_	00	<u> </u>	Deturn	of Ormonization F.				Tax		OMB No.	1545-004	47		
Form	99	•	Return	of Organization Ex	kempt F	rom inc	ome	alax		20	20	_		
			Under section 501(c),	527, or 4947(a)(1) of the Inte	rnal Reven	ue Code (ex	cept p	rivate foun	dations)		20			
Denartr	nent of th	e Treasury	Do not er	ter social security numbers	on this for	m as it may	be mad	le public.		Open to	Public	С		
•	Revenue		Go to	www.irs.gov/Form990 for ins	tructions a	nd the lates	<u>t infor</u> n	nation.		Inspe	ction			
A F	or the 2	2020 calend	ar year, or tax year begi			1, 2020 , a			06	-30,202	1			
ВС	heck if ap	plicable:	C Name of organizatior	lectronic Registrati	on Info	rmation (Cente	r Inc.	D Emplo	oyer identificatio	n numbei	r		
A	ddress ch	ange	Doing business as							45-53896	45-5389681			
N	ame char	nge	Number and street (or F	O. box if mail is not delivered to street a	address)		Room/s	uite	E Teleph	one number				
In	itial returr	ı	1201 Connectio	cut Ave NW				600		(202) 695	5-3464	4		
Fi	nal return	/terminated	City or town, state or pro	ovince, country, and ZIP or foreign posta	al code				G Gross	receipts				
A	mended r	eturn	Washington, D	20036					\$		971,2	244		
A	oplication	pending	F Name and address of p	incipal officer: Shane Hamlin				H(a) Is this a	group return fo	or subordinates?	Yes 2	X No		
			Same as C abo	<i>v</i> e				H(b) Are all	subordinate	s included?	Yes [No		
I Ta	ix-exemp	t status: 🛛 🗙	501(c)(3) 501(c) () < (insert no.) 4947(a)(1)) or 5	27		lf "No,"	attach a list	t. See instructions	6			
J W	ebsite:	• www	.ericstates.org					H(c) Group	exemption r	number 🕨				
K Fo	orm of org	ganization: 🗴	Corporation Trust As	sociation 🗌 Other 🕨	L	. Year of formation	on: 20	12 м :	State of lega	al domicile: D	E			
Par	tl	Summar	/											
	1 1	Briefly descri	be the organization's miss	sion or most significant activitie	s: ERIC	is a me	mbers	ship org	anizat	ion cons	istin	ıg		
e	9	of state	election officia	als working together	to imp	rove the	accu	racy of	state	voter				
Activities & Governance		registra	tion lists and eq	ducate eligible citi	zens on	how to :	regis	ter to v	vote.					
ů.														
Ň	2 (Check this be	x 🕨 🗌 if the organizatio	n discontinued its operations of	r disposed o	of more than	25% of	its net asse	ts.					
С м	3	Number of vo	ting members of the gove	erning body (Part VI, line 1a)					. 3		3	31		
ŝ	4	Number of in	dependent voting membe	rs of the governing body (Part '	VI, line 1b)				. 4		3	31		
/itie	5	Total number	of individuals employed i	n calendar year 2020 (Part V, li	ine 2a)				. 5			3		
cţì	6	Total number	of volunteers (estimate if	necessary)					. 6			40		
◄	7a ⁻	Total unrelate	d business revenue from	Part VIII, column (C), line 12					. 7a			0		
	b	Net unrelated	l business taxable income	e from Form 990-T, Part I, line 1	11				. 7b			0		
								Prior Year		Curren	t Year			
	8	Contributions	and grants (Part VIII, line	e 1h) • • • • • • • • • • • • • • • • • • •				1,220	,680		971,0	091		
ne	9	Program ser	vice revenue (Part VIII, lin	e 2g)								0		
Revenue	10	Investment ir	tment income (Part VIII, column (A), lines 3, 4, and 7d)								-	153		
Re	11 (Other revenu	e (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11e	e)							0		
	12	Total revenue	e - add lines 8 through 11	(must equal Part VIII, column (A), line 12)		. 🗖	1,220	,914		971,2	244		
	13 (Grants and s	imilar amounts paid (Part	IX, column (A), lines 1-3)								0		
	14	Benefits paid	to or for members (Part I	X, column (A), line 4)			. 🗌					0		
	15	Salaries, oth	er compensation, employe	e benefits (Part IX, column (A)), lines 5-10)		413	8,468		409,	718		
see	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)								0		
Expenses	b.	Total fundrais	sing expenses (Part IX, co	lumn (D), line 25) 🕨		0								
Ä				ines 11a-11d, 11f-24e)			. —	641	,745		643,8	873		
				t equal Part IX, column (A), line				1,055		1.	,053,			
		•	,	18 from line 12	,				, <u></u>		(82,3			
es es								inning of Curr		End of				
Net Assets or Fund Balances	20	Total assets	Part X, line 16)					1,093			,195,	781		
Ass d Ba			s (Part X, line 26)				. 🗖		,896		336,3			
Fund			(,	line 21 from line 20			. 🗖		,993		859,0			
Par	t II	Signatu	re Block				•							
				urn, including accompanying schedules				nowledge and b	elief, it is					
true, c	orrect, ar	la complete. De	laration of preparer (other than o	fficer) is based on all information of whic	in preparer has	any knowledge.								
<u>.</u> .		Shan	e Hamlin											
Sigr		Signatur	e of officer						Date	e				
Here) (Shan	e Hamlin, Executi	ve Director										
			print name and title											
		Print/Type pre	parer's name	Preparer's signature		Date		Check	if	PTIN				
Paid	I	John Mu	llins	John Mullins		01-26-20	22	self-em	ployed	P014293	307			
Prep	barer	Firm's name Mullins, PC Firm's EIN												
Use	Only	Firm's addres		sconsin Avenue				Phone no.						
				a MD 20814					202-7	70-6371				
May t	he IRS	discuss this		hown above? (see instructions))					X Ye	sП	No		
-			on Act Notice, see the se		,	-	-				n 990 (2			

