*** PUBLIC DISCLOSURE COPY ***

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change THE DEMOCRACY INTEGRITY PROJECT Name change 81-5223488 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (202)810-01261360 BEVERLEY ROAD 300 862,905. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 22101 MCLEAN, VA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DANIEL J. JONES for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: $\boxed{}$ 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► N/A **H(c)** Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 2017 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: THE DEMOCRACY INTEGRITY PROJECT Activities & Governance (TDIP) IS A 501(C)4 NONPROFIT THAT PROVIDES RESEARCH ON MATTERS OF if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 850,000. 3,423,600. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 1.162. 105. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,800. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 3,424,762. 862,905. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 373,937. 168,429. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,116,244. 1,096,928. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,490,181. 1,265,357. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -65,419. -402,452. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20, 1,118,970. 736,018. 20 Total assets (Part X, line 16) 0. 19,500. 21 Total liabilities (Part X, line 26) 巨巨 118,970. 716,518 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DANIEL J. JONES, PRESIDENT, CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MATTHEW FRANK 11/11/21 P01277196 MATTHEW FRANK self-employed Paid Firm's EIN ▶ 06-1667465 Firm's name PRAGER METIS CPAS, LLC Preparer Firm's address 1360 BEVERLY ROAD, SUITE 300 Use Only

MCLEAN, VA 22101

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Phone no. (703)821-0702

Page 2

rai	otatement of Frogram Service Accomplishments	77
	· · · · · · · · · · · · · · · · · · ·	X
1	Briefly describe the organization's mission:	
	THE DEMOCRACY INTEGRITY PROJECT (TDIP) IS A 501(C)4 NONPROFIT THAT	
	PROVIDES RESEARCH ON MATTERS OF PUBLIC INTEREST TO GOVERNMENT	
	ENTITIES, MEDIA, AND OTHER NONPROFITS TO EDUCATE THE PUBLIC ON MATTERS	
	SUCH AS FOREIGN ELECTION INTERFERENCE, GLOBAL EXTREMISM, CORRUPTION,	
2	Did the organization undertake any significant program services during the year which were not listed on the	—
_	[TZ]	No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	NO
_		
3	0 7 71 0	NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 537 , 860 • including grants of \$) (Revenue \$)
	RESEARCH - THE ORGANIZATION SEEKS TO PROTECT THE INTEGRITY OF	
	DEMOCRATIC ELECTIONS AROUND THE WORLD PRIMARILY BY ENGAGING AND	
	MANAGING A NETWORK OF EXPERIENCED ORGANIZATIONS AND INDIVIDUALS WHO	
	WORK TO UNCOVER DETAILS, THROUGH FIELD RESEARCH AND DATA ANALYSIS, OF	
	EFFORTS BY FOREIGN ACTORS, INCLUDING FOREIGN GOVERNMENTS, TO INTERFERE	
	IN DEMOCRATIC ELECTIONS AND TO EDUCATE THE GENERAL PUBLIC ABOUT SUCH	
	ACTIVITIES.	—
	ACTIVITIES.	
		—
4b	(Code:) (Expenses \$)
	ANALYSIS AND REPORTING - THE ORGANIZATION, BY COMBINING ITS OWN	
	INSIGHTS AND ANALYSIS WITH THE RESEARCH CONDUCTED BY THE EXPERIENCED	
	ORGANIZATIONS AND INDIVIDUALS IT ENGAGES, REPORTS ORIGINAL, CREDIBLE,	
	AND FACT-BASED INFORMATION REGARDING EFFORTS TO INTERFERE WITH	
	DEMOCRATIC ELECTIONS AROUND THE WORLD TO A VARIETY OF ORGANIZATIONS	
	THAT EDUCATE THE PUBLIC REGARDING SUCH MATTERS, INCLUDING GOVERNMENT	
	ENTITIES AND TO EDUCATE THE GENERAL PUBLIC ABOUT SUCH ACTIVITIES.	—
		—
		—
		—
4c	(Code:) (Expenses \$)
		_
		—
		—
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$}}{1.075.710}	
4e	Total program service expenses ▶ 1,075,719.	
	Form 990 (20)20)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
-	Part VI	11a	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 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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

