



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt from Income Tax

2004

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning 2004, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: BALLOT INITIATIVE STRATEGY CENTER, INC. D Employer Identification Number: 04-3411708. E Telephone number: (202) 223-2373. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: N/A

J Organization type (check only one): 501(c) 4 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 409,301.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 3 columns: Description, Amount, Total. Includes sections for Contributions, Program service revenue, Investment income, and Expenses. Total revenue: 409,301. Total expenses: 314,600. Net assets at end of year: 140,141.

SCANNED DEC 06 2005

RECEIVED NOV 08 2005 IRS-CODEN-11

ZZ 2

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) ..	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	0.	0.	0.
26	Other salaries and wages	26	80,040.	62,738.	8,608.
27	Pension plan contributions	27			
28	Other employee benefits	28	3,281.	2,571.	354.
29	Payroll taxes	29	6,804.	5,359.	719.
30	Professional fundraising fees	30	8,100.	0.	8,100.
31	Accounting fees	31	1,268.	0.	0.
32	Legal fees	32	2,750.	0.	0.
33	Supplies	33	1,545.	1,155.	155.
34	Telephone	34	15,138.	14,760.	198.
35	Postage and shipping	35	634.	501.	0.
36	Occupancy	36	11,184.	8,724.	1,230.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	5,147.	4,831.	153.
39	Travel	39	20,213.	19,615.	490.
40	Conferences, conventions, and meetings	40	14,632.	14,172.	179.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	1,206.	0.	0.
43	Other expenses not covered above (itemize):				
a	CONSULTANTS	43a	33,431.	32,308.	0.
b	DONATIONS	43b	107,600.	107,600.	0.
c	INSURANCE	43c	901.	0.	0.
d	MATERIALS	43d	60.	60.	0.
e	See Other Expenses Stmt	43e	666.	207.	0.
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	314,600.	274,601.	20,186.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ...  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <input type="checkbox"/> PROMOTE BALLOT INITIATIVE AS ELECTORAL TOOLS	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a CAMPAIGN SUPPORT: PROVIDING MENTORING AND ON-THE-GROUND SUPPORT FOR SELECTED BALLOT INITIATIVE CAMPAIGNS. TRAINING CAMPAIGN STAFF, ASSISTING IN FUND RAISING OPERATIONS, AND HELPING DESIGN CAMPAIGN STRATEGY. (Grants and allocations \$ 0.)	168,726.
b INITIATIVE RESEARCH: PAYING FOR & DOING IN-HOUSE RESEARCH TRACKING MOVEMENT OF PROGRESSIVE & ANTI-PROGRESSIVE BALLOT INITIATIVES; POLLING TO GAUGE VOTER RESPONSE TO HOSTS OF INITIATIVES. (Grants and allocations \$ 0.)	31,027.
c COM-MEDIA: CONSULTING & DESIGNING PAID & EARNED MEDIA COMMUNICATIONS STRATEGIES INVOLVING NEWS OUTLETS, INTERNET, & MAIL. HELPING TARGETED VOTERS MAKE INFORMED DECISIONS ABOUT BALLOT MEASURES ON ELECTION DAY. (Grants and allocations \$ 0.)	25,730.
d GENERAL SUPPORT: BUILDING A NETWORK OF INITIATIVE ACTIVITIES LIKED BY FORUMS & CONFERENCE, WEBSITE, BALLOT BULLETIN, CONVERGENCE CALLS, ETC. DEVELOPING NATIONAL INFRASTRUCTURE TO SUPPORT WIDE RANGE OF IDEOLOGICALLY PROGRESSIVE GROUPS. (Grants and allocations \$ 0.)	49,118.
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	274,601.

