Name of the organization

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itic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on	pient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
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Othe	art	
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Part II Grants and Other Assistance to Domestic	Form 990, Part IV, line 21, for any recipi	

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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7 (a) Name and address of organization or government	(b) EIN	(c) iRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(7) Government Integrity Fund PO Box 10181 Columbus, OH 43215	45-2042274 501	501 (c) 4	840,000.	0			General Support
(2) Citizens for a Working Americ 429 North Saint Asaph St. Alexandria, VA 22314	27-0585219 501	501 (c) 4	85,000.	.0			General Support
(3)							
(4)							
(6)							
(9)							
$\bar{\omega}$			-				
(8)							
2 Enter total number of section 501(c)(3) and government organiz	) and government or	rganizations listed i	ations listed in the line 1 table			<b>A</b>	0
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line	1 table				<b>A</b>	2

Schedule I (Form 990) (2016)

TEEA3901L 11/03/16

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

Schedule I (Form 990) (2016) A PUBLIC VOICE, INC

Part.III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
ĸ					
4					
S.					
9					
7					
Part IV. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information	required in Part I,	line 2; Part III, col	umn (b); and any othe	er additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The organization monitors the grants through communications with the recipient

organization.

Schedule I (Form 990) (2016)

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

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.

2016
Open to Public Inspection

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Employer identification number

45-5348055

A PUBLIC VOICE, INC

# Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The organization's mission is to promote the common good and general welfare by supporting direct democracy efforts, which give the public a direct voice in the operation of state and local government through the approval (or defeat) of amendments to state constitutions and local charters, and state and local legislation.

# Form 990, Part III, Line 1 - Organization Mission

The organization's mission is to promote the common good and general welfare by supporting direct democracy efforts, which give the public a direct voice in the operation of state and local government through the approval (or defeat) of amendments to state constitutions and local charters, and state and local legislation.

## Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

It is the organization's policy to fully comply with all Federal and State disclosure requirements relating to IRS forms. The organization will fulfill requests for applicable forms in accordance with the public disclosure rules will be made publicly available as applicable law may require. Otherwise, the documents will be provided at the discretion of the board of directors after consultation with professional advisors.

## Form 990, Part VII - Compensation Explanation

### **Chris Hines**

Resigned