THE DEMOCRACY INTEGRITY PROJECT 81-5223488 Page 4 Form 990 (2020) Part IV | Checklist of Required Schedules (continued) Yes No 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 X 22 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? If "Yes." complete X 23 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 X 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 X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Х 35b 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 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 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O 38 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	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c	X		

12-23-20 Form **990** (2020)

Form 990 (2020) THE DEMOCRACY INTEGRITY PROJECT

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2 Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2 2 1 1 2 2 2 3 3 3 3 3 3 3		o d d d dominaca)				Yes	No			
filed for the calendary pare ending with or within the year covered by this return If all seat one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 3a. Did the organization have unrelated business goos income of \$1,000 or more during the year? 3a. Did the organization have unrelated business goos income of \$1,000 or more during the year? 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country yeuch as a bank account, securities account, or other financial accounts? 4b. If Yes, "enter the name of the foreign country be seen structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a. Did any taxable party notify the organization file if was or is a party to a prohibited tax shelter transaction? 5b. If Yes," the the organization include with every solicitation an express statement that such contributions or grits were not tax deductible a charlatable contributions? 5c. If Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible as drantable to contributions under section 170(c). 5c. If Yes," did the organization include with every solicitation and express statement that such contributions or grits were not tax deductible as make party as a contribution of the payor? 5c. If Yes," did the organization include with every solicitation and express statement that such contributions or grits were not tax deductible as make party as a contribution of the payor and the payor and the payor and the organization related the payor and the pa	22	Enter the number of employees reported on Form W.3. Transmittal of Wage and Tay Statements	I]		162	INO			
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines is and 2a is greater than 250, you may be required to e-life (see instructions) 30	Zu		2a	2						
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _e/lio_(see instructions) 3a	b				2b	х				
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 49 If "Yes," has it filed a Form 950 for this year? If "No' to fine 3b, provide an explanation on Schedule O 40 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a formatical account in a foreign country. 50 If "Yes," interest the name of the foreign country. 51 If "Yes," interest the name of the foreign country. 52 Was the organization and foreign country. 53 Was the organization and the foreign country. 54 Was the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 55 Was the organization to a prohibited tax shelter transaction at any time during the tax year? 54 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions. 55 If "Yes," ide the organization include with every solicitation are spress statement that such contributions or gifts were not tax deductible? 56 If "Yes," individed with every solicitation are spress statement that such contributions or gifts were not tax deductible? 57 Organizations that may receive deductible contributions under section 170(c). 58 If "Yes," identified the organization into origin the done or life value of the goods or services provided? 59 If "Yes," identified the organization origin the done or life value of the goods or services provided? 50 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? ited during the year 50 If the organization funding the year and the organization sell of the organization file form 8282? ited during the year. 51 If the organization contribution of organization funding the year. 52 If the organization received a contribution of a contribution of a contribution of a contribution of a contributi	-									
Section 501 Fires, "has it filled a Form 990-T for this year? If "No" is file 30, provide an explanation on Schedule O 4a	За				За		Х			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country is presented as a bank account, so order financial accountly over. A financial account in a foreign country is presented as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes" either the name of the foreign country in the securities account, or other financial accounts (FBAR). 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file form 88867. 5c If "Yes" to line 5a or 5b, did the organization file form 88867. 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions and express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," idd the organization nority the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 8282 filed during the year 1 If "Yes," indicate the number of Forms 8282 filed during the year 1 If "Yes," indicate the number of Forms 8282 filed during the year 1 If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization during the year, pay premiums, directly or indirectly, to a personal benefit contract? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organization expended an contribution of unified principle, on a personal benefit contract?										
financial account in a foreign country Sec 11										
b If "Yes," anter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X Sh Was the organization aparty to a prohibited tax shelter transaction of any time during the tax year? 5b X C If "Yes" to line Sa or 5b, did the organization file form 8886-7? 6c If "Yes" to line Sa or 5b, did the organization file form 8886-7? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions? 6a X Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b X Did the organization receive deductible contributions under section 170(c). 7a Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7b If "Yes," did the organization neceive apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization neceive apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7c If the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7c If the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7d If the organization neceive a pay funds, directly or indirectly, on a personal benefit contract? 7e Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7d Sponsoring organization maintaining door advised funds. 7d Sponsoring organization maintaining door advised funds. 7d Sponsoring organization have excess business holdings at any time during the year? 8 Spo					4a		Х			
