DLN: 93493319219579 OMB No 1545-0047 Form **990 Return of Organization Exempt From Income Tax 2018** 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 Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization
 Rlack Voters Matter Fund Inc. D Employer identification number Activities & Governance

	dress me ch	change	625061				
	tial re	David horizontal					
] Fina	al retur	rn/terminated			E Toloni	none number	-
		d return Number and street (or P O box if mail is not delivered to street 3645 Marketplace Blvd Ste 130-209	address) Room/su	uite	Е тетері	ione number	
		City or town, state or province, country, and ZIP or foreign post Atlanta, GA 30344	:al code		<b>G</b> Gross	receipts \$ 1	,823,809
		F Name and address of principal officer		H(a) ]	s this a group	return for	
					subordinates?		□Yes <b>☑</b> No
					Are all subordıı ncluded?	nates	☐ Yes ☐No
Ta	x-exer	mpt status	(1) or	1	If "No," attach	a list (see	instructions)
W	ebsit	te: > www blackvotersmatterfund org		H(c) (	Group exempti	on number	•
Forr	n of o	organization 🗹 Corporation 🗆 Trust 🗆 Association 🗀 Other 🕨		<b>L</b> Year of	formation 2016	M State	of legal domicile GA
Pa	art I	Summary		1			
		Briefly describe the organization's mission or most significant activit					
		Our goal is to increase power in our communities through effective		ase voter	registration an	d help dev	elop voting
		infastructure and to pursue policies that expands access to the ballo	<u>) (</u>				
	-						
	-						
;		Check this box ▶ ☐ if the organization discontinued its operations					1
;	l	Number of voting members of the governing body (Part VI, line 1a)	•			3	0
		Number of independent voting members of the governing body (Pa				4	0
	l	Total number of individuals employed in calendar year 2018 (Part \	•			5	0
!		Total number of volunteers (estimate if necessary)				6	
		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	<u> </u>	<u> </u>		7b	0
	_	0			Prior Year		Current Year
3	l	Contributions and grants (Part VIII, line 1h)					1,821,673
3		Program service revenue (Part VIII, line 2g)					2,136
j. L		Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	•				1,823,809
		Total revenue—add lines 8 through 11 (must equal Part VIII, colum					
	l	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )					510,649
	l	Benefits paid to or for members (Part IX, column (A), line 4)					
Ę.		Salaries, other compensation, employee benefits (Part IX, column (					33,261
Ë	l .	a Professional fundraising fees (Part IX, column (A), line 11e)					
expense:		Total fundraising expenses (Part IX, column (D), line 25) ▶0					
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .					879,432
	l	Total expenses Add lines 13–17 (must equal Part IX, column (A), I	•				1,423,342
(2)	19	Revenue less expenses Subtract line 18 from line 12	<u> </u>				400,467
Fund Balances				Begir	nning of Curren	t Year	End of Year
83	20	Total assets (Part X, line 16)			2	2,075	422,542
2	21	Total liabilities (Part X, line 26)					
		Net assets or fund balances Subtract line 21 from line 20			2	2,075	422,542
	rt II r pena	Signature Block alties of perjury, I declare that I have examined this return, including	ng_accompanying	ı schedule	s and stateme	nts, and to	the best of my
now		and belief, it is true, correct, and complete Declaration of prepare				•	
		<b>\_</b> *****			2010 11 15		
		177.000			2019-11-15		