Form	n 990 (2020) Electronic Registration Information Center Inc.	45-5389681	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u></u>
1	Briefly describe the organization's mission:		
	ERIC is a membership organization consisting of state election official		
	improve the accuracy of state voter registration lists and educate elig	ible citizens on	how to
	register to vote.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	🗴 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 allocati	ons to others,	
	the total expenses, and revenue, if any, for each program service reported.		
40	(Code:) (Expenses \$ 931,838 including grants of \$) (Re		
4a	To improve the accuracy of America's voting rolls, ERIC provided its mer		·
	information on voter registration records that were inaccurate or out-o:		
	changing residences. Members contacted these voters via mail in order to		
	or obtain information sufficient to inactivate or update the voter's real		
	information on voters who appeared to be deceased based official death of		
	Security Administration. To increase participation in elections, ERIC	identified potent	ially
	eligible but unregistered residents prior to the 2020 General Election.	Members contacte	ed these
	individuals via a mailing that included instructions for how to best rea		'he
	mailing included the eligibility requirements and voter registration dea	adlines. Summary	
	statistics of these efforts are available at www.ericstates.org.		
4b	(Code:) (Expenses \$ including grants of \$) (Re	venue \$)
	(••••••,	•	/
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 931,838	`	
EEA		For	m 990 (2020)

Form 990 (2020)	Electronic	Registration	Information	Center	Inc.
Part IV Ch	ecklist of Required So	chedules			

			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 See instructions?	2		х
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		х
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	x	
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? If "Yes,"			
	complete 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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
h	complete Schedule D, Part VI	11a	x	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		<u>x</u>
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			x
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	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 See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4		
<u> </u>		19		х
20а ь	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		v
				X

Form 990 (2020) Electronic Registration Information Center Inc. 45-5389681				Р	age 4
Par	rt IV Checklist of Required Schedules (continued)				
		r		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	••••	22		X
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 Schedule J		23		<u>x</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		<u>x</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	•••••	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?	r i i i i i i i i i i i i i i i i i i i	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 Schedule L, Part I		25b		X
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%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		х
27	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 · · · · · · · · · · · · · · · · ·		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •	-	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	••••	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	•••••	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	•••••	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
_	19? Note: All Form 990 filers are required to complete Schedule O.		38	Х	
Part					
	Check if Schedule O contains a response or note to any line in this Part V				<u> </u>
		г		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	<u></u>	1c	Х	

Form	Form 990 (2020) Electronic Registration Information Center Inc. 45-5389681								
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?••••••••••••••••••••••••••••••••••••	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		x					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
_	required to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year	_							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		x x					
f									
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8		x					
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u>x</u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x					
10	Section 501(c)(7) organizations. Enter:								
a ⊾	Initiation fees and capital contributions included on Part VIII, line 12	-							
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-							
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders								
a b	Gross income from other sources (Do not net amounts due or paid to other sources								
b	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
-	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
-	the organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
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					
	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					
	If "Yes," complete Form 4720, Schedule O.								

Form 990 (2020) Electronic Registration Information Center Inc. 45-5389681					
Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI			. x	
Sec	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year				
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
_	any other officer, director, trustee, or key employee?	2		x	
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		x	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70			
L	one or more members of the governing body?	7a		x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	v		
0	Did the organization contemporaneously document the meetings held or written actions undertaken during	70	X		
8	the year by the following:				
а	The governing body?	8a	v		
b	Each committee with authority to act on behalf of the governing body?	8b	x x		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0	Λ		
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-			
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		x	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	12c	х		
13	Did the organization have a written whistleblower policy?	13	х		
14	Did the organization have a written document retention and destruction policy?	14	х		
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official	15a	Х		
b	Other officers or key employees of the organization	15b	Х		
	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	40-			
L	with a taxable entity during the year?	16a		x	
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	16h			
Sec	organization's exempt status with respect to such arrangements?	16b		L	
17					
17	List the states with which a copy of this Form 990 is required to be filed 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 I Upon request Other (<i>explain on Schedule O</i>)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	The Organization (202)695-3464, 1201 Connecticut Ave NW, Suite 600, Washington, DC	2003	6		

Form 990 (20)	20) Electronic Registration Information Center Inc.	45-5389681	Page 7								
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	Compensated Employe	es, and								
	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	a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the										

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 organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	`				han one s both a		Reportable	Reportable	Estimated amount
	hours					/trustee		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or or					Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	divid dire	stitut	Officer	∘y er	ghes nploy	Former	(11 2) 1000 11100)	· · · · ·	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below	ruste	Itrus		/ee	npe				
	dotted line)	õ	tee			nsate				
						ď				
(1) Ericka Haas	40.00									
Systems Engineer & Technical Liaiso						х		112,283	0	25,959
(2) Shane Hamlin	40.00									
Executive Director				х				117,479	0	9,837
(3) Mark Wlaschin	1.00									
Director		х						0	0	0
(4) Anthony Albence	1.00									
Director		х						0	0	0
(5) Ted Bromley	<u>1.00</u>									
Director		х						0	0	0
(6) Marci Andino	<u>1.00</u>									
Director		х						0	0	0
(7) Deborah Scroggin	1.00									
Director		х						0	0	0
(8) Will Senning	<u>1.00</u>									
Director		х						0	0	0
(9) Maria Matthews	<u>1.00</u>									
Director		х						0	0	0
(10)Keith Ingram	<u>1.00</u>									
Director		х						0	0	0
(11)Bo Dul	<u>1.00</u>									
Director		х						0	0	0
(12)Bernadette Matthews	<u>1.00</u>									
Director		х						0	0	0
(13)Heidi Burhans	<u>1.00</u>									
Director		х						0	0	0
(14)Jared_Dearing	<u>1.00</u>									
Director		х						0	0	0
EEA										Form 990 (2020)

