### \*\* PUBLIC DISCLOSURE COPY \*\*

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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change VOTERIDERS Name change 45-5081831 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 171 PIER AVENUE, NO. 313 771 240-3714 termin-ated 4,199,724. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 90405 SANTA MONICA, CA H(a) Is this a group return Applica-F Name and address of principal officer: KATHLEEN UNGER Yes X No for subordinates? pending 171 PIER AVENUE, NO. 313, SANTA MONICA, **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.VOTERIDERS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association L Year of formation: 2012 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: VOTERIDERS' MISSION IS TO ENSURE Activities & Governance THAT ALL ELIGIBLE VOTERS ARE ABLE TO CAST A BALLOT THAT COUNTS Check this box oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 31 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 10000 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 3,575,091.4,072,140. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 0.  $1\overline{27,584}$ Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -74,2910. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,500,800. 4,199,724 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 1,409,958. 1,897,831. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,163,411. 1,684,102. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,573,369. 3,581,933. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 617,791. 927,431. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,626,240. 3.797.559. Total assets (Part X, line 16) 154,309. 52,894. 21 Total liabilities (Part X, line 26) 2,573,346. 3,643,250. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KATHLEEN UNGER, PRES Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid BARRY B. HENSIEK BARRY B. HENSIEK **₽**00163798 Firm's EIN 95-4611603 HENSIEK & CARON, CPA'S Preparer Firm's name Use Only Firm's address Phone no.

X Yes

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$

Total program service expenses 2,952,760.

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) (Revenue \$

# Form 990 (2023) VOTERIDERS Part IV Checklist of Required Schedules

|             |  |     | Yes | No |
|-------------|--|-----|-----|----|
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A   | 1   | Х   |    |
| 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   | -   |     |    |
| 7           | during the tax year? If "Yes," complete Schedule C, Part II  | 4   |     | х  |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5   |     | X  |
| 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   |     | x  |
| 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," complete Schedule D,  |     |     |    |
|             | Part VI  | 11a |     | Х  |
| b           | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | х  |
| •           | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  | 110 |     |    |
| ·           | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | х  |
| d           | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |     |     |    |
|             | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | X  |
| е           | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |     | Х  |
| f           | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     | 77  |    |
|             | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f | Х   |    |
| 12a         | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a |     | х  |
| 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 |     | X  |
| 13          | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | Х  |
|             | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | X  |
| 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   |     |     | 37 |
|             | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |     | X  |
| 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 Part VIII, lines   |     |     |    |
|             | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | Х  |
| 19          | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |     |    |
|             | complete Schedule G, Part III  | 19  |     | Х  |
| <b>20</b> a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | X  |
| b           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |    |
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     |     |    |
|             | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |     | X  |

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VOTERIDERS

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| Dart IV  | I CINACKIIST OT RADIIITAD SCHADIIIAS (continued) |
| I all IV | Checklist of Required Schedules (continued)      |

|     |   |     | 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  | X   |    |
| 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 |     | Х  |
| 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?   | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                             | 24d |     |    |
|     | 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 |     | Х  |
| 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 |     | х  |
| 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 of 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  |     | х  |
| 28  | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,             |     |     |    |
| 20  | instructions for applicable filing thresholds, conditions, and exceptions):   |     |     |    |
| _   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>             |     |     |    |
| а   |   | 28a |     | х  |
| h   | "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b |     | X  |
|     | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?                               | 200 |     |    |
| С   |   | 00- |     | х  |
| 00  | "Yes," complete Schedule L, Part IV   | 28c | Х   |    |
| 29  | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M                             | 29  | Λ   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation         |     |     | х  |
| 0.4 | contributions? If "Yes," complete Schedule M  | 30  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                  | 31  |     |    |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                    |     |     | Ų. |
|     | Schedule N, Part II   | 32  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                          |     |     | v  |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and           | _   |     | 77 |
|     | Part V, line 1  | 34  |     | X  |
|     | 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?          |     |     | ١  |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36  |     | X  |
| 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  |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?                      |     |     |    |
|     | Note: All Form 990 filers are required to complete Schedule O   | 38  | Х   |    |
| Par |   |     |     | _  |
|     | Check if Schedule O contains a response or note to any line in this Part V  |     |     | Ш  |
|     |   |     | Yes | No |
| 1a  | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |     |     |    |
| b   | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   |     |     |    |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                  |     |     |    |
|     | (gambling) winnings to prize winners?   | 1c  |     |    |
|     |   |     |     |    |