☐ Net Assets or kr Signature of officer Date Sign Here Clifford Albright Officer Type or print name and title Print/Type preparer's name Date Preparer's signature PTIN Check 🗹 ıf P00643322 Paid self-employed Firm's EIN ► 46-2917900 Preparer **Use Only** Firm's address ► 5 Concourse Pkwy 3000 Phone no (404) 591-6777 Atlanta, GA 30328 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Form	990 (2018)					Page <b>2</b>
Pa	rt III Stateme	ent of Program Servic	e Accomplis	hments		
	Check if S	Schedule O contains a respo	nse or note to a	any line in this Part III .		🗆
1	Briefly describe t	he organization's mission				
		power in our communities t expands access to the ballo		e voting We increase vo	ter registration and help develop v	oting infastructure and
2	Did the organizat	tion undertake any significa	nt program ser	vices during the year wh	ıch were not listed on	
	the prior Form 99	90 or 990-EZ?				☐ Yes ☑ No
	If "Yes," describe	these new services on Sch	edule O			
3	Did the organizat	tion cease conducting, or m	ake significant	changes in how it conduc	cts, any program	
		these changes on Schedule				☐ Yes ☑ No
4	Describe the orga Section 501(c)(3	anızatıon's program service	accomplishmer	to report the amount of	argest program services, as measu grants and allocations to others, tl	
4a	(Code	) (Expenses \$	1,183,999	including grants of \$	1,183,999 ) (Revenue \$	)
	See Additional Data		-,,-	,	_,,	,
	-					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4d	Other program s	ervices (Describe in Schedu	le O )			
	(Expenses \$	,	uding grants of	\$	) (Revenue \$	)
4e	Total program	service expenses >	1,183,9	99		

Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Yes 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? 5 Nο 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . . 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . . 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b No If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 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 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . 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 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

22

Form	990 (2018)			Page <b>4</b>
Pa	tiV Checklist of Required Schedules (continued)			
			Yes	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		No
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		
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		
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? If "Yes," complete Schedule L, Part IV	28b		No
C	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
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? If "Yes," complete Schedule R, Part 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	<b>Section 501(c)(3) organizations.</b> 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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  $\,$  .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

Yes

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No

38

0

0

1a

1b

38

Part V

13b

13c

14a

14b

15

No

No

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Enter the amount of reserves the organization is required to maintain by the states in

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm	990 (2018)								Page <b>6</b>						
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 Sched Check if Schedule O contains a response or note to any line in this Part VI								<b>✓</b>						
Se	ction A. Governing Body and Management														
							Y	es	No						
1a	Enter the number of voting members of the governing body at the end of the tax year														
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O														
b	Enter the number of voting members included in line 1a, above, who are independent	1b				0									
2	Did any officer, director, trustee, or key employee have a family relationship or a busine	ss rela	tionship	with ai	ny other	Π.	. [		No						

	, , , , , , , , , , , , , , , , , , , ,		•		Yes	No
Se	ection B. Policies (This Section B requests information about policies not requi	ired b	y the Internal Revenue	e Code	e.)	•
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who corganization's mailing address? If "Yes," provide the names and addresses in Schedule C			9		No
b	Each committee with authority to act on behalf of the governing body?			<b>8</b> b	Yes	
а	The governing body?			<b>8</b> a	Yes	
8	$\operatorname{Did}$ the organization contemporaneously document the meetings held or written actions the following	undert	aken during the year by			
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?			7b		No
7a	Did the organization have members, stockholders, or other persons who had the power to members of the governing body?		t or appoint one or more	7a		No
6	Did the organization have members or stockholders?			6		No
5	Did the organization become aware during the year of a significant diversion of the organ	nızatıo	n's assets? .	5		No
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed? .	4		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other p			3		No
2	Did any officer, director, trustee, or key employee have a family relationship or a busines officer, director, trustee, or key employee?			2		No
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0			
	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					

10a **10a** Did the organization have local chapters, branches, or affiliates? . Nο b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c 13 Did the organization have a written whistleblower policy? . . . . . 13 Nο 14 Did the organization have a written document retention and destruction policy? . 14 Nο 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 . . . . 15a Nο

15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 20 ►Clifford Albright 3645 Marketplace Blvd Ste 130-209 Atlanta, GA 30344 (866) 302-0664

(A)

Name and Title

(F)

Estimated

amount of other

compensation

from the

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

Lighther 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)

(D)

Reportable

compensation

from the

organization

(E)

Reportable

compensation

from related

organizations

(B)

Average

hours per

week (list

any hours

for related (W- 2/1099-(W- 2/1099organization and Highest compensat employee Individual trustee or director organizations MISC) MISC) related Institutional Trust⊌e below dotted organizations employee line) E 10.00 (1) LaTosha Brown Х 19.311 0 0 Chief Doer 0.00 10 00 (2) Clifford Albright Х 13,950 0 Executive Director 0 00