See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 Programizations that many receive deductible contributions under section 170(c). 9 Did the organization that many receive deductible contributions under section 170(c). 10 Did the organization network apament in excess of \$75 made party as a contribution of promess and party for goods and services provided to the payor? 7 Did of if "Yes," indicate the number of Forms 8282 filed during the year 10 Did the organization network and such as a party of the goods or services provided? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 11 Did the organization make any taxable distributions under section 4986? 12 Section 501(c)(2) organizations make any taxable distributions under section 4986? 13 Section 497(a) Time the property of the organization file a Form 1098 C? 14 Section 497(a) Time organization make any taxable distributions under section 4986? 15 Section 501(c)(2) organizations make any taxable distributions under section 4986? 16 Section 497(a) Time or exempt charitable funds. Did a donor advised fund maintained by the sponsoring organization make any taxable dist	b			,						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line Sa or 5b, did the organization file Form 8886-7? 5c Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization that may receive deductible contributions under section 170(c). 9 Did the organization notify the donor of the value of the goods or services provided? 7 Did to the form 8882? 7 Did the organization soll, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Errite: 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Did the sponsoring organizations make any taxable distributions or divisor, or related person? 9 Section 501(c)(12) organizations. Errite: 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Gress received, included on Form 990, Part VIII, li		· · · · · · · · · · · · · · · · · · ·	ccoun	ts (FBAR).						
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5	5a				5a		Х			
c if Yes' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions? 6b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c V 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 c If Yes, 'indicate the number of Forms 8282 filed during the year 7 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c If the organization develope any funds, directly or indirectly, on a personal benefit contract? 7 t If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 ponsoring organization maximaling donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 ponsoring organization maximaling donor advised funds. 9 ponsoring organization maximal maintaining donor advised funds. 10 bid the sponsoring organization maxe any taxable distributions under section 4966? 9 a Societon 501(c)(7) organization maxe a distribution to a donor, donor advisor, or related person? 9 bid the sponsoring organization maxe a distribution to a donor, donor advisor, or related person? 9 cores received from them.) 10 Gross receipts, included on Form 990, Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12 10 Gross rec	_		ction?		5b		X			
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a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c 14a				•						
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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 on Schedule O 15 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. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X										
c Enter the amount of reserves on hand 13c 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 on Schedule O 15 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? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b	Enter the amount of reserves the organization is required to maintain by the states in which the								
c Enter the amount of reserves on hand 13c 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 on Schedule O 15 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? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		organization is licensed to issue qualified health plans	13b							
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 on Schedule O 15 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. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	С		13c							
15 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. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					14a		X			
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b					
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	15	Is the organization subject to the section 4960 tax on payment(s) of more than $$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $$1,000,000$ in remuned the section $$1,000,0000$ in the section $$1,000,0000$ in the section $$1,000,0000$ in remuned the section $$1,000,0000$ in the section $$1,000,0000$ in the section $$1,000,00000$ in remuned the section $$1,000,000000$ in the section $$1,000,00000000000000000000000000000000$	ration	or						
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		excess parachute payment(s) during the year?			15		X			
is the diguination and obtained and the control of		If "Yes," see instructions and file Form 4720, Schedule N.								
If "Yes," complete Form 4720, Schedule O.	16	·	t incon	ne?	16		X			
		If "Yes," complete Form 4720, Schedule O.				000				

Form **990** (2020)

THE DEMOCRACY INTEGRITY PROJECT 81-5223488 Form 990 (2020) 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 on 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 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 on Schedule O. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 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

Section C. Disclosure

exempt status with respect to such arrangements?