Form 990 (20	20) Electronic Registration Information Center Inc.	45-5389681	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employe	es, and							
	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 organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average					han one s both a		Reportable	Reportable	Estimated amount
	hours					/trustee		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	인지	Ins	Off	Ke	en Hig	Ъ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	direc	tituti	Officer	y em	yhest iploy	Former			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	t con ee				
	below	ustee	trust		ee	npen				
	dotted line)	U U	ee			Highest compensated employee				
						<u>a</u>				
(1) Jonathan Brater	<u>1.00</u>									
Director		х						0	0	0
(2) Brittany Westfall	<u>1.00</u>									
Director		х						0	0	0
(3) Alice Miller	<u>1.00</u>									
Director		х						0	0	0
(4) Sherri Hadskey	<u>1.00</u>									
Director		х						0	0	0
(5) David Becker	1.00									
Director		х						0	0	0
(6) John Lindback	1.00									
Director		х						0	0	0
(7) Judd Choate	<u>1.00</u>									
Director		х						0	0	0
(8) Stuart Holmes	<u>1.00</u>									
Director		х						0	0	0
(9) Jonathan Marks	1.00									
Director		х						0	0	0
(10)Linda Lamone	<u>1.00</u>									
Director		х						0	0	0
(11)David Maeda	1.00									
Director		х						0	0	0
(12)Mandy_Vigil	<u>1.00</u>									
Director		х						0	0	0
(13)Jordan Fuchs	<u>1.00</u>									
Director		х						0	0	0
(14)Chrissy Peters	<u>1.00</u>									
Director		х						0	0	0
EEA										Form 990 (2020)

-	90 (2020)	Electronic Regist	ration I	nfor	mat	io	n C	ente	r]	Inc.	45-5389	9681	Page 8
Part	VII Sec	tion A. Officers, Directors, Trustee	s, Key Empl	oyees	, and	l Hi	ghes	st Con	nper	nsated Employee	s (continued)		
		(A) Name and title	(B) Average hours per week (list any	box	, unles	Po: eck n ss pe	rson i	han one s both a /trustee	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	com	(F) ated amount of other upensation om the
			hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ization and organizations
(15)Ga Direc	il Fenumi tor	ai	<u>1.00</u>	x						0	0		0
(16) <u>Cl</u> Direc			<u>1.00</u>	x						0	0		0
(17)Ju Treas	stin Lee surer		<u> 1 .00</u>	x		x				0	0		0
	b Rock	 t Chair	<u>1.00</u>	x		x				0	0		0
(19) <u>Ma</u> Secre	ndi Grand	ljean	<u> </u>	x		x				0	0		0
-	agan Wolf	e	<u>1.00</u>			x				0	0		0
	ris Piper Chair	<u></u>	<u> </u>			x				0	0		0
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal Total from c	continuation sheets to Part VII, Sec	tion A	•••	•••	•••	•••						
d		nes 1b and 1c)								229,762	0		35,796
2		r of individuals (including but not limit ompensation from the organization		sted a	bove	e) wl	ho re	eceive	d mo	ore than \$100,000	of		2
3	-	nization list any former officer, direct		•	•		-						Yes No
4	For any indiv	n line 1a? <i>If "Yes," complete Schedule</i> vidual listed on line 1a, is the sum of r	reportable co	mpens	satior	n an	id ot	her co	mpe			3	X
_	individual .	and related organizations greater that				•••						4	x
5	for services	con listed on line 1a receive or accrue rendered to the organization? <i>If "Yes,</i>	•			-		-	-			5	x
<u>Secu</u> 1		pendent Contractors is table for your five highest compens	ated indeper	dont (contr	acto	ore th	at roo		d more than \$100	000 of		
1													
compensation from the organization. Report compensation for the calendar year ending (A)								(B) Description of service		(C)	ation		
Alpir	e Consul	Name and business addres		ъ 60)197	1			IT	Services		Compensa 4	32,950
	-	.											
2		r of independent contractors (includir re than \$100,000 of compensation fro	-				sted	above) wh	10	1		

	90 (2020) Electronic Registration	n Informat:	ion Center 1	Inc.	45-53896	81 Page 9
Part	VIII Statement of Revenue					
	Check if Schedule O contains a response or note to	o any line in this	Part VIII	<u></u>	<u></u>	<u>[</u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a Federated campaigns 1a					
S o	b Membership dues 1b	971,091				
unts	c Fundraising events 1c					
ů, G	d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e Government grants (contributions) 1e					
s, si ji	f All other contributions, gifts, grants,					
ar S	and similar amounts not included above 1f					
đđ	g Noncash contributions included in					
ud l	lines 1a-1f					
9.0	h Total. Add lines 1a-1f	🕨	971,091			
	В	usiness Code				
e	2a					
ωŹ	b					
enu	c					
Program Service Revenue	d					
р Б	e					
ā	f All other program service revenue					
	g Total. Add lines 2a-2f	••••				
	3 Investment income (including dividends, interest, and					
	other similar amounts)		153			153
	4 Income from investment of tax-exempt bond proceeds	-				
	5 Royalties					
		(ii) Personal				
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c d Net rental income or (loss)					
	, , , , , , , , , , , , , , , , , , ,					
	7a Gross amount from (i) Securities	(ii) Other				
	sales of assets other than inventory 7a					
	b Less: cost or other basis					
e	and sales expenses 7b					
enu	c Gain or (loss) 7c					
Sev	d Net gain or (loss)	🕨				
Other Revenu	8a Gross income from fundraising					
oth	events (not including \$					
•	of contributions reported on line					
	1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events	🕨				
	9a Gross income from gaming					
	activities, See Part IV, line 19 • • • • • • 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities	🕨				
	10a Gross sales of inventory, less					
	returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory	· · · · 🕨				
	B	usiness Code				
e	11a					
anc	b					
Miscellanous Revenue	c					ļ
Mis R	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions	🕨 📔	971.244	0	0	153