Ca   Ca   Ca   Ca   Ca   Ca   Ca   Ca	Form 990 (2018)										Page <b>8</b>
Name and Title  Average hours per week (list any hours for related organizations below dotted line)  Name and Title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check more than officer and a director/trustee)  Position (do not check more than officer and a director/trustee)  Position (do not check more than officer and a director/trustee)  Position (do not check more than officer and a	Part VII Section A. Officers, Direct	tors, Trustees	, Key l	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
		Average hours per week (list any hours for related organizations below dotted	than is individual or director	one book a contract of the con	o not ox, u in off tor/tr	che nles icer ruste key employ	s a e employee p d Highest compensations	on F	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the organization and related

		ग		ted		
_						

1b Sub-Total			 •	<b>&gt;</b>			<u> </u>
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α		<b>&gt;</b>			
d Total (add lines 1b and 1c)				•	33,261	0	0

1b Sub-Total													
d Total (add lines 1b and 1c)	d Total (add lines 1b and 1c)												
2 Total number of indusiduals (including	Total number of industrials (including but not limited to those listed above) who recovered more than \$100,000												

b Sub-Total												
c Total from continuation sheets to Pa	art VII <b>, Section</b>	▶										
d Total (add lines 1b and 1c)						▶		33,261	0	0		

1b Sub-Total												
c Total from continuation sheets to Part VII, Section A												
d Total (add lines 1b and 1c)												
2 Total number of individuals (including	but not limited	to those	- liste	ed al	ove	) wh	o rece	eived more than	\$100,000			

1b Sub-Total												
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α	▶ [									
d Total (add lines 1b and 1c)												
Total number of individuals (including but not limited to those listed above) who received more than #100,000												

	otal from continuation sheets to Part VII, Section A	33,261	0	0
2	Total number of individuals (including but not limited to those listed above) we of reportable compensation from the organization $\blacktriangleright$ 0	ho received more than	\$100,000	_

d	Total (add lines 1b and 1c)	<b>▶</b> 33,261	0		0
2	Total number of individuals (including but not limited to those listed above) of reportable compensation from the organization $\blacktriangleright$ 0	who received more than	\$100,000		
				Yes	No

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

line 1a? If "Yes," complete Schedule J for such individual . . . . . . . .

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

3

4

5

Section B. Independent Contractors

compensation from the organization >

	Total (add lines 1b and 1c)	•		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			

3

4

5

(B)

Description of services

Nο

Nο

Nο

(C)

Compensation

Form 990 (2018)

Part		Statement of	Revenue									rage <b>3</b>
		Check if Schedul	le O contains a	a respo	nse or note	to any		art VIII		<u> </u>		🗆
							( <b>A)</b> Total rever	nue	(B) Related exem function	pt on	(C) Unrelated business revenue	Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a					reveni	ie		512 - 514
nts	ŀ	Membership dues		<b>1</b> b								
Gra not		: Fundraising events		1c								
Ę,		l Related organizatio	ons	1d								
يَّةٍ قَ	6	Government grants (co	ontributions)	1e								
Sin's	f	All other contributions and similar amounts n										
uti Je		above	ot included	<b>1</b> f	1,82	21,673						
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contribution of the second of the se	ons included									
Contributions, Gifts, Grants and Other Similar Amounts	١,	n Total. Add lines 1a				<b>&gt;</b>	1.02	1 672				
					В	usiness		1,673			T	
- TELE	2a	Conference					900099		2,136	2,13	:6	
P. v	b											
JC e	c			_								
Ser	d			_								
ran,	e											
Program Service Revenue		All other program se					2,136		'			•
<u>a</u>		Total. Add lines 2a-2			<u> </u>		1		1			1
		nvestment income (ii imilar amounts)			nterest, and	other						
		ncome from investme				s Þ						
	5 F	Royalties	(ı) Real		 (п) Pers	·onal						
	6a	Gross rents	(I) Real	'	(II) Pers	Опа						
		Less rental expenses										
	b	Less Tental expenses										
	С	Rental income or (loss)										
	d	Net rental income o	r (loss)			<b>&gt;</b>	1					
			(ı) Securit	ies	(II) Oth	her						
	7a	Gross amount from sales of										
		assets other than inventory										
	b	Less cost or other basis and										
	_	sales expenses					_					
		Gain or (loss)  Net gain or (loss)				<b>•</b>	1					
		Gross income from f	undraising eve	ents								
ıμe		(not including \$contributions reporte	ed on line 1c)	of								
eve		See Part IV, line 18		l l								
r R		Less direct expense Net income or (loss)		L	ents	<b>•</b>						
Other Revenue	9a	Gross income from g	jaming activiti	es								
		See Part IV, line 19		a [								
	b	Less direct expense	s	ь								
		Net income or (loss)		activiti	es	<b>•</b>	1					
		Gross sales of invent returns and allowand										
				a								
		Less cost of goods s Net income or (loss)		b	oni							
		Miscellaneous		IIIVEIIC	Business							
	11	a										
	b											
	c											
	·											
	d	All other revenue .										
	е	Total. Add lines 11a	-11d			<b>&gt;</b>						
	12	Total revenue. See	Instructions			<b>&gt;</b>	1	,823,80	9	2,136		0 0
								,,,00	-1	2,130		Form <b>990</b> (2018)