**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing . . . . .	43,248.	45	141,890.	
	46 Savings and temporary cash investments . . . . .		46		
	47a Accounts receivable . . . . .				
	b Less: allowance for doubtful accounts . . . . .	104.	47c		
	48a Pledges receivable . . . . .				
	b Less: allowance for doubtful accounts . . . . .		48c		
	49 Grants receivable . . . . .		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50		
	51a Other notes & loans receivable (attach sch) . . . . .				
	b Less: allowance for doubtful accounts . . . . .		51c		
	52 Inventories for sale or use . . . . .		52		
	53 Prepaid expenses and deferred charges . . . . .		53		
	54 Investments — securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55a Investments — land, buildings, & equipment: basis . . . . .				
	b Less: accumulated depreciation (attach schedule) . . . . .		55c		
	56 Investments — other (attach schedule) . . . . .		56		
57a Land, buildings, and equipment: basis . . . . .	6,323.				
b Less: accumulated depreciation (attach schedule) . . . . . L-57 Stmt.	4,259.	3,270.	57c	2,064.	
58 Other assets (describe ▶ _____ )		58			
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	46,622.	59	143,954.		
LIABILITIES	60 Accounts payable and accrued expenses . . . . .	0.	60		
	61 Grants payable . . . . .		61		
	62 Deferred revenue . . . . .		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63		
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a		
	b Mortgages and other notes payable (attach schedule) . . . . .		64b		
	65 Other liabilities (describe ▶ <u>See Line 65 Stmt</u> )	1,182.	65	3,813.	
66 <b>Total liabilities</b> (add lines 60 through 65)	1,182.	66	3,813.		
ORGANIZATIONS THAT FOLLOW SFAS 117, CHECK HERE <input checked="" type="checkbox"/> AND COMPLETE LINES 67 THROUGH 69 AND LINES 73 AND 74.	67 Unrestricted . . . . .	45,440.	67	140,141.	
	68 Temporarily restricted . . . . .		68		
	69 Permanently restricted . . . . .		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds . . . . .		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71		
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	45,440.	73	140,141.	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	46,622.	74	143,954.		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	a	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	c	
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	e	

<b>a</b>	Total expenses and losses per audited financial statements	a	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	c	
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	e	

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
MIKE LUX 1225 M ST WASHINGTON, DC 20005	DIRECTOR	0	0.	0.
DIANE SHUST 1401 17TH ST STE 950 DENVER, CO 80202	DIRECTOR	0	0.	0.
EARL BENDER 1607 22ND ST NW WASHINGTON, DC 20008	TREASURER	0	0.	0.
MICHAEL KIESCHNICK 101 MARKET ST STE 700 SAN FRANCISCO, CA 94105	DIRECTOR	0	0.	0.
RALPH NEAS 2000 M ST STE 400 WASHINGTON, DC 20036	DIRECTOR	0	0.	0.
See List of Officers, Etc Statement		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If 'Yes,' attach schedule - see instructions

<b>Part VI Other Information</b> (See instructions)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77	X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
<b>78b</b>	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	X
<b>81a</b>	If 'Yes,' enter the name of the organization <b>BALLOT INITIATIVE STRATEGY CENTER FOUNDATION INC</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b>	Enter direct and indirect political expenditures See line 81 instructions	81a	0.
<b>81b</b>	Did the organization file Form 1120-POL for this year?	81b	X
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
<b>82b</b>	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>84b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
<b>85a</b>	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
<b>85b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>85c</b>	Dues, assessments, and similar amounts from members	85c	
<b>85d</b>	Section 162(e) lobbying and political expenditures	85d	
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
<b>85h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
<b>86a</b>	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	
<b>87a</b>	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	
<b>87b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
<b>89a</b>	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ; section 4912 ; section 4955		
<b>89b</b>	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
	c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
<b>90a</b>	List the states with which a copy of this return is filed <b>DISTRICT OF COLUMBIA</b>		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	2
<b>91</b>	The books are in care of <b>KRISTNA WILFORE</b> Telephone number <b>(202) 223-2373</b> Located at <b>1025 CONNECTICUT AVE, NW, WASHINGTON, DC</b> ZIP + 4 <b>20036</b>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a WEBSITE LISTING					1,400.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					1,400.
105 Total (add line 104, columns (B), (D), and (E))					1,400.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	WEBSITE FEE IS DIRECTLY RELATED TO EXEMPT PROGRAM OF COM-MEDIA

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.) N/A

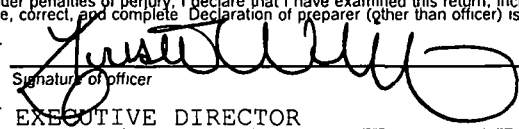
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

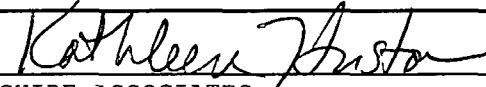
Please Sign Here

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: 11-3-05

EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature:  Date: 11/01/05

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W)

Firm's name (or yours if self-employed), address, and ZIP + 4: MCGUIRE ASSOCIATES, 6155 FULLER CT, ALEXANDRIA VA 22310

EIN: Phone no: (703) 924-6270

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions.  
▶ Attach to your tax return.