Electronic Registration Information Center Inc. **Statement of Functional Expenses**

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other organiz	ations must complete o	column (A).	
	Check if Schedule O contains a response or note to	,			
Do r	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	iotal expenses	expenses	general expenses	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	117,479	106,198	11,281	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	216,200	195,438	20,762	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) .	19,726	17,832	1,894	
9	Other employee benefits	30,299	27,389	2,910	
10	Payroll taxes	26,014	23,516	2,498	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	41,549	37,401	4,148	
с	Accounting	31,033	27,935	3,098	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	6,340	5,707	633	
12	Advertising and promotion				
13	Office expenses	11,893	6,369	5,524	
14	Information technology	410,641	369,647	40,994	
15	Royalties				
16	Occupancy				
17	Travel	184	162	22	
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 ••••••	1,321		1,321	
23	Insurance	4,566	4,128	438	
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 O.)				
а	Software license	110,116	110,116		
b	Other	26,230		26,230	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,053,591	931,838	121,753	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🏼 🕨 🔲 if				
	following SOP 98-2 (ASC 958-720)				

	990 (20		nc. 45	5-538	9681 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	642,133	1	793,487
	2	Savings and temporary cash investments	300,354	2	300,506
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	104,513	9	82,451
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 546,823			
	b	Less: accumulated depreciation	46,889	10c	19,337
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,093,889	16	1,195,781
	17	Accounts payable and accrued expenses	43,261	17	33,875
	18	Grants payable		18	
	19		108,635	19	302,260
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
billi		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	
				25	
	26	Total liabilities. Add lines 17 through 25	151,896	26	336,135
s		Organizations that follow FASB ASC 958, check here x			
JCe	07	and complete lines 27, 28, 32, and 33.		07	
alar	27	Net assets without donor restrictions	941,993	27	859,646
ä	28			28	
oun		Organizations that do not follow FASB ASC 958, check here			
Ē	20	and complete lines 29 through 33.		20	
ts o	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	050 616
Nei	32	Total net assets or fund balances	941,993	32	859,646
	33	Total liabilities and net assets/fund balances	1,093,889	33	1,195,781

EEA

Form **990** (2020)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part IX, column (A), line 12) 2 1, 053, 591 3 Revenue less expenses. Subtract line 2 from line 1 3 (82, 347) 4 941, 993 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 941, 993 5 Net unrealized gains (losses) on investments 6 6 7 6 7 7 8 9 0 9 Other changes in net assets or fund balances (explain on Schedule O) 8 9 0 10 Net assets or fund balances (explain on Schedule O) 8 0 0 9 Other changes in net assets or fund balances (explain on Schedule O) 10 859, 646 Part XII Financial Statements and Reporting 1 1 1 Check if Schedule O contains a response or note to any line in this Part XII 1 1 2a x 1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 Yes Net 1 </th <th>Form</th> <th>990 (2020) Electronic Registration Information Center Inc. 4</th> <th>5-5389681</th> <th>_</th> <th>Pa</th> <th>age 12</th>	Form	990 (2020) Electronic Registration Information Center Inc. 4	5-5389681	_	Pa	age 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 971, 244 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 053, 591 3 (62, 347) 4 4 941, 933 5 5 5 6 7 7 7 7 7 8 7 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 8 9 9 Other change at the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 9 0 1 Accounting method used to prepare the Form 990: Cash X Acrual	Pai	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 053, 591 3 Revenue less expenses. Subtract line 2 from line 1 3 (82, 247) 4 941, 993 941, 993 941, 993 5 Net ansets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 941, 993 5 Net unrealized gains (losses) on investments 6 6 6 7 7 6 7 8 Prior period adjustments 8 9 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)) 859, 646 Part XII Financial Statements and Reporting 10 859, 646 Part XII Financial statements compiled or reviewed by an independent accountant? 2a x 1 He organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a x 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a x 1 Yes, 'hock a box below to indicate whether the fi		Check if Schedule O contains a response or note to any line in this Part XI				<u>. </u>
3 (82,347) 4 941,993 5 5 6 6 7 6 7 6 8 7 9 0 9 0 9 0 10 8 9 0 10 Net unrealized gains (losses) on investments 8 7 9 0 10 Net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 2 Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990: Cash 14 Accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a x Yes 11 Accounting from a prior year or checked "Other," explain in Schedule O. 2a <th>1</th> <th>Total revenue (must equal Part VIII, column (A), line 12)</th> <th>1</th> <th></th> <th>971,</th> <th>244</th>	1	Total revenue (must equal Part VIII, column (A), line 12)	1		971,	244
4 941,993 5 6 6 6 7 6 7 7 8 7 9 0 10 8 9 0 10 8 9 0 10 8 9 0 10 8 2 check if Schedule O gear. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 8 9 0 0 9 0 10 859, 646 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 11 Accounting method used to prepare the Form 990: Cash X Accrual Other	2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	053,	591
5 Net unrealized gains (losses) on investments 5 6 6 6 7 6 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 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)) 10 859, 646 Part XII Financial Statements and Reporting 10 859, 646 Part XII Financial statements compiled or reviewed by an independent accountant? 2a x 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a x x 16 "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: 2b x 17 Yes, 't check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both: 2b x 16 '	3	Revenue less expenses. Subtract line 2 from line 1	3		(82,	347)
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)) 10 859, 646 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 859, 646 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 10 8 1 Accounting method used to prepare the Form 990: Cash X Accrual 10	4		4		941,	993
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32. column (B)) 10 859,646 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Account in the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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 basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c 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 x If the organization changed either its oversight process or selection process during the tax year,	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 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)) 859,646 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2b x 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 Both consolidated basis Both consolidated basis Both consolidated na separate basis Were the organization's financial statements audited by an independent accountant? 2b x 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 x If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	6	Donated services and use of facilities	6			
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)) 10 859,646 Part XII Financial Statements and Reporting 10 859,646 Part XII Financial Statements and Reporting 10 859,646 Part XII Financial Statements and Reporting 10 859,646 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 859,646 2 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 20 20 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a x 11 2a x 11 10 20	7	I	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 859, 646 Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
32, column (B)) 10 859, 646 Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pai	rt XII Financial Statements and Reporting				_
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
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Separate basis Consolidated basis Both consolidated and separate basis 2b x 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 basis, consolidated basis, or both: b Separate basis Consolidated basis Both consolidated and separate basis c 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 x If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a x b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such audits 3b		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis Image: Consolidate		Separate basis Consolidated basis Both consolidated and separate basis				
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X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization of the tax year is a set of tax year year year year year year year year	С					
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Single Audit Act and OMB Circular A-133? 3a x b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3a x						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	3a					
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a		X
	b					
		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