Forr	n 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .	<u> </u>		🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	510,649	510,649		
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	33,261	16,631	16,630	
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				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				_
10	Payroll taxes				
11	Fees for services (non-employees)				
	a Management				
		2,100	1,050	1,050	
	oLegal		550		
	C Accounting	1,100	550	550	
•	il Lobbying				
•	e Professional fundraising services See Part IV, line 17				
f	f Investment management fees				
g	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	65,030	32,515	32,515	
12	Advertising and promotion	122,309	122,309		
13	Office expenses	63,355	31,678	31,677	
14	Information technology				
	Royalties				
	Occupancy	2,707	1,353	1,354	
	_ '. '	110,793	110,793	1,551	
	Payments of travel or entertainment expenses for any federal, state, or local public officials	110,793	110,793		
10	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	90	45	45	
23	Insurance	64		64	
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 Bank Charges	2,664	1,332	1,332	
	<b>b</b> Bus Tour Expenses	184,612	184,612		
	c Travel Meals	10,774	10,774		
	d Phonebanking	5,581	5,581		_
	e All other expenses	308,253	154,127	154,126	
	Total functional expenses. Add lines 1 through 24e	1,423,342	1,183,999	239,343	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)				

Form **990** (2018)

1 2

3

Assets

19

20

21

22

Fund Balance

Assets or 30

Net

27

28

29

31

32

33

34

419,932

2,610

422.542

0

422.542

422,542

422,542

Form **990** (2018)

(B)

Page **11** 

Cash-non-interest-bearing
Savings and temporary cash investments
Pledges and grants receivable, net
Accounts recovable not

Check if Schedule O contains a response or note to any line in this Part IX .

Accounts receivable, net . . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 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 Notes and loans receivable, net .

Inventories for sale or use . Prepaid expenses and deferred charges

basis Complete Part VI of Schedule D Less accumulated depreciation

10a 10b

Investments—publicly traded securities . Investments—other securities See Part IV, line 11 . Investments-program-related See Part IV, line 11

10a Land, buildings, and equipment cost or other 11 12 13

Intangible assets . . . . .

14

15 Other assets See Part IV, line 11 . .

16 17 Accounts payable and accrued expenses 18 Grants payable . .

Total assets. Add lines 1 through 15 (must equal line 34) . . Deferred revenue . . . Tax-exempt bond liabilities . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . Secured mortgages and notes payable to unrelated third parties

Liabilities 23 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 .