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| Part V | Statements Regarding Other I

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 31             |          |     |    |  |  |  |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns                        | ns?               | 2b       | X   |    |  |  |  |  |  |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |                   | 3a       |     | Х  |  |  |  |  |  |
| b   | <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                 |                   |          |     |    |  |  |  |  |  |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other ${\bf r}$                    | 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).                  |                   |          |     |    |  |  |  |  |  |
| 5а  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                |                   | 5a       |     | X  |  |  |  |  |  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? |  |                   |          |     |    |  |  |  |  |  |
| С   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |                   | 5с       |     |    |  |  |  |  |  |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                               |                   |          |     |    |  |  |  |  |  |
|   | any contributions that were not tax deductible as charitable contributions?  |                   | 6a       |     | X  |  |  |  |  |  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contribute                             | ions 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 set                  |                   | 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 w                               | · ·               |          |     |    |  |  |  |  |  |
|   | to file Form 8282?   |                   | 7c       |     | X  |  |  |  |  |  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |                   |          |     |    |  |  |  |  |  |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of                             |                   | 7e<br>7f |     |    |  |  |  |  |  |
| f   | , , , , , , , , , , , , , , , , , , ,  |                   |          |     |    |  |  |  |  |  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Fo                         |                   | 7g       |     |    |  |  |  |  |  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization                       |                   | 7h       |     |    |  |  |  |  |  |
| 8   | ,  |                   |          |     |    |  |  |  |  |  |
| _   | sponsoring organization have excess business holdings at any time during the year?   |                   | 8        |     |    |  |  |  |  |  |
| 9   | Sponsoring organizations maintaining donor advised funds.  |                   | 9a       |     |    |  |  |  |  |  |
| a Did the sponsoring organization make any taxable distributions under section 4966?                                      |  |                   |          |     |    |  |  |  |  |  |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                    |                   | 9b       |     |    |  |  |  |  |  |
| 10  | Section 501(c)(7) organizations. Enter:  | ا مه              |          |     |    |  |  |  |  |  |
| a   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a<br>10b        |          |     |    |  |  |  |  |  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 100               |          |     |    |  |  |  |  |  |
| 11  | · · · · · ·  | 140               |          |     |    |  |  |  |  |  |
| a<br>h  | Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against | 11a               |          |     |    |  |  |  |  |  |
| b   | amounts due or received from them.)  | 11b               |          |     |    |  |  |  |  |  |
| 122   | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                                 |                   | 12a      |     |    |  |  |  |  |  |
|   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b               | 124      |     |    |  |  |  |  |  |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 12.0              |          |     |    |  |  |  |  |  |
|   | Is the organization licensed to issue qualified health plans in more than one state?   |                   | 13a      |     |    |  |  |  |  |  |
| _   | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                             |                   | 100      |     |    |  |  |  |  |  |
| 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   | 13b               |          |     |    |  |  |  |  |  |
| С   | Enter the amount of reserves on hand   | 13c               |          |     |    |  |  |  |  |  |
| 14a   |  | <b>-</b>          | 14a      |     | Х  |  |  |  |  |  |
|   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu                                |                   | 14b      |     |    |  |  |  |  |  |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune                                 |                   |          |     |    |  |  |  |  |  |
| excess parachute payment(s) during the year?  |  |                   |          |     |    |  |  |  |  |  |
|   | If "Yes," see the instructions and file Form 4720, Schedule N.   |                   | 15       |     |    |  |  |  |  |  |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investmen                               | t income?         | 16       |     | Х  |  |  |  |  |  |
|   | If "Yes," complete Form 4720, Schedule O.  |                   |          |     |    |  |  |  |  |  |
| 17  | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac                                | tivities          |          |     |    |  |  |  |  |  |
|   | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   |                   | 17       |     |    |  |  |  |  |  |
|   | If "Yes." complete Form 6069.  |                   |          |     |    |  |  |  |  |  |

