

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EDUCATION VOTERS OF AMERICA Number and street (or P O box, if mail is not delivered to street address) Room/suite 675 MASSACHUSETTS AVENUE NO 8TH FL City or town, state or country, and ZIP + 4 CAMBRIDGE, MA 02139	D Employer identification number 20-3944907 E Telephone number (617) 876-7700 F Group Exemption Number ▶
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G Accounting method Cash Accrual Other (specify) ▶ _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-Exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 104,581

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	104,581	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,581	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	39,168
	13 Professional fees and other payments to independent contractors	13	6,668
	14 Occupancy, rent, utilities, and maintenance	14	3,036
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	18,072
	17 Total expenses. Add lines 10 through 16	17	66,944
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	37,637
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	92,816
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	130,453

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	62,029	22 3,924
23 Land and buildings		23
24 Other assets (describe in Schedule O)	155,104	24 135,241
25 Total assets	217,133	25 139,165
26 Total liabilities (describe in Schedule O)	124,317	26 8,712
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	92,816	27 130,453

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
 EDUCATION VOTERS OF AMERICA (EVA) PROMOTES A PRO-EDUCATION AGENDA ACROSS THE COUNTRY AND PUSHES FOR A STRONGER EDUCATIONAL ENVIRONMENT FOR THE NEXT GENERATION OF STUDENTS EVA INFORMS THE PUBLIC OF THE NEED FOR BETTER PUBLIC SCHOOLS AND THE ACTIVITIES OF THE LAWMAKERS WITH RESPECT TO MAKING SOUND EDUCATION POLICY DECISIONS IT IS EXPECTED THAT BY INFORMING THE PUBLIC ABOUT THE ISSUE OF EDUCATION REFORM AND THE LEGISLATIVE WORK SURROUNDING EDUCATION POLICIES, THE ORGANIZATION WILL BE ABLE TO MOBILIZE THE PUBLIC TO ADVOCATE FOR GREATER LEGISLATIVE ACTION ON THE ISSUE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 STATE OUTREACH PROVIDING PROGRAM PLANNING AND TECHNICAL ASSISTANCE IN ESTABLISHING STATE OFFICES TO PROMOTE A PRO-PUBLIC EDUCATION AGENDA ENGAGING IN DIRECT LOBBYING EFFORTS OF STATE LEGISLATORS AS PERMISSIBLE UNDER STATE LAWS INFORMING THE PUBLIC ABOUT EDUCATION POLICY ISSUES AND POSITIONS ON EDUCATION TAKEN BY STATE LEGISLATORS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	66,948
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	66,948

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN H JACKSON 675 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	CHAIRMAN 1 00	0	0	0
LAURA QUINN 675 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	DIRECTOR 0 50	0	0	0
REV JOHN H VAUGHN 675 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	DIRECTOR/SECY 0 50	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of ALFRED MILLER Telephone no (617) 876-7700
675 MASSACHUSETTS AVENUE 8TH FL
Located at CAMBRIDGE, MA ZIP + 4 02139
42b 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)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes **No**

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46		No
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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes **No**

47 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

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If "Yes," was the related organization a section 527 organization?

47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$10

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) must attach a completed Schedule A ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on preparer's knowledge.

Sign Here	*****	
	Signature of officer	
Paid Preparer's Use Only	JOHN H JACKSON CHAIRMAN	
	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	Date
	MARK C PELTZ	
	Firm's name (or yours if self-employed), address, and ZIP + 4	
ROSEN SEYMOUR SHAPSS MARTIN & CO LLP		
757 THIRD AVENUE		
NEW YORK, NY 100172049		

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
EDUCATION VOTERS OF AMERICA

Employer identification number

20-3944907

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION REVERSAL OF PRIOR YEAR SALARIES ACCRUAL AMOUNT 104,581
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION INSURANCE EXPENSE AMOUNT 6,810 DESCRIPTION LOSS ON DISPOSITION OF FIXED ASSETS AMOUNT 9,467 DESCRIPTION OFFICE EXPENSE AMOUNT 1,756 DESCRIPTION TRAVEL EXPENSES AMOUNT 39 TOTAL TO FORM 990-EZ, LINE 16 18,072
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 1,323 END OF YEAR AMOUNT 0 DESCRIPTION DUE FROM RELATED PARTIES BEG OF YEAR AMOUNT 135,499 END OF YEAR AMOUNT 135,241 DESCRIPTION EMPLOYEE ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 38 END OF YEAR AMOUNT 0 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 6,802 END OF YEAR AMOUNT 0 DESCRIPTION SECURITY DEPOSITS BEG OF YEAR AMOUNT 1,975 END OF YEAR AMOUNT 0 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 9,467 END OF YEAR AMOUNT 0
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE & ACCRUED EXPENSES BEG OF YEAR AMOUNT 122,134 END OF YEAR AMOUNT 0 DESCRIPTION DUE TO AFFILIATES BEG OF YEAR AMOUNT 2,183 END OF YEAR AMOUNT 2,183 DESCRIPTION DUE TO EDUCATION VOTERS INSTITUTE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 6,529

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: EDUCATION VOTERS OF AMERICA

EIN: 20-3944907

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:

Software Version:

EIN: 20-3944907

Name: EDUCATION VOTERS OF AMERICA

Form 990-EZ, Special Condition Description:

Special Condition Description