Permanently restricted net assets

Total net assets or fund balances

complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Temporarily restricted net assets

2,700

90

0 26

22.075

22.075

22,075

(A)

Beginning of year

22,075

1

2

3

4

5

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

22.075

27

28

29

30

31 32

33

34

Form	990 (2018)				Page <b>12</b>
Pai	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		1	,823,809
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,423,342
3	Revenue less expenses Subtract line 2 from line 1	3			400,467
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			22,075
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			422,542
Pa	TXII 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  Gash  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 separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ 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 Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıred	3b		

#### **Additional Data**

Software ID:

**Software Version: EIN:** 81-3625061

launched several bus tours covering 8 states, providing rides to the polls. Joined with other key partners in Georgia to defeat an attempt to close 90% of the polling places in

Name: Black Voters Matter Fund Inc

Form 990 (2018)

one majority Black rural county

101111 330 (2010)

Form 990, Part III, Line 4a:

Accomplishments this year include Exposed voter suppression tactics such as preventing community rides and carpools to polls Helped mobilize Black voters in Georgia and

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493319219579

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

• f th	Section 527 organizations Comple e organization answered "Yes" o	n Form 990, Áart IV, Line 4, or Form 9	90-EZ, Part VI, Iır	e 47 (Lobbying Activit	ıes),		_
f the	Section 501(c)(3) organizations tha		ider section 501(h	)) Complete Part II-B D	o no	t complete Pa	art II-A
Na	me of the organization ck Voters Matter Fund Inc	zations complete rait iii		Employer id 81-3625061	enti	fication nun	ıber
Pai	rt I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is		niza	ation.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities in	Part IV (see instruction	s for	definition of	
2	Political campaign activities )	ditures (see instructions)		•	\$		54,384
3	Volunteer hours for political camp	•					
Par	rt I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).				
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955	•	\$		
2	•	ax incurred by organization managers ui		•	\$		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	his year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV	<del> </del>					
		nization is exempt under sectio					
1	· ·	led by the filing organization for section	•		\$		49,804
2	Enter the amount of the filing org function activities	ganization's funds contributed to other o	rganizations for se	ction 527 exempt	\$		4,580
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$		54,384
4	Did the filing organization file For	rm 1120-POL for this year?			·		✓ No
5	organization made payments. For of political contributions received	employer identification number (EIN) of r each organization listed, enter the amo that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fun- olitical organization, suc	ds A	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-		(e) Amount contributions and promp directly deliv separate p organization enter	or received only and vered to a colitical of the following in the followin
(1)	Black Voters Matter Fund PAC	3645 Marketplace Blvd Ste 130-209 Atlanta, GA 30344	83-0590355				4,580
2							
3							
4						_	
5							
6							
or F	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule (	C (Fo	rm 990 or 990	)-EZ) 2018

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f	)	
h	Subtract line 1g from line 1a If zero or less, enter -(	)-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

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

Grassroots lobbying expenditures

activity	res response on lines to unlough it below, provide in raicity a detailed description of the lobbying	Yes	No	Amount
			<u></u> _	——————————————————————————————————————
	uring the year, did the filing organization attempt to influence foreign, national, state or local legislation, icluding any attempt to influence public opinion on a legislative matter or referendum, through the use of			l
a Vo	olunteers?	,	1 1	ı
<b>b</b> Pa	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?			ı
c M	edia advertisements?			ı
d M	ailings to members, legislators, or the public?			
e Pu	ublications, or published or broadcast statements?			
<b>f</b> G	rants to other organizations for lobbying purposes?			
g Di	rect contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Ra	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Of	ther activities?			
_	otal Add lines 1c through 1i	$\Box$	I I	
<b>2a</b> Di	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?		I	
<b>b</b> If	"Yes," enter the amount of any tax incurred under section 4912	$\Box$		ı
c If	"Yes," enter the amount of any tax incurred by organization managers under section 4912	, ,	Į – Į	
d If	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	J	1	
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r section	n
		<del></del> _		Yes No
	ere substantially all (90% or more) dues received nondeductible by members?		1	
	ıd the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
	id the organization agree to carry over lobbying and political expenditures from the prior year?		3	
Part I	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."			
	ues, assessments and similar amounts from members	1		
	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
	urrent year	2a	<del></del>	
	arryover from last year	2b	<b></b>	
	otal	2c	<b></b>	
-	ggregate 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		1	
th	ne organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	1	
th ex		4 5		