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

|  |  |                           |         |            |        | Λ    |  |  |  |
|--|--|---------------------------|---------|------------|--------|------|--|--|--|
| Sec  | tion A. Governing Body and Management  |                           |         |            |        |      |  |  |  |
|  |  | 1 1                       | a a E   |            | Yes    | No   |  |  |  |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year  | 1a                        | 11      |            |        |      |  |  |  |
|  | 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 on line 1a, above, who are independent   | 1b                        | _9      |            |        |      |  |  |  |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh  | ip with any other         |         |            |        |      |  |  |  |
|  | officer, director, trustee, or key employee?   |                           | L       | 2          | Х      |      |  |  |  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the   | ne direct supervision     |         |            |        |      |  |  |  |
|  | of officers, directors, trustees, or key employees to a management company or other person?  |                           | L       | 3          |        | X    |  |  |  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form  | 990 was filed?            | Г       | 4          |        | Х    |  |  |  |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? |  |                           |         |            |        |      |  |  |  |
| 6  | Did the organization have members or stockholders?   |                           | Г       | 6          |        | X    |  |  |  |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or a  |                           |         |            |        |      |  |  |  |
|  | more members of the governing body?  |                           |         | 7a         |        | X    |  |  |  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |                           | ···· [  |            |        |      |  |  |  |
|  | persons other than the governing body?   |                           |         | 7b         |        | Х    |  |  |  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye  |                           | ····    |            |        |      |  |  |  |
| а  | The governing body?  |                           |         | 8a         | Х      |      |  |  |  |
| b  | Each committee with authority to act on behalf of the governing body?  |                           |         | 8b         | Х      |      |  |  |  |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea  |                           | ····    |            |        |      |  |  |  |
| -  | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  |                           |         | 9          |        | Х    |  |  |  |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Fi   |                           |         |            |        |      |  |  |  |
|  |  |                           |         |            | Yes    | No   |  |  |  |
| 10a  | Did the organization have local chapters, branches, or affiliates?   |                           | Γ       | 10a        |        | X    |  |  |  |
|  | If "Yes," did the organization have written policies and procedures governing the activities of such or  |                           | ···· ├  |            |        |      |  |  |  |
| -  | 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 boo   |                           | г       | 11a        | Х      |      |  |  |  |
| b  | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  | ay belote illing the form | "       |            |        |      |  |  |  |
| 12a  | and the second s |                           |         |            |        |      |  |  |  |
| b  | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise  |                           |         | 12a<br>12b | X      |      |  |  |  |
|  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")  |                           | ····    | 12.0       |        |      |  |  |  |
| Ŭ  | on Schedule O how this was done  |                           |         | 12c        | Х      |      |  |  |  |
| 13   |  |                           | г       | 13         | X      |      |  |  |  |
| 14   | Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  |                           |         | 14         | X      |      |  |  |  |
| 15   | Did the process for determining compensation of the following persons include a review and approv  |                           | }       |            |        |      |  |  |  |
|  | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | •                         |         |            |        |      |  |  |  |
| 9  | The organization's CEO, Executive Director, or top management official   |                           |         | 15a        | Х      |      |  |  |  |
|  | Other officers or key employees of the organization  |                           |         | 15b        |        | X    |  |  |  |
| D  | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |                           | }       | .55        |        |      |  |  |  |
| 162  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   | ment with a               |         |            |        |      |  |  |  |
| ioa  |  |                           |         | 16a        |        | Х    |  |  |  |
| h  | taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization the organization the organization the organization the organization to evaluate the organization |                           | ····    | ioa        |        |      |  |  |  |
| D  | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati |                           |         |            |        |      |  |  |  |
|  |  | inzation 3                |         | 16b        |        |      |  |  |  |
| Sec  | exempt status with respect to such arrangements?tion C. Disclosure   |                           |         | 100        |        |      |  |  |  |
| 17   | List the states with which a copy of this Form 990 is required to be filed CA  |                           |         |            |        |      |  |  |  |
| 18   | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a   | and 990-T (section 501    | (C)(3)  | s only     | avails | able |  |  |  |
|  | for public inspection. Indicate how you made these available. Check all that apply.  | 555 1 (55511011 551       | (3)(0)0 | - O. II y) | arun   |      |  |  |  |
|  |  | on Schedule O)            |         |            |        |      |  |  |  |
| 19   | Describe on Schedule O whether (and if so, how) the organization made its governing documents, c   |                           | v and   | l finar    | ncial  |      |  |  |  |
|  | statements available to the public during the tax year.  | ormot of interest polic   | y, and  | a 111101   | ioiai  |      |  |  |  |
| 20   | State the name, address, and telephone number of the person who possesses the organization's bo  | noks and records          |         |            |        |      |  |  |  |
| 20   | THE ORGANIZATION - 771 240-3714  | ons and records           |         |            |        |      |  |  |  |
|  | 171 PIER AVENUE, NO. 313, SANTA MONICA, CA 90405   |                           |         |            |        |      |  |  |  |
|  |  |                           |         |            |        |      |  |  |  |