1360 BEVERLEY ROAD, NO. 300, MCLEAN, VA

17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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	X Upon request	Other (explain on Schedule O)	
19	Describe on Schedule	O whether (and if so, how) the	e organization made its gov	verning documents, conflict of interest policy, an	d financia
	statements available to	o the public during the tax yea	ır.		

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

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - (202)810-0126

Form **990** (2020)

Х

16a

16h

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

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organiz		orga I	niza			nper	sate			(=)
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per	(do	not c	heck	more	than o	one	Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				р В		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC)	,	organization
	organizations	Itrus	nal trı		oyee	om o				and related
	below	Individual trustee or director	In stit utio nal tru stee	Ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	lust	Officer	Key	High	Former			
(1) DANIEL J. JONES	25.00	ļ		l				100 000	242 425	25 500
PRESIDENT, CEO		Х	<u> </u>	Х			_	133,879.	343,137.	37,500
(2) MICHAEL S. BALASCIO	1.00									_
TREASURER, DIRECTOR	5.00	Х		Х				0.	0.	0.
(3) ADAM S. KAUFMANN	1.00	37		٦,					0	0
SECRETARY, DIRECTOR (4) STEVE SALKY	5.00 1.00	Х		Х				0.	0.	0.
DIRECTOR		Х						0.	0.	0 .
DIRECTOR	3.00	Λ	\vdash	\vdash				0.	0.	0 (
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Form 990 (2020)

(A) Name and title	(B) Average hours per	(do	not cl	(C Posi	ition		(D) Reportable compensation		(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	director director			recto	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	other compensation
Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A						<u> </u>	133,879. 0. 133,879.	343,13	0. 0.
 Total number of individuals (including but no compensation from the organization 	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	1
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			-		-		_		•	Yes No
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from t	he organization	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-		late	ed organization or individ	dual for services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated ind	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	\$100,000 of compe	ensation from
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	ith c	or wit	hin	(B)		(C)
Name and business WALSINGHAM PARTNERS, LTD,		ND	Н	OU	SE			Description of s	services	Compensation
MAYFLOWER CLOSE, CHANDLER BEAN, LLC, 1700 CONNECTION			,	#4	0 0	,	-	RESEARCH CON	SULTING	521,000.
WASHINGTON, DC 20009-1134							_	RESEARCH CON	SULTING	405,000.
							\dashv			

Form **990** (2020)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2020) THE DEM
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
တ္ တ	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
င်္ပ ဋ		Fundraising events 1c					
fts, r A			700,000.				
nia		Government grants (contributions)	,				
Sir		All other contributions, gifts, grants, and					
e ti			150,000.				
흕	,	Noncash contributions included in lines 1a-1f 1g \$					
S P		Total. Add lines 1a-1f		850,000.			
0 10		Total. Add lines 1a 11	Business Code	03070001			
4	2 8						
Nice	Z t						
Ser	,						
Z S	,						
gra Re	,						
Program Service Revenue		All other program service revenue					
_		Total. Add lines 2a-2f					
-	3	Investment income (including dividends, interes					
	3	other similar amounts)		105.			105.
	4	Income from investment of tax-exempt bond pi		103.			103.
	5	Royalties					
	3	(i) Real	(ii) Personal				
	6 -	Gross rents 6a	(1) 1 01001141				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a	(.,, =				
	ŀ	Less: cost or other basis					
<u>o</u>	•	and sales expenses 7b					
nue	,	Gain or (loss) 7c					
eve	ì	Net gain or (loss)					
her Revenue		Gross income from fundraising events (not					
Ğ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	k	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	•				
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	,				
		and allowances 10a					
	k	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	REIMBURSEMENTS	900099	12,800.			12,800.
ane and	k						
eke	(·					
Alsc B	(All other revenue					
_	•	Total. Add lines 11a-11d		12,800.			
	12	Total revenue. See instructions		862,905.	0.	0.	12,905.