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

Explanation

Black Voters Matter Fund Incs political campaign activities involved contributions to a state senate race

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

Direct and indirect political campaign

activities (Part I-A, line 1)

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

DLN: 93493319219579 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

2

5

8

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** Black Voters Matter Fund Inc 81-3625061 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2018

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining Co	llections of	f Art, H	istori	cal T	reas	ures, or	Other	Similar A	ssets (	(continuea	')
3		the organization's acquisition, accession (check all that apply)	n, and other	records,	check a	any of	the f	ollowing t	hat are a	significant i	use of it	s collectio	n
а		Public exhibition			d		Loa	n or excha	ange pro	grams			
b		Scholarly research			е		Oth	er					
c		Preservation for future generations											
4	Provi Part :	de a description of the organization's co XIII	llections and	explain h	ow the	ey furtl	ner th	ne organiz	ation's e	xempt purpo	se in		
5		ng the year, did the organization solicit ones to be sold to raise funds rather than to								nılar	□ Y.	es 🗆	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ		on Forr	n 990	, Part	IV,	line 9, oi	reporte	ed an amou	unt on	Form 99	), Part
		X, line 21.											
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ıan or other II	ntermedi	ary for	contri	butio	ns or othe	er assets	not	□ <b>Y</b>	es 🗆	No
b	If "Ye	es," explain the arrangement in Part XII	I and complet	te the fol	lowing	table		[		Α	mount	:	_
c	Begır	nning balance							1c				
d	Addıt	ions during the year							<b>1</b> d				
е	Dıstrı	butions during the year							1e				
f	Endır	ng balance							1f				
2a	Did tl	he organization include an amount on Fo	orm 990, Part	t X, line 2	21, for	escrov	orc	ustodial a	ccount li	ability?	☐ Y	es 🗆	No
Ь		es," explain the arrangement in Part XII:									_		
Pa	rt V	Endowment Funds. Complete											
			(a)Current			rıor yea				(d)Three year		(e)Four y	ears back
1a	Beginn	ing of year balance											
b	Contrib	outions											
С	Net inv	estment earnings, gains, and losses											
d	Grants	or scholarships											
e		expenditures for facilities ograms											
f	Admın	strative expenses											
g	End of	year balance											
2	Provi	de the estimated percentage of the curr	ent year end	balance	(line 1	a, colu	mn (	a)) held a	s				•
а		d designated or quasi-endowment <b>&gt;</b>	,			٠,	•	,,					
b	Perm	anent endowment ▶											
c	Temp	porarily restricted endowment >											
·		percentages on lines 2a, 2b, and 2c show	ıld equal 100	%									
<b>3</b> a	Are t	here endowment funds not in the posse:	ssion of the o	rganızatı	on that	t are h	eld a	nd admını	stered fo	or the			
	-	nization by									_	Ye	s No
	• •	nrelated organizations				•	•					a(i) a(ii)	+
Ь		elated organizations		equired o	 n Sche	 dule R	,					3b	<del></del>
4		ribe in Part XIII the intended uses of the					•	• •					
Pa	rt VI	Land, Buildings, and Equipme											
		Complete if the organization answ		on Forr	n 990	, Part	ΙV,	lıne 11a.	See Fo	rm 990, Pa	rt X, li	ne 10.	
	Descr	ption of property (a) Cost or ot (investm		(b) Cost	or other	basis (	other)	(c) Acc	umulated (	depreciation		(d) Book va	alue
<b>1</b> a	Land												
b	Buildin	gs											
c	Leaseh	nold improvements											
d	Equipn	nent	2,700							90			2,610
	Other							1					
		lines 1a through 1e (Column (d) must e	qual Form 99	90, Part X	(, colur	nn (B)	, line	10(c))		<b>&gt;</b>	-		2,610