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

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

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

- 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.
- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

| (A) Name and title                          | (B) Average hours per week   | officer and a direct           |                       | ition<br>more than one<br>rson is both an |              |                                 | (D)  Reportable compensation from | (E) Reportable compensation from related            | (F) Estimated amount of other                 |  |
|---|--|--------------------------------|-----------------------|---|--------------|---------------------------------|-----------------------------------|---|---|--|
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer                                   | Key employee | Highest compensated<br>employee | Former                            | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) LAUREN KUNIS<br>CHIEF EXECUTIVE OFFICER | 60.00  |                                |                       | Х   |              |                                 |                                   | 158,075.  | 0.  | 0.   |
| (2) ROY SPECKHARDT                          | 40.00  |                                |                       |   |              |                                 |                                   |   |   |  |
| DEVELOPMENT DIRECTOR                        |  |                                |                       |   |              | Х                               |                                   | 121,422.  | 0.  | 0.   |
| (3) MARISA CARR                             | 40.00  |                                |                       |   |              |                                 |                                   |   |   |  |
| OPERATIONS AND FINANCE DIR                  |  |                                |                       |   |              | Х                               |                                   | 111,338.  | 0.  | 0.   |
| (4) PAMELA PEARSON                          | 40.00  | 1                              |                       |   |              |                                 |                                   |   |   |  |
| NATL VOTER ID DIRECTOR                      | 60.00  |                                |                       |   |              | Х                               |                                   | 109,430.  | 0.  | 0.   |
| (5) KATHLEEN UNGER                          | 60.00  | ۱.,                            |                       | ,,  |              |                                 |                                   | 0   | _   | 0  |
| BOARD CHAIR AND PRESIDENT                   | 2.00   | Х                              |                       | Х   |              |                                 |                                   | 0.  | 0.  | 0.   |
| (6) SEAN SHAW                               | 2.00   | X                              |                       | x   |              |                                 |                                   | 0.  | 0.  | 0.   |
| VICE PRESIDENT                              | 2.00   | ^                              |                       | _   |              |                                 |                                   | 0.  | 0.  | 0.   |
| (7) YOLANDA PARKER<br>SECRETARY             | 2.00   | x                              |                       | x   |              |                                 |                                   | 0.  | 0.  | 0.   |
| (8) ERIC TAPIA                              | 2.00   | 122                            |                       | <u> </u>                                  |              |                                 |                                   | 0.  | 0.  |  |
| TREASURER                                   | 2.00   | x                              |                       | х   |              |                                 |                                   | 0.  | 0.  | 0.   |
| (9) STEPHEN A. UNGER                        | 20.00  |                                |                       | <del> </del>                              |              |                                 |                                   |   | •   |  |
| DIRECTOR                                    |  | X                              |                       |   |              |                                 |                                   | 0.  | 0.  | 0.   |
| (10) RAFAEL COLLAZO                         | 2.00   |                                |                       |   |              |                                 |                                   |   |   | <u> </u>   |
| DIRECTOR                                    |  | X                              |                       |   |              |                                 |                                   | 0.  | 0.  | 0.   |
| (11) LOUIS W FRILLMAN                       | 2.00   |                                |                       |   |              |                                 |                                   |   |   |  |
| DIRECTOR                                    |  | Х                              |                       |   |              |                                 |                                   | 0.  | 0.  | 0.   |
| (12) KHALID PITTS                           | 2.00   |                                |                       |   |              |                                 |                                   |   |   |  |
| DIRECTOR                                    |  | Х                              |                       |   |              |                                 |                                   | 0.  | 0.  | 0.   |
| (13) JULIANNA SMOOT                         | 2.00   |                                |                       |   |              |                                 |                                   |   |   |  |
| DIRECTOR                                    |  | Х                              |                       |   |              |                                 |                                   | 0.  | 0.  | 0.   |
| (14) RICK WILSON                            | 2.00   | l                              |                       |   |              |                                 |                                   |   |   |  |
| DIRECTOR                                    | 0.00   | Х                              |                       |   |              |                                 |                                   | 0.  | 0.  | 0.   |
| (15) MONA STRASSBURGER                      | 2.00   | ١                              |                       |   |              |                                 |                                   | 0   |   | •  |
| DIRECTOR                                    |  | Х                              |                       |   |              |                                 |                                   | 0.  | 0.  | 0.   |
|   |  | ┨                              |                       |   |              |                                 |                                   |   |   |  |
|   |  | $\vdash$                       | $\vdash$              | _   |              | $\vdash$                        | <u> </u>                          |   |   |  |
|   |  | 1                              |                       |   |              |                                 |                                   |   |   |  |
|   | 1  | 1                              |                       |   | 1            | 1                               |                                   |   | 1   |  |