(For	m 99	0 or 990-EZ)	Complete if the organize	ation is a section 50	1(c)(3) organization or a se	ection 4947	(a)(1) nonex	empt charitable trust	2020		
		<i></i> 	complete il the organiza		ch to Form 990 or Form				Open to Public		
		of the Treasury enue Service	► Go t		rm990 for instructions		test infor	mation.	Inspection		
Name	of th	e organization						Employer identificat	ion number		
			tration Informa				4	45-538968			
	rt I			-	organizations must			t.) See Instruction	1S.		
1 ne	orga				s 1 through 12, check or rches described in sectio						
2	Н				Schedule E (Form 990 or		I)(A)(I).				
3	Н				described in section 17		(iii).				
4	П	•	• •	0	with a hospital describe		. ,)(A)(iii). Enter the			
			e, city, and state:	,	•						
5		An organizatio	n operated for the bene	efit of a college or ι	university owned or oper	ated by a g	jovernmen	tal unit described in			
	_	•)(1)(A)(iv). (Complete F	,							
6			•	•	nit described in section 1						
7	Х	•	•		t of its support from a go	vernmenta	l unit or fro	m the general public			
8	П		ection 170(b)(1)(A)(vi) rust described in sectio								
9	Н				on 170(b)(1)(A)(ix) operation	ated in con	iunction wi	th a land-grant college	•		
·		•	•		see instructions). Enter th		-				
		university:	5	5 5 (,	,	,	5			
10		· _	n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	pership fees, and gros	s		
		receipts from a	activities related to its e	xempt functions - s	subject to certain excepti	ons; and (2	2) no more	than 33 1/3% of its			
		support from g	ross investment incom	e and unrelated bu	isiness taxable income (l	ess sectio	n 511 tax) f	rom businesses			
	_		-		ection 509(a)(2). (Comp		,				
11	Ц	•	•	•	est for public safety. See						
12		•	•	-	the benefit of, to perform						
					ed in section 509(a)(1) of the section of the secti						
	а		-		ne type of supporting org sed, or controlled by its s				•		
	u				appoint or elect a major				1		
			organization. You mu								
	b		-	-	ntrolled in connection wit	h its suppo	rted organ	ization(s), by having			
		control or	management of the sup	oporting organization	on vested in the same pe	ersons that	control or	manage the supported	b		
		organizatio	on(s). You must comp	lete Part IV, Secti	ons A and C.						
	С	Type III fu	nctionally integrated.	A supporting orga	nization operated in con	nection with	n, and func	tionally integrated with	l,		
		_			must complete Part IV						
	d				organization operated in						
			, ,	. The organization generally must satisfy a distribution requirement and an attentiveness							
		<u> </u>	. ,	-	Part IV, Sections A an						
	е	_	-		determination from the later and supporting orga		s a Type I,	туре п, туре п			
	f										
	g		lowing information abo						L		
	-) Name of supported	•	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of		
					(described on lines 1-10 above (see instructions))	listed in you docum	ur governing	support (see instructions)	other support (see instructions)		
					above (see instructions))	docum			instructions)		
						Yes	No				
(A)											
(B)											
(C)											
(D)											
(E)											
(E)											
Tota											
For I	Pape	erwork Reducti	on Act Notice, see the	e Instructions for	Form 990 or 990-EZ.			Schedule	e A (Form 990 or 990-EZ) 2020		

 Schedule A (Form 990 or 990-EZ) 2020
 Electronic Registration Information Center Inc.
 45-5389681
 Page 2

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 Page 2

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part	III.	If the orgar	ization	fails to	qualify	/ under	the	tests	listed I	below,	please	complet	te Pa	rt III.)	

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	729,991	803,840	907,558	1,220,680	971,091	4,633,160
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	-	729,991	803,840	907,558	1,220,680	971,091	4,633,160
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						4,633,160
	ction B. Total Support		(1) 00 (7	() 00 (0	(1) 00 (0	() 0000	
_	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	729,991	803,840	907,558	1,220,680	971,091	4,633,160
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•			29	90	234	153	506
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)						
	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (s		\ \			12	4,633,666
	First five years. If the Form 990 is for the or		,				<u>_)(3)</u>
15	organization, check this box and stop here	•			•	•	,,,,
Se	ction C. Computation of Public Suppo						· · · · · · · ·
	Public support percentage for 2020 (line 6, c			column (f))		14	99.99 %
	Public support percentage from 2019 Sched					15	<u>99.99 %</u> 99.99 %
	33 1/3% support test - 2020. If the organization					-	
100	box and stop here . The organization qualifie						
ł	33 1/3% support test - 2019. If the organiza						_
-	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	•	• • • •	•			_
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the facts			•			
	organization			•	• •	• • • •	_
ł	0 10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fa					•	
	organization			-			🕨 🗖
18	Private foundation. If the organization did r						•
	instructions						_

Sec	If the organization fails to qualify	/ under the t	ests listed be	low, please c	omplete Part	: II.)	
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	() = = = =	(,	(0) = 0.00	(,	(0) = 0 = 0	(.)
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						
	ction B. Total Support		i	1	i		
-	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
-	acquired after June 30, 1975						
	Net income from unrelated business						
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first	second. third	. fourth. or fifth	tax vear as a	section 501(c)	3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppo	rt Percentag	ge				<u>_</u>
	Public support percentage for 2020 (line 8, c			, column (f)) .		15	%
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment In						
17	Investment income percentage for 2020 (line					17	%
18	Investment income percentage from 2019 So					18	%
19a	33 1/3% support tests - 2020. If the organiz	ation did not	check the box	on line 14, and	l line 15 is mor	e than 33 1/3%	, and line
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	•	-		•	• • • •	
20	Private foundation. If the organization did n	ot check a bo	x on line 14, 1	9a, or 19b, che	eck this box an	d see instructio	ns 🕨 🗌

Electronic Registration Information Center Inc.