	Saa Form duli Dart V lina 17					
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value		) Method of val r end-of-year m	
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on I	Form 990. P	art IV. line	11c. See Forn	n 990. Part X.	. line 13.
	(a) Description of investment		ook value	(c	) Method of val r end-of-year m	uation
(1)				Cost o	r end-or-year m	iarket value
(2)						
(3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X, col (B) line 13 )	•				
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9)  Fotal. (Column  Part IX			m 990, Part	IV, line 11d See	e Form 990, Par	t X, line 15 <b>(b)</b> Book value
9)  Fotal. (Column  Part IX  1)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
(9)  Fotal. (Column Part IX  1)  2)  3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d See	e Form 990, Par	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization asserted.	·				(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col (B) line 15	·				(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1.  1) Federal (	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1.  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  1) Federal (  2)  3)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  1) Federal (  2)  3)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  Fotal. (Column Part X  1) Federal (  2)  3)  4)  5)  6)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
Fotal. (Colum Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 2) 3) 4) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value
Fotal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8) (7) Fotal. (Column Part X 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability	·	es' on Forn			(b) Book value

1

Schedule D (Form 990) 2018

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part VIII. line 12

1

Schedule D (Form 990) 2018

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII ) 2d			
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII )		1	
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )		5	
Par	Reconciliation of Expenses per Audited Financial Statements Wi Complete if the organization answered 'Yes' on Form 990, Part IV, line		Returi	n.
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII ) 2d			
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII ) 4b			
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )		5	
Pai	t XIII Supplemental Information			
Prov	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit	lines 1b and 2b, Part ional information	V, line	4, Part X, line 2, Part
	Return Reference Explanation			

Schedule D (Fo	orm 990) 2018	Page <b>5</b>	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2018

DLN: 93493319219579 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number Black Voters Matter Fund Inc. 81-3625061 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					Page <b>2</b>
	stance to Domestic Individu d if additional space is needed	als. Complete if the org	ganization answered "Yes	" on Form 990, Part IV, line 22	
(a) Type of grant or assistance	ce (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)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental In	formation. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other ac	lditional information.
Return Reference	Explanation				
Monitoring procedures (Part I, line Bl	lack Voters Matter Fund Inc ma	intains ongoing contact	with the local organization	ons and thus is able to monitor the	use of their grants

#### **Additional Data**

# Software ID: **Software Version: EIN:** 81-3625061 Name: Black Voters Matter Fund Inc

Form 990, Schedule I, Part 1	II, Grants and Other Assistan	ice to Domestic Organizat	ions and Domestic Governm	nents.

(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 non-cash assistance	(h) Purpose of grant or assistance
O and A Associates IIC			5 700				

organization or government	if applicable	grant	cash assistance	other)	non-cash assistance	or assistance
O and A Associates LLC PO Box 481 Cuthbert, GA 39840		5,700				
Act Blue Civics		5,000				

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Alabama New South Alliance 47-0986971 501C4 5.000 838 South Court Street Montgomery, AL 36104

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Allen Temple AME Church

Atlanta, GA 30314

1625 Joseph E Boone Blvd NW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Bibb Co Voters League Inc 27-1478996 5.000 841 Forsyth St Macon, GA 31201 Castleberry Recreation Center 36-4292835 5,000 PO Box 142

Castleberry, AL 36432

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Center for Spiritual Living 5.000 312 South Oates St Dothan, AL 36301 Coast Wide Dr MLK 1r 64-0868740 10,000

Committee PO Box 56 Biloxi, MS 39533

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Coffee County NAACP 91-2151969 5.000 PO Box 311774 Enterprise, AL 363311774

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Concerned Citizens for Justice

904 Sheridan Court Chattanooga, TN 37406

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Dekeither Stamp 10.000 4542 Robinson Rd Jackson, MS 39284

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Devine Education

Miami, FL 33169

99 NW 183rd St Suite 111-D

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Embrace Foundation 82-5428158 501C3 5.000 26500 Agoura Rd Ste 201

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Milledgeville, GA 31061

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Harmon Brother 26.500 Houston County Branch 15.000

2022 Hiwassee Dr Bonaire, GA 31005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 5.000 Jackson County NAACP PO Box 4074 Jackson, MI 49204

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Juneteenth - Columbus

214 12th St N Columbus, MS 39701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Lincoln Guard 46-3149141 5.000 3926 Sylvester Circle W