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

|               | (A) Name and title  | (B) Average hours per  | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |      | (D)  Reportable compensation | (E)  Reportable compensation |      | (F) Estimated amount of |   |  |                                       |            |  |                         |
|---------------|---|--|--|------|------------------------------|------------------------------|------|-------------------------|---|--|---------------------------------------|------------|--|-------------------------|
|               |   | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) |  |      |                              |                              |      | stee)                   | from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | from related<br>organizations<br>(W-2/1099-MISI<br>1099-NEC) | m related<br>anizations<br>1099-MISC/ |            | other<br>pensa<br>om the<br>anizat<br>d relat<br>anizati | ation<br>e<br>ion<br>ed |
|               |   |  |  |      |                              |                              |      |                         |   |  |                                       |            |  |                         |
|               |   |  |  |      |                              |                              |      |                         |   |  | _                                     |            |  |                         |
|               |   |  |  |      |                              |                              |      |                         |   |  | -                                     |            |  |                         |
|               |   |  |  |      |                              |                              |      |                         |   |  | 1                                     |            |  |                         |
|               |   |  |  |      |                              |                              |      |                         |   |  |                                       |            |  |                         |
|               |   |  |  |      |                              |                              |      |                         |   |  | $\Box$                                |            |  |                         |
|               |   |  |  |      |                              |                              |      |                         |   |  | $\dashv$                              |            |  |                         |
|               | ototal  |  |  |      |                              |                              |      |                         | 500,265.  |  | 0.                                    |            |  | 0.                      |
| d Tota        | al from continuation sheets to Part VI al (add lines 1b and 1c) al number of individuals (including but n                     |  |  |      |                              |                              |      |                         | 500,265.  | 000 of reportable  | 0.                                    |            |  | 0.                      |
|               | pensation from the organization   |  |  |      |                              |                              |      |                         |   | .,000 01 1000114011  |                                       |            | Yes  | 4<br>No                 |
| line          | the organization list any <b>former</b> officer, 1a? If "Yes," complete Schedule J for s                                      | uch individual   |  |      |                              |                              |      |                         |   |  |                                       | 3          |  | Х                       |
| and           | any individual listed on line 1a, is the surelated organizations greater than \$150 any person listed on line 1a receive or a | 0,000? If "Yes,  | " co   | mple | ete S                        | Sch                          | edul | e J                     | for such individual   |  |                                       | 4          | Х  |                         |
| rend          | dered to the organization? <i>If</i> "Yes," <i>com</i> <b>B. Independent Contractors</b>                                      |  |  |      |                              |                              |      |                         |   |  |                                       | 5          |  | Х                       |
|               | nplete this table for your five highest co<br>organization. Report compensation for   | •  | -  |      |                              |                              |      |                         | n the organization's tax                                    |  | pensa                                 |            |  |                         |
|               | (A)<br>Name and business  | address  | NC   | INC  | Ξ                            |                              |      |                         | <b>(B)</b><br>Description of s                              | services   | C                                     | (C<br>ompe | s)<br>nsatio   | n                       |
|               |   |  |  |      |                              |                              |      |                         |   |  |                                       |            |  |                         |
|               | _   |  |  |      |                              |                              |      |                         |   |  |                                       |            |  |                         |
|               |   |  |  |      |                              |                              |      |                         |   |  |                                       |            |  |                         |
| <b>2</b> Tota | al number of independent contractors (i   | neludina but a   | ot III   | mito | .d +c                        | the                          |      | otor                    | d abovo) who received a                                     | poro than  |                                       |            |  |                         |
|               | 0,000 of compensation from the organiz  | •  | OL III   |      | u 10                         |                              | 0    | عد ح(                   | above, who received H                                       | IOIE HIAH  |                                       | Form       | 990 (  | 2023)                   |

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45-5081831 VOTERIDERS Form 990 (2023) Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,072,140. similar amounts not included above 1f 24,852 1g \$ g Noncash contributions included in lines 1a-1f 4,072,140. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 127,584. 127,584. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses ..... 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a

12 332009 12-21-23 127,584. Form **990** (2023)

4,199,724.