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

Support Schedule for Organizations Described in Section 509(a)(2)

Page 3

45-5389681

Schedule A (Form 990 or 990-EZ) 2020

Part III

Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I, complete Sections A and C. If you checked box 12c. Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by 1 class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion 4b despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b EEA Schedule A (Form 990 or 990-EZ) 2020

Electronic Registration Information Center Inc.

45-5389681

Page 4

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Electronic Registration Information Center Inc. Part IV Supporting Organizations (continued)

Page 5

- Yes No **11** Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2
 - By reason of the relationship described in line 2, above, did the organization's supported organizations have 3 a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. *Complete line 2 below.* а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3

Yes

No

	ule A (Form 990 or 990-EZ) 2020 Electronic Registration Information Cer			681 Page 6
-	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organi	zatio	ns must complete Section:	
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
See	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
See	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integ	grated Type III supporting	organization
	(see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Sched	LIE A (Form 990 or 990-EZ) 2020 Electronic Registration I t V Type III Non-Functionally Integrated 509(a)(3				9681 Page 7
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	tions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7				7	
8	Distributions to attentive supported organizations to which the	e organization is respon	sive		
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	· · · · · · · · · · · ·				
	(reasonable cause required - <i>explain in Part VI</i>). See				
	instructions.				
	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
0	and 4c. Breakdown of line 7:				
8				_	
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				
EEA				Sche	dule A (Form 990 or 990-EZ) 202

Supplemental Information. Provide the explanations required by Part II, line 10; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 8a, 9b, 9c, 1a, 11, 11b, and 11c; Part IV, Section B, lines 1, 2a, 3b, 7a, 4b, 4c, 5a, 6b, 9a, 9b, 9c, 1a, 11b, and 11c; Part IV, Section B, lines 1, 2a, 3b, 7a, 4b, 7b, and 11c; Part IV, Section B, lines 1, 2a, 3b, 7a, 4b, 7b, 2b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7		n 990 or 990-EZ) 2020 Pa
III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sect B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Sect	Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Sect		
3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Sect		
Ines 2, 5, and 5. Also complete this part for any additional information. (See instructions.)		
		lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCH	EDULE C		Political Campaign an	d Lobbying	Activities	OMB No. 1545-0047		
(Forn	n 990 or 990-EZ)	For (anizations Exempt From Income Tax Under section 501(c) and section 527				
-		Complet	e if the organization is described belo	ow. 🕨 Attach	to Form 990 or Form 990-EZ.	Open to Public		
•	ment of the Treasury Revenue Service		► Go to www.irs.gov/Form990 for in			Inspection		
• ;	Section 501(c)(3) or Section 501(c) (othe Section 527 organiz	rganizations: C er than section ations: Compl	on Form 990, Part IV, line 3, or Form 9 Complete Parts I-A and B. Do not complet a 501(c)(3)) organizations: Complete Part ete Part I-A only. on Form 990, Part IV, line 4, or Form 9	te Part I-C. ts I-A and C below.	Do not complete Part I-B.	s), then		
• :	Section 501(c)(3) or	ganizations th	at have filed Form 5768 (election under at have NOT filed Form 5768 (election u	Inder section 501(h)): Complete Part II-B. Do not com	plete Part II-A.		
			on Form 990, Part IV, line 5 (Proxy Tax	x) (see separate ins	structions) or Form 990-EZ, Par	t V, line 35c (Proxy		
	see separate instr		nizations: Complete Part III.					
	of organization	0), 01 (0) 01gai			Employer identific	ation number		
	-	etration	Information Center In		45-538			
	t I-A Com	plete if the	organization is exempt unde	r section 501(c				
1			nization's direct and indirect political can					
•	definition of "politic	0	•					
2			ditures (See instructions)		> \$			
3			paign activities (See instructions)					
			organization is exempt unde					
1			ax incurred by the organization under se					
2			ax incurred by organization managers ur					
3			tion 4955 tax, did it file Form 4720 for th					
4a	-			•		= =		
	If "Yes," describe in							
			organization is exempt unde	r section 501(c), except section 501(c)(3).		
1	Enter the amount of	directly expend	led by the filing organization for section	527 exempt function				
2			anization's funds contributed to other or					
				-				
3	Total exempt functi	ion expenditure	es. Add lines 1 and 2. Enter here and or	Form 1120-POL,				
4			m 1120-POL for this year?			. Yes No		
5			employer identification number (EIN) of					
			r each organization listed, enter the amo		-	-		
	•		ons received that were promptly and dire	•	• •			
	•		r a political action committee (PAC). If a					
		0		•				
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
(1)							
(2	2)							
(3	3)							
(4)								
(5)								
(6	3)							