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

64-0465680

Macon, GA 31217

119 South Theobald Street Greenville, MS 38701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 82-1044316 501c3 30.000 Mississippi Votes 510 George St Jackson, MS 39212

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Mississippi Workers Ctr for

Human R 213 Main St Greenville, MS 38701 64-0904601

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance MS Black Womens Roundtable 10.000 157 Glenmary St Jackson, MS 39203 National Coalition 15.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 14.000 New Dimensions

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Ordinary People Society

403 West Powell St Dothan, AL 36303 82-0587071

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Peach Concerned Citizens 83-1111184 5.000 489 Mathews Rd Fort Valley, GA 310305272 Friends of West End 5.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance Peoples Advocacy Institute 52-1367047 10.000 190 E Capitol Street

5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Jackson, MS 39201

Progressive Partners Alliance

1419 12th Avenue South Nashville, TN 37203 26-4518061

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Quitman County 64-0629668 501C3 32.000 PO Box 386 Marks, MS 38646

6.863

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Stand Firm LLC

937 Pebblebrook Dr Montgomery, AL 36110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance Saving Grace of Georgia 47-4748972 11.000 22 6th Avenue Sw

5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

64-0819311

Cairo, GA 39828 Southern Echo Inc

1350 Livingston Lane Jackson, MS 392138017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 30-0179933 501C3 6.000 Southside Community Association Inc 1200 Bellevue Avenue Dublin, GA 31021

5.000

St Paul Missionary Baptist

Silver Creek, MS 396630232

Churc PO Box 232 64-0838538

501C3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 5.001 Treehouse Society

Vimtrek Public Sector Tech 13.980

5682 Palazzo Way Ste 101 Douglasville, GA 30134

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Mississippi Trailblazers Vision 5.000 Grp PO Box 713 Tupelo, MS 38802 Mississippi Assoc of 5.000 Cooperatives

233 E Hamilton St Jackson, MS 39202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 45-2537773 501c3 5.000 Tunica Teens in Action 1028 Prichard Road Suite 501 Tunica, MS 38676

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

Alabama Coalition for

Birmingham, AL 352599062

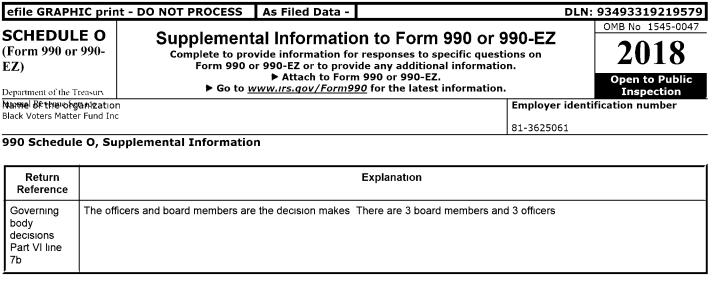
Immigrant Jus PO Box 59062 47-4352872

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Thomas County NAACP 5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Thomasville, GA 31792



Return
Reference

Governing
Officers and Board make decisions Meeting notes are maintained

body meeting documentation Part VI line 8a

Return Explanation
Reference

Committee
meeting
documentation
Part VI line 8b

Currently there are no separate committees to which the board or officers have delegated any responsibilities
which the board or officers have delegated any responsibilities

Return
Reference
Form 990
Prior to the return being filed the officers have reviewed the Form 990

Form 990
governing
body review
Part VI line

Return Explanation

Conflict of	The organization maintains a Conflict of Interest policy that officers, board member, and employees must sign
ınterest	
policy	
compliance	
Part VI line	
12c	

990 Schedule O, Supplemental Information Return Explanation Reference No documents available to the public Governing documents

documents
etc available
to public Part
VI line 19

Return Explanation
Reference

List of other expenses include the following Digital Media \$123,600Miscellaneous \$115,455Video Expenses ense \$7,500Data Support \$25,381Communications \$2,200Canvas and Election Day Events \$9,869T

-Shirt Expense \$16,985Volunteer Incentives \$2,000Security \$4,585