0.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

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# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Do:     | Check if Schedule O contains a responsor include amounts reported on lines 6b, | (A)            | (B)                         | (C)                             | (D)                  |
|---------|--|----------------|-----------------------------|---------------------------------|----------------------|
|         | 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service<br>expenses | Management and general expenses | Fundraising expenses |
| 1       | Grants and other assistance to domestic organizations                          |                |                             |                                 |                      |
|         | and domestic governments. See Part IV, line 21                                 |                |                             |                                 |                      |
| 2       | Grants and other assistance to domestic  |                |                             |                                 |                      |
|         | individuals. See Part IV, line 22  |                |                             |                                 |                      |
| 3       | Grants and other assistance to foreign   |                |                             |                                 |                      |
|         | organizations, foreign governments, and foreign                                |                |                             |                                 |                      |
|         | individuals. See Part IV, lines 15 and 16                                      |                |                             |                                 |                      |
| 4       | Benefits paid to or for members  |                |                             |                                 |                      |
| 5       | Compensation of current officers, directors,                                   | 150 075        | 102 740                     | 21 615                          | 22 711               |
|         | trustees, and key employees  | 158,075.       | 102,749.                    | 31,615.                         | 23,711               |
| 6       | Compensation not included above to disqualified                                |                |                             |                                 |                      |
|         | persons (as defined under section 4958(f)(1)) and                              |                |                             |                                 |                      |
|         | persons described in section 4958(c)(3)(B)                                     | 1 720 756      | 1 506 170                   | 106 722                         | 106 054              |
| 7       | Other salaries and wages   | 1,739,756.     | 1,526,170.                  | 106,732.                        | 106,854              |
| 8       | Pension plan accruals and contributions (include                               |                |                             |                                 |                      |
| _       | section 401(k) and 403(b) employer contributions)                              |                |                             |                                 |                      |
| 9       | Other employee benefits  |                |                             |                                 |                      |
| 10      | Payroll taxes  |                |                             |                                 |                      |
| 11      | Fees for services (nonemployees):  |                |                             |                                 |                      |
| a       | Management   |                |                             |                                 |                      |
| b       | Legal  |                |                             |                                 |                      |
| С.      | •  |                |                             |                                 |                      |
|         | Lobbying   |                |                             |                                 |                      |
| e       | · ·  |                |                             |                                 |                      |
| f       | Investment management fees   |                |                             |                                 |                      |