Pai	t IX Statement of Functional Expense	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-	se or note to any line in	this Part IX		X
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	133,879.	100,409.	13,388.	20,082.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	01 105	15 044	0 110	2 160
7	Other salaries and wages	21,125.	15,844.	2,112.	3,169.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12 425	10 000	1 242	0.014
10	Payroll taxes	13,425.	10,069.	1,342.	2,014.
11	Fees for services (nonemployees):				
a	Management	84,818.	63,614.	21,204.	
b	Legal	23,866.	03,014.	23,866.	
	Accounting	23,000.		23,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	963,993.	867,594.	96,399.	
12	Advertising and promotion	303,333.	001,354.	30,333.	
13	Office expenses	1,024.	768.	103.	153.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,723.	3,542.	473.	708.
23	Insurance	16,750.	12,563.	1,674.	2,513.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PAYROLL SERVICE	1,754.	1,316.	175.	263.
b					
С					
d					
е	All other expenses		4 4 = = - : -		
25	Total functional expenses . Add lines 1 through 24e	1,265,357.	1,075,719.	160,736.	28,902.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Cheek hove				

Form **990** (2020)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		164,381.	1	134,303	
	2	Savings and temporary cash investments			583,462.	2	583,567
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
ţ	7	Notes and loans receivable, net			348,256.	7	0
Assets	8	Inventories for sale or use				8	
۷	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		00 100			
		basis. Complete Part VI of Schedule D		28,129.	00 071		10 110
	b	Less: accumulated depreciation	22,871.		18,148		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			1 110 070	15	726 010
\dashv	16	Total assets. Add lines 1 through 15 (must eq			1,118,970.	16	736,018
	17	Accounts payable and accrued expenses	0.	17	19,500		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
<u>≓</u>		trustee, key employee, creator or founder, sub-				22	
E.	00	controlled entity or family member of any of the				23	
	23 24	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p				24	
	25	parties, and other liabilities not included on line		1			
		of Schedule D	-	·		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	19,500
		Organizations that follow FASB ASC 958, ch					
es		and complete lines 27, 28, 32, and 33.		,			
anc	27	Net assets without donor restrictions				27	
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC					
ᇳ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	S		0.	29	0
set	30	Paid-in or capital surplus, or land, building, or e			0.	30	0
As	31	Retained earnings, endowment, accumulated i			1,118,970.	31	716,518
Net Assets or Fund Balances	32	Total net assets or fund balances			1,118,970.	32	716,518
-	33	Total liabilities and net assets/fund balances			1,118,970.	33	736,018

Form **990** (2020)

Form	1 990 (2020) THE DEMOCRACY INTEGRITY PROJECT	81-52	223488	Pad	ge 12
Pa	rt XI 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	862	2,9	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,265	5,3	57.
3	Revenue less expenses. Subtract line 2 from line 1	3	-402	2,4	52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,118		
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	716	5,5	18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	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 on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2020)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE DEMOCRACY INTEGRITY PROJECT

Employer identification number 81-5223488

Pai	t I Organizations Maintaining Donor Advised	Funds or Othe	r Similar Funds or Ad	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		·
		(a) Donor ad	vised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	riting that the assets	s held in donor advised fun-	ds
	are the organization's property, subject to the organization's ex	xclusive legal contro	ol?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that	grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or fo	r any other purpose confer	ring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the orga	anization answered	'Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that app	ly).	
	Preservation of land for public use (for example, recreation	on or education)		orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation con	tribution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
С	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included in (c) acquired after			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished,	or terminated by the organ	ization during the tax
	year >			
4	Number of states where property subject to conservation easer			
5	Does the organization have a written policy regarding the periodic lateral and the formula of the periodic lateral and th			□ v □ N.
6	violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, ha		and enforcing consequation	
6	Stall and volunteer riours devoted to monitoring, inspecting, ha	andling of violations	, and emorcing conservant	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and	Lenforcing conservation ea	sements during the year
′	\$ \$ \$	rig or violations, and	remorting conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above:	satisfy the requirem	ents of section 170(h)(4)(B)	0(i)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot		·	
	organization's accounting for conservation easements.	3		
Pai	t III Organizations Maintaining Collections of A	Art, Historical 1	reasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its	revenue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, educat	ion, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financial	cial statements that	describes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its reve	nue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education	n, or research in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under FASB ASC	C 958 relating to th	ese items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for			Schedule D (Form 990) 2020