Name(s) shown on return

BALLOT INITIATIVE STRATEGY CENTER, INC

Identifying number

04-3411708

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See instructions for a higher limit for certain businesses	1	\$102,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$410,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	1,206.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	1,206.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>24b</b> If 'Yes,' is the evidence written?					<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction			(i) Elected section 179 cost			
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)										<b>25</b>			
<b>26</b> Property used more than 50% in a qualified business use (see instructions):													
<b>27</b> Property used 50% or less in a qualified business use (see instructions):													
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1										<b>28</b>			
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1											<b>29</b>		

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles – see instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	<b>Yes</b>	<b>No</b>
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (see instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2004 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2004 tax year					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See instructions for where to report					<b>44</b>

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
MISCELLANEOUS	183.	0.	183.	0.
SUBSCRIPTIONS	483.	207.	276.	0.
Total	<u>666.</u>	<u>207.</u>	<u>459.</u>	<u>0.</u>

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
EQUIPMENT & FURNITURE	6,323.	4,259.	2,064.
Total	<u>6,323.</u>	<u>4,259.</u>	<u>2,064.</u>

Form 990, Page 3, Part IV, Line 65

**Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
PAYROLL TAXES PAYABLE	1,182.	3,813.
Total	<u>1,182.</u>	<u>3,813.</u>

Form 990, Page 4, Part V

**List of Officers, Etc. Statement**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
WILL ROBINSON 1150 17TH ST NW WASHINGTON, DC 20036	VICE CHAIR 0	0.	0.	0.
TIM NESBITT 2110 STATE ST PORTLAND, OR 97301	DIRECTOR 0	0.	0.	0.
AMY PRITCHARD 499 S CAPITOL ST WASHINGTON, DC 20003	DIRECTOR 0	0.	0.	0.
KAREN ACKERMAN 815 16TH ST NW WASHINGTON, DC 20006	DIRECTOR 0	0.	0.	0.

Form 990, Page 4, Part V

Continued

**List of Officers, Etc. Statement**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
GLORIA TOTTEN 1025 CONN AVE WASHINGTON, DC 20036	CHAIR 0	0.	0.	0.
RICH MICHALSKI 9000 MACHINISTS PLACE UPPER MARLBORO, MD 20772	DIRECTOR 0	0.	0.	0.

Total

0.    0.    0.

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868  
 • If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.**

<b>Type or print</b>  File by the extended due date for filing the return See instructions	Name of Exempt Organization		Employer identification number
	BALLOT INITIATIVE STRATEGY CENTER, INC		04-3411708
	Number, street, and room or suite number If a P O box, see instructions		For IRS use only
	1025 CONNECTICUT AVENUE, #205		
City, town or post office, state, and ZIP code For a foreign address, see instructions			
WASHINGTON DC 20036			

**Check type of return to be filed** (File a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in care of **KRISTINA WILFORE, EXECUTIVE DIRECTOR**  
 Telephone No. **(202) 223-2373** FAX No. **(202) 289-1530**  
 • If the organization does **not** have an office or place of business in the United States, check this box   
 • If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Nov 15 20 05

5 For calendar year 2004, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension: FINANCIAL REVIEW NOT COMPLETE FOR CALENDAR 2004. GRANTS AND BOARD AND MA REQUIRE THIS REVIEW FOR COMPLETION OF TAX RETURNS.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_ 0.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_ 0.

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_ 0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Kathleen Huston Title **TAX PREPARER** Date **08/12/05**

**Notice to Applicant – To be Completed by the IRS**

We **have** approved this application. Please attach this form to the organization's return.

We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return

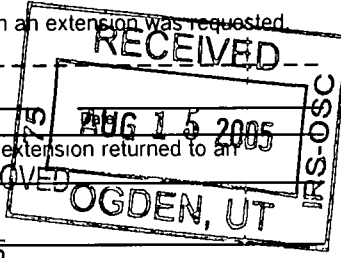
We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period

We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested. Other: \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_

**Alternate Mailing Address** – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

<b>Type or print</b>	Name	Kathleen Huston
	Number and street (include suite, room, or apartment number) or a P.O. box number	6155 FULLER CT
	City or town, province or state, and country (including postal or ZIP code)	ALEXANDRIA VA 22310
	FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN, VA 22310	



# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b> File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	BALLOT INITIATIVE STRATEGY CENTER, INC	04-3411708
	Number, street, and room or suite number If a P O box, see instructions	
	1025 CONNECTICUT AVENUE, #205	
	City, town or post office For a foreign address, see instructions.	state ZIP code
	WASHINGTON	DC 20036

Check type of return to be filed (file a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ KRISTINA WILFORE, EXECUTIVE DIRECTOR

Telephone No. ▶ (202) 223-2373 FAX No. ▶ (202) 289-1530

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Aug 15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 04 or

▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 12-2004)