| g       | , -  | 295,585.       | 112,901.                    | 53,260.                         | 120 424              |
|         | column (A), amount, list line 11g expenses on Sch O.)                          | 493,303.       | 112,901.                    | 33,200.                         | 129,424              |
| 12      | Advertising and promotion  | 344,184.       | 232,033.                    | 39,876.                         | 72,275               |
| 13      | Office expenses  | 344,104.       | 232,033.                    | 39,070.                         | 12,213               |
| 14      | Information technology   |                |                             |                                 |                      |
| 15      | Royalties  |                |                             |                                 |                      |
| 16      | Occupancy  |                |                             |                                 |                      |
| 17      | Travel   |                |                             |                                 |                      |
| 18      | Payments of travel or entertainment expenses                                   |                |                             |                                 |                      |
| 40      | for any federal, state, or local public officials                              |                |                             |                                 |                      |
| 19      | Conferences, conventions, and meetings   |                |                             |                                 |                      |
| 20      | Interest  Payments to offiliates   |                |                             |                                 |                      |
| 21      | Payments to affiliates   | 58,932.        | 13,150.                     | 1,879.                          | 43,903               |
| 22      | Depreciation, depletion, and amortization                                      | 50,552.        | 13,130•                     | 1,010.                          | =3,,00               |
| 23      | InsuranceOther expenses not covered  |                |                             |                                 |                      |
| 24      | above. (List miscellaneous expenses on line 24e. If                            |                |                             |                                 |                      |
|         | line 24e amount exceeds 10% of line 25, column (A),                            |                |                             |                                 |                      |
| _       | amount, list line 24e expenses on Schedule 0.) EDUCATION, OUTREACH AND         | 845,090.       | 845,090.                    |                                 |                      |
| a<br>h  | INSURANCE, TAXES & LICEN   | 140,311.       | 120,667.                    | 6,075.                          | 13,569               |
| n       |  | <u> </u>       | -20,007 <b>•</b>            | 0,013.                          | 10,000               |
| q       |  |                |                             |                                 |                      |
| d       | All other expenses   |                |                             |                                 |                      |
| е<br>25 | Total functional expenses. Add lines 1 through 24e                             | 3,581,933.     | 2,952,760.                  | 239,437.                        | 389,736              |
| 26      | Joint costs. Complete this line only if the organization                       | 3,331,3331     | 2,332,100                   | 200, 2016                       | 305,130              |
| 20      | reported in column (B) joint costs from a combined                             |                |                             |                                 |                      |
|         | educational campaign and fundraising solicitation.                             |                |                             |                                 |                      |
|         | Check here fif following SOP 98-2 (ASC 958-720)                                |                |                             |                                 |                      |
|         | 11 IOIIOWING SUP 98-2 (ASC 958-720)  |                |                             |                                 | Eorm <b>990</b> (202 |

Form **990** (2023)