032051 12-01-20

Pai	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(contii	nued)	
3		g the organization's acquisition, accession								•		
	colle	ction items (check all that apply):										
а		Public exhibition	d	ı 🔲 I	oan or exc	hange progra	am					
b		Scholarly research	е	, [(Other							
С		Preservation for future generations										
4	Provi	de a description of the organization's co	llections and explain	n how the	ey further th	e organizatio	on's exem	npt purpo	se in Part	XIII.		
5	Durin	ng the year, did the organization solicit o	r receive donations of	of art, his	torical treas	sures, or othe	er similar	assets				
		sold to raise funds rather than to be ma								Yes		No
Pai	t IV	Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
		reported an amount on Form 990, Par										
1a		e organization an agent, trustee, custodi							_	_		_
		orm 990, Part X?							L	Yes		No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:				T			
								-		Amoun	t	
С	-	nning balance										
d		tions during the year										
е		butions during the year										
f		ng balance								7		٦
		he organization include an amount on Fo						ty?		Yes	H	_ No
Par		es," explain the arrangement in Part XIII. Endowment Funds. Complete i										
ı aı	. •	Endownient Funds: Complete							vooro book	(=) Four	r	haalı
4.	Danin	aning of very balance	(a) Current year	(b) P	rior year	(c) Two yea	IS DACK	(a) Tillee	years back	(e) Fou	r years	Dack
		nning of year balance										
b		ributions										
G		nvestment earnings, gains, and losses										
u		ts or scholarships										
е		r expenditures for facilities										
f		orograms inistrative expenses										
g 2		of year balance	ent vear end halance	L a (lina 1a	column (a)) poly se.				<u> </u>		
a		d designated or quasi-endowment	•	% (iiiie ig	, coluitiii (a)	j riciu as.						
b		nanent endowment		—′°								
c			<u></u> /3 %									
Ū		percentages on lines 2a, 2b, and 2c sho	, -									
За		here endowment funds not in the posse	•	ation that	are held an	nd administer	red for the	e organiz	ation			
	by:							9			Yes	No
		Inrelated organizations								3a(i)		
		Related organizations								3a(ii)		
b		es" on line 3a(ii), are the related organiza								3b		
4		ribe in Part XIII the intended uses of the										
Pai	t VI	Land, Buildings, and Equipm	ent.									
		Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990), Part X, I	ine 10.				
		Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		ccumulat preciation		(d) Boo	k valu	е
1a	Land											
b		lings										
С		ehold improvements										
d		oment			2	8,129.		9,9	81.	1	8,1	48.
е		r	1									
Total	. Add	lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colum	n (B), line 1	0c.)			. ▶	1	8,1	48.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 THE DEMOCR.	ACY INTEGRITY	PROJECT	81-5223488 Page 3
Part VII Investments - Other Securities.			*
Complete if the organization answered "Yes	" on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes		11c. See Form 990, Part X, I	ine 13.
(a) Description of investment	(b) Book value	(c) Method of Valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)	_		
(4)	_		
(5)	_		
<u>(6)</u>	+		
	+		
(9)	+		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	_		
Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes	s" on Form 990. Part IV. line	11d. See Form 990. Part X. I	line 15.
	a) Description	,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 990, P	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
M			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2020

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	rt XI	Reconciliation of Revenue per Audited Financial Sta	atements With Revenue	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b			
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)	5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial St	•	ses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, I		T T	
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ed services and use of facilities			
b		/ear adjustments			
С		losses			
d		(Describe in Part XIII.)	•		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
4			1 . 1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b			
a b	Invest Other	(Describe in Part XIII.)	4b	40	
a b c	Invest Other Add li	(Describe in Part XIII.) nes 4a and 4b	4b		
a b c 5	Other Add li Total	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	4b		
a b c 5	Invest Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line Supplemental Information.	4b 18.)	5	ΧI
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line Supplemental Information.	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,
a b c 5 Pai	Other Add li Total rt XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Pa	5	XI,

Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

Employer identification number

Schedule F (Form 990) 2020

CH:	E DEMOCRACY I	NTEGRITY	PROJECT			81-522348	38
	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes No
2	For grantmakers. Desc United States.	cribe in Part V the	organization's p	procedures for monitoring the use of its	grants and oth	ner assistance outs	side the
3				an be duplicated if additional space is n			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
UR	OPE (INCLUDING						
	LAND & GREENLAND)	0	0	RESEARCH CONSULTING			552,775.
3 a	Subtotal	0	0				552,775.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a		0				552 775

032071 12-03-20

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

Schedule F (Form 990) 2020 THE DEM

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)							1,1
(n) Description of noncash assistance							
(g) Amount of noncash assistance					A	A	
(f) Manner of cash disbursement					a tax		
(e) Amount of cash grant					oreign country, r ion 501(c)(3) equ		
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		
(c) Region					is listed above that are re ir for which the grantee c	r entities	
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, o	other organizations o	
1 (a) Name of organization					2 Enter total number of rexempt 501(c)(3) organ	3 Enter total number of other organizations or entities	

Schedule F (Form 990) 2020

THE DEMOCRACY INTEGRITY PROJECT

Schedule F (Form 990) 2020 THE DEMOCRACY INTEGRITY PROJECT 81-5223488

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2020
(g) Description of noncash assistance					Schedu
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public

OMB No. 1545-0047

open to Public Inspection

Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

THE DEMOCRACY INTEGRITY PROJECT

Employer identification number 81-5223488

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. X First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2020

81-5223488

THE DEMOCRACY INTEGRITY PROJECT

Schedule J (Form 990) 2020

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	lble	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(j)(B)	in column (B) reported as deferred on prior Form 990
(1) DANIEL J. JONES	Ξ	133,879.	0	0	0	0	133,879.	0.
PRESIDENT, CEO	≘	343,137.	0	0	37,500.	0	380,637.	0
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	. Also complete this part for any additional information.
	.c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.
	Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
	on, or descriptions required for F
and a second sec	Provide the information, explanati

PART I, LINE 1A: FIRST CLASS AIRFARF EXTENDED ON A LIMITED BASIS (OMLY FOR DOMESTIC TRAFT.	NOT ALLOWED FOR INTERNATIONAL TRAVEL) AND ONLY TO ACCOMODATE TRAVEL									Schedule J (Form 990) 202
PART I, LINE 1A:	NOT ALLOWED FOR	SCHEDULE.								

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE DEMOCRACY INTEGRITY PROJECT

Employer identification number 81-5223488

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLIC INTEREST TO GOVERNMENT ENTITIES, MEDIA, AND OTHER NONPROFITS TO EDUCATE THE PUBLIC ON MATTERS SUCH AS FOREIGN ELECTION INTERFERENCE, GLOBAL EXTREMISM, CORRUPTION, AND COORDINATED DISINFORMATION. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FORM 990, PART V, LINE 6B

AND COORDINATED DISINFORMATION.

THE DEMOCRACY INTEGRITY PROJECT IS ORGANIZED UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE. CONTRIBUTIONS OR GIFTS TO TDIP ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES BUT MAY BE DEDUCTIBLE AS A BUSINESS EXPENSE.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM AND A DRAFT COPY IS PROVIDED TO MANAGEMENT OF THE ORGANIZATION. THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS FORM 990 BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS REVIEW COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AT BOARD MEETINGS WHEN APPROPRIATE.