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

Schedule C (Form 990 or 990-EZ) 2020

Sche		istration Information Center Inc.	45-53896	- 0
Pa		is exempt under section 501(c)(3) and file	d Form 5768 (elec	tion under
	section 501(h)).			
Α	Check 🕨 🗌 if the filing organization belongs to an	affiliated group (and list in Part IV each affiliated group m	ember's name,	
	address, EIN, expenses, and share o	f excess lobbying expenditures).		
в	Check 🕨 🔲 if the filing organization checked box	A and "limited control" provisions apply.		
	Limits on Lobbyi	ng Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ins amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opini	on (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	818	
С	Total lobbying expenditures (add lines 1a and 1b)		818	
d	Other exempt purpose expenditures		1,052,773	
е	Total exempt purpose expenditures (add lines 1c ar	d 1d) • • • • • • • • • • • • • • • • • • •	1,053,591	
f	Lobbying nontaxable amount. Enter the amount fror	n the following table in both		
	columns.		180,359	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1	f)	45,090	
h	Subtract line 1g from line 1a. If zero or less, enter -0)		
i	Subtract line 1f from line 1c. If zero or less, enter -0-			
j	If there is an amount other than zero on either line 1	h or line 1i, did the organization file Form 4720	•	
	reporting section 4911 tax for this year?		<u></u>	🗌 Yes 🗌 No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total			
2a	Lobbying nontaxable amount				180,359	180,359			
b	Lobbying ceiling amount (150% of line 2a, column (e))					270,539			
c	Total lobbying expenditures				818	818			
d	Grassroots nontaxable amount				45,090	45,090			
e	Grassroots ceiling amount (150% of line 2d, column (e))					67,635			
f	Grassroots lobbying expenditures								

EEA

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 99	0 or 990-EZ) 2020	Electronic	Registration	Information	Center	Inc.	45-5389681	Page 3
Part II-B	Complete if	the organizat	tion is exempt	under section	501(c)(3	3) and has NOT	filed Form 5768	
	(election un	der section 5	01(h)).					

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed			a)	(b)		
	description of the lobbying activity.		No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Γ			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Ī			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	;)(5),	or se	ection		
	501(c)(6).					
				Y	'es	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c	:) <mark>(5)</mark> ,	or se	ection		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O	R (b)	Part	III-A, lir	1e 3	, is

answered "Yes "

	allswelleu les.						
1	Dues, assessments and similar amounts from members	1					
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	political expenses for which the section 527(f) tax was paid).						
а	Current year • • • • • • • • • • • • • • • • • • •	2a					
b	Carryover from last year • • • • • • • • • • • • • • • • • • •	2b					
с	Total · · · · · · · · · · · · · · · · · · ·	2c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	and political expenditure next year?	4					
5	Taxable amount of lobbying and political expenditures (See instructions)	5					
Pa	Part IV Supplemental Information						

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

SCHEDULE D	
(Form 990)	

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

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

Internal Revenue Service Name of the organization

Name	of the organization		Employer identification number
Ele	ctronic Registration Information Center	Inc.	45-5389681
Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 6.	
		(a) Donor advised 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 w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organizati	on's exclusive legal control?	🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ac	visors in writing that grant funds can be use	d
	only for charitable purposes and not for the benefit of the dono	or or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a c	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization during the
	tax year 🕨		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri-	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	nolds?	🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserva	ation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for public	ic exhibition, education, or research in furthe	erance of public
	service, provide, in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · • \$
	(ii) Assets included in Form 990, Part X		· · · · · · • \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial ga	in, provide the
	following amounts required to be reported under FASB ASC 9	58 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		· · · · · · > \$
b	Assets included in Form 990, Part X	<u></u>	· · · · · · · • • • •
For	Paperwork Reduction Act Notice, see the Instructions for F	orm 990.	Schedule D (Form 990) 2020

EEA

	ule D (Form 990) 2020 Electronic Regi						45-5389		Page 2
Par	rt III Organizations Maintaining							ssets (Co	ontinued)
3	Using the organization's acquisition, accession	n, and other records	, check a	ny of the	following that ma	ake sigr	ificant use of its		
	collection items (check all that apply):			_					
а	Public exhibition		d	Lo:	an or exchange p	orogram	S		
b	Scholarly research		е	Otl	ner				
С	Preservation for future generations								
4	Provide a description of the organization's coll	lections and explain	how they	further t	he organization's	exemp	t purpose in Part		
	XIII.								
5	During the year, did the organization solicit or	receive donations of	f art, histo	orical trea	asures, or other s	similar			
	assets to be sold to raise funds rather than to	be maintained as pa	art of the o	organiza	tion's collection?.			. 🗌 Yes	No
Par	t IV Escrow and Custodial Arra	ngements.		-					
	Complete if the organization a	answered "Yes"	on For	m 990,	Part IV, line 9	9, or r	eported an am	ount on I	Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for co	ntributior	ns or other assets	s not			
	included on Form 990, Part X?							🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing tab	le:					
		·	0				Arr	ount	
с	Beginning balance					10			
d	Additions during the year								
e									
f						1f			
2a	Did the organization include an amount on Fo							. TYes	No
b	If "Yes," explain the arrangement in Part XIII.								
Par			Janaton						
	Complete if the organization a	answered "Yes"	on For	m 990	Part IV line	10			
			1	Prior year	(c) Two years		(d) Three years back	(a) Four	years back
1a	Beginning of year balance	(a) Current year	(D) P	nor year	(c) Two years	DACK	(d) Three years back	(e) Four	years back
b	Contributions								
	Net investment earnings, gains, and								
С									
4									
d	· ·							_	
е	Other expenditures for facilities and								
,									
f	Administrative expenses								
g	End of year balance		<u> </u>						
2	Provide the estimated percentage of the curre	•	(line 1g,	column (a)) held as:				
a	Board designated or quasi-endowment	<u> </u>							
b	Permanent endowment %	D							
С	Term endowment								
	The percentages on lines 2a, 2b, and 2c shou	•							
3a	Are there endowment funds not in the possess	sion of the organizat	ion that a	ire held a	and administered	for the		г	
	organization by:								Yes No
	() - 5							. 3a(i)	
	· · · · · · · · · · · · · · · · · · ·							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat				?	• • •		. 3b	
4	Describe in Part XIII the intended uses of the		vment fur	nds.					
Par	t VI Land, Buildings, and Equip		_						
	Complete if the organization a	answered "Yes"	on For	<u>m 990,</u>	Part IV, line	11a. S	ee ⊢orm 990,	Part X, li	ne 10.
	Description of property	(a) Cost or oth	er basis	(b) Co	ost or other basis	(c)	Accumulated	(d) Book	value
		(investme	ent)		(other)	d	epreciation		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment				10,283		8,664		1,619
е	Other				536,540		518,822		17,718
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colum	n (B), line					19,337

Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Fo	rm 990, Part	IV, line 11	b. See Form	1 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book valu		(c) Method of valuation: end-of-year market value
(1) Financial of	derivatives					
(2) Closely-he	ld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments - Program Related.					
	Complete if the organization answere	ed "Yes" on For	rm 990, Part	IV, line 11	c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book valu	le	•	•) Method of valuation: • end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.		· · · · · ·			
	Complete if the organization answere	ed "Yes" on Fo	rm 990, Part	IV, line 11	d. See Form	n 990, Part X, line 15.
	(a) [Description				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 15.)			🕨	
Part X	Other Liabilities.					
	Complete if the organization answere line 25.	ed "Yes" on For	rm 990, Part	IV, line 11	e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book	value			
(1) Federal i						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.)		- 41	ula finan i i	4 4 4 4	new enter the
-	uncertain tax positions. In Part XIII, provide the te		-			· · · · · · · · · · · · · · · · · · ·
organization's	liability for uncertain tax positions under FASB AS	C 740. Check here	e if the text of the	e rootnote has	s been provided	in Part XIII • • • • • 😰

Electronic Registration Information Center Inc. 45-5389681

Page 3

Schedule D (Form 990) 2020

Schedu		5-5389681		
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	971,244	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	971,244	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) • • • • • • • • • • • • • • • • • • •			
с	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	971,244	
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	1,053,591	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	1,053,591	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	1,053,591	
Par	rt XIII Supplemental Information.		, , ,	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	art X, line		
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.				
01. Footnote for uncertain tax position under FIN 48 (Part X)				
	• · · · · ·			
The	accounting standard on accounting for uncertainty in income taxes addresses	the det	ermination of	
whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the				
financial statements. Under that guidance, ERIC may recognize the tax benefit from an uncertain tax				
posi	ition only if it is more likely than not that the tax position will be susta	ined on /	examination	
bv 1	taxing authorities based on the technical merits of the position. Examples o	f tax po	sitions	
-1		<u> </u>		
incl	lude the tax-exempt status of ERIC and various positions related to the pote	ntial so	urces of	
unre	elated business taxable income (UBIT).			
The	tax benefits recognized in the financial statements from such a position ar	e measur	ed based on	
the	largest			

01. Footnote for uncertain tax position under FIN 48 (Part X)

benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There

were no unrecognized tax benefits identified or recorded as liabilities at year end.

ERIC's policy would be to recognize interest and penalties, if any, on tax positions related to its

unrecognized tax benefits in income tax expense in the financial statements. No interest and

penalties were assessed or recorded during the year. ERIC's IRS Forms 990 that have been filed are

subject to examination by the Internal Revenue Service, generally for three years after they were

filed.

Department of the Treasury

Internal Revenue Service Name of the organization

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. OMB No. 1545-0047
2020
Open to Public
Inspection
Employer identification number

Electronic Registration Information Center Inc.

45-5389681

01. Governing body decisions (Part VI, line 7b)

All members of the Organization have a right but not the obligation to appoint a

representative to the Board of Directors. This means a member may choose not to put a

representative on the Board, and, as such, the size of the Board may or may not equal the

size of the membership. Accordingly, the organization has a two-tiered governance model,

meaning that some decisions are allocated to members and others to the Board of Directors.

For example, the members and not the Board have the power to approve the dues schedule,

and amend the bylaws, membership agreement, and certificate of incorporation.

02. Form 990 governing body review (Part VI, line 11)

The Form 990 was reviewed by the Board of Directors, the Executive Director, an outside

accountant, and counsel.

03. Conflict of interest policy compliance (Part VI, line 12c)

Annually, Directors are required to complete a conflict-of-interest disclosure form. In

accordance with ERIC's conflict of interest policy, the Board, any committee thereof, and

the Executive Director review disclosures of covered transactions, review covered

transactions to determine if they meet the standard for approval, maintain documentation

as may be necessary and appropriate to document the review of Form 990, Part VI, covered

transactions, and, in the case of a committee or the Executive Director, report to the

Board on any covered transaction approved. in accordance with the conflict-of-interest

policy.

04. CEO, executive director, top management comp (Part VI, line 15a)

To determine the Executive Director's compensation, the Executive Committee of the Board

Schedule O (Form 990 or 990-EZ) (2020)	Page 2			
Name of the organization	Employer identification number			
Electronic Registration Information Center Inc.	45-5389681			
conducts a performance review of the Executive Director and, in consultation with the				
Finance Committee, reviews comparability data and information from similar organizations				
from IRS Form 990s and a comprehensive non-profit compensation report. This decision is				
documented contemporaneously in writing. The full Board is apprised of the Executive				
Committee's review and determination and votes on the Organization's annual budget,				
including the Executive Director's compensation. The Executive Director, who is an ex				
officio, non-voting member of the Executive Committee and the Board recuses himself from all discussions relating to his compensation.				

05. Other officer or key employee compensation (Part VI, line 15b

The Organization does not have any other compensated officers or key employees. The

Executive Director conducts an annual performance review of other employees and makes a

compensation determination. This determination is presented to the full Board as part of

its annual review and approval of Organization's budget.

06. Governing documents, etc, available to public (Part VI, line 19)

The organization's governing documents (bylaws and membership agreement) are available on

its website. Other governing documents, including the conflict-of-interest policy,

financial statements, and Form 1023 are available upon request.