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE DEMOCRACY INTEGRITY PROJECT	Employer identification number 81-5223488
FORM 990, PART VI, SECTION B, LINE 15A:	
THE INDEPENDENT MEMBERS ON THE BOARD OF DIRECTORS REVIEW A	AND APPROVE
COMPENSATION FOR THE PRESIDENT OF THE ORGANIZATION USING O	COMPARABLE
COMPARISON SURVEY DATA AND CONTEMPORANEOUS DOCUMENTATION C	OF WHICH THE
DECISION WAS MADE FOR THE PRESIDENT'S COMPENSATION FOR EMP	PLOYMENT.
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION COMPLIES WITH IRC SECTION 6104 AND MAKES	ITS FORM 1024 AND
FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY AND	GOVERNING
DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	865,620.
MANAGEMENT AND GENERAL EXPENSES	96,180.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	961,800.
CONTRACT SERVICES- RESEARCH:	
PROGRAM SERVICE EXPENSES	1,974.
MANAGEMENT AND GENERAL EXPENSES	219.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,193.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 032212 11-20-20 Sch	963,993. edule O (Form 990 or 990-EZ) 2020
322 12 11-20-20 27	Edule 0 (1 01111 990 01 990-EZ) 2020

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number $81-5223\,488$ THE DEMOCRACY INTEGRITY PROJECT Name of the organization Department of the Treasury Internal Revenue Service

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

				(g) on 512(b)(13) controlled entity?	Š		
(f) : controlling entity			ıpt	(g) Section 512(b)(13) controlled entity?	Yes	X	
Direct			ore related tax-exem	(f) Direct controlling entity		THE DEMOCRACY	
(e) End-of-year assets			se it had one or mo	ity	501(c)(3))		
(d) Total income			rt IV, line 34, becau	(d) Exempt Code Pusetion stat		501(C)(3) LINE 7	
(c) Legal domicile (state or foreign country)			wered "Yes" on Form 990, Pa	(c) Legal domicile (state or foreign country)		DISTRICT OF COLUMBIA 501	
(b) Primary activity			ions. Complete if the organization ans	(b) Primary activity		RESEARCH D:	
(a) Name, address, and EIN (if applicable) of disregarded entity			Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	(a) Name, address, and EIN of related organization		ADVANCE DEMOCRACY INC - 82-4277642 1360 BEVERLY ROAD, SUITE 300 MCLEAN, VA 22101	

Schedule R (Form 990) 2020

Page 2

81-5223488

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(k)	General or Percentage managing ownership partner?									
6	eneral or nanaging partner?	es No								
(i)	Code V-UBI General or Pramaging or amount in box managing or 20 of Schedule	K-1 (Form 1065) Y								
(h)	Disproportionate allocations?	2								
_	Disprop alloca	Yes								
(6)	Share of end-of-year									
(f)	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(c)	Legal domicile (state or	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

یے ا	tion (13) olled ity?	٥								
آ ا	Section 512(b)(13) controlled entity?	Yes								
(h)	ige dir									
(6)	Share of end-of-year	dosels								
(£)	Share of total income									
(e)	Type of entity (C corp, S corp,	OI (Idast)								
(p)	Direct controlling entity									
(c)	Legal domicile (state or foreign	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ctions with one or more re	elated organizations listed	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	entity			1		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				2	×	
d Loans or loan grantees to or for related organization(s)				7		×
				4		×
				2		1
f Dividends from related organization(s)				¥		×
_				19		×
Purchase of assets from related organization(s)				+		×
				÷		×
i Lease of facilities, equipment, or other assets to related organization(s)				÷		×
						:
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related	elated organization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	nization(s)			5		×
	(2)			ç		×
				2		4
						ļ
p Reimbursement paid to related organization(s) for expenses				1	;	×
q Reimbursement paid by related organization(s) for expenses				10	×	
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	on who must complete th	is line, including covered i	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) ADVANCE DEMOCRACY INC	υ	700,000.	700,000. FAIR MARKET VALUE			
(2) ADVANCE DEMOCRACY INC	Ø	348,256.	FAIR MARKET VALUE			
(3)						
(4)						
(5)						
9						
032163 10-28-20			Schedule R (Form 990) 2020	R (Form	066	2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) centage nership				
or Perc				
(j) General or managing partner?				
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? Yes No				
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) orgs.?				
ne pari				
(d) Predominant income related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2020