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Part X Balance Sheet VOTERIDERS

| . ui                        | LX | Check if Schedule O contains a response or note to any line in this Part X    |                          |     |                          |
|-----------------------------|----|---|--------------------------|-----|--------------------------|
|                             |    | Oneon is observate of contains a response of flore to any line in this Part X | (A)                      |     | (B)                      |
|                             |    |   | Beginning of year        |     | End of year              |
|                             | 1  | Cash - non-interest-bearing   | 100 660                  | 1   | 241,970.                 |
|                             | 2  | Cash - non-interest-bearing Savings and temporary cash investments            | 4 0 6 5 4 0 0            | 2   | 2,706,828.               |
|                             | 3  | Pledges and grants receivable, net  |                          | 3   | 728,584.                 |
|                             | 4  | Accounts receivable, net  |                          | 4   | , _ 0, 00 _ 0            |
|                             | 5  | Loans and other receivables from any current or former officer, director,     |                          | 7   |                          |
|                             | J  | 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   |                          |
| σ.                          | 7  | Notes and loans receivable, net   |                          | 7   |                          |
| Assets                      | 8  | Inventories for sale or use   |                          | 8   |                          |
| As                          | 9  | Prepaid expenses and deferred charges   | 1 15 /00                 | 9   | 31,174.                  |
|                             |    | Land, buildings, and equipment: cost or other                                 |                          | _   | •                        |
|                             |    | basis. Complete Part VI of Schedule D 10a                                     |                          |     |                          |
|                             | b  | Less: accumulated depreciation 10b  |                          | 10c |                          |
|                             | 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   | 0.4 40.4                 | 14  | 89,003.                  |
|                             | 15 | Other assets. See Part IV, line 11  |                          | 15  | 0.                       |
|                             | 16 | Total assets. Add lines 1 through 15 (must equal line 33)                     | 2 (2( 240                | 16  | 3,797,559.               |
|                             | 17 | Accounts payable and accrued expenses   |                          | 17  | 154,309.                 |
|                             | 18 | Grants payable  |                          | 18  |                          |
|                             | 19 | Deferred revenue  |                          | 19  |                          |
|                             | 20 | Tax-exempt bond liabilities   |                          | 20  |                          |
|                             | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D         |                          | 21  |                          |
| န္                          | 22 | Loans and other payables to any current or former officer, director,          |                          |     |                          |
| Liabilities                 |    | trustee, key employee, creator or founder, substantial contributor, or 35%    |                          |     |                          |
| iabi                        |    | controlled entity or family member of any of these persons                    |                          | 22  |                          |
| <b>=</b>                    | 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  |                          |     |                          |
|                             |    | of Schedule D   |                          | 25  |                          |
|                             | 26 | Total liabilities. Add lines 17 through 25                                    | 52,894.                  | 26  | 154,309.                 |
| ွ                           |    | Organizations that follow FASB ASC 958, check here                            |                          |     |                          |
| ž                           |    | and complete lines 27, 28, 32, and 33.  | 1 222 -12                |     |                          |
| alar                        | 27 | Net assets without donor restrictions   | 1,983,719.               | 27  | 2,875,742.               |
| Ä                           | 28 | Net assets with donor restrictions  | 589,627.                 | 28  | 767,508.                 |
| Ğ                           |    | Organizations that do not follow FASB ASC 958, check here                     |                          |     |                          |
| ř                           |    | and complete lines 29 through 33.   |                          |     |                          |
| ţş                          | 29 | Capital stock or trust principal, or current funds                            |                          | 29  |                          |
| Sse                         | 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  | 2 6/2 252                |
| Š                           | 32 | Total net assets or fund balances   | 2,573,346.<br>2,626,240. | 32  | 3,643,250.<br>3,797,559. |
|                             | 33 | Total liabilities and net assets/fund balances                                |                          | 33  |                          |

Form **990** (2023)

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| Pai              | rt XI Reconciliation of Net Assets   |           |              |                   |            |  |  |  |
|------------------|--|-----------|--------------|-------------------|------------|--|--|--|
|                  | Check if Schedule O contains a response or note to any line in this Part XI  |           |              |                   |            |  |  |  |
| 1<br>2<br>3<br>4 | Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 1 2 3 4 2 | 1,19<br>3,58 | 9,7<br>1,9<br>7,7 | 33.<br>91. |  |  |  |
| 5<br>6           | 7  |           |              |                   |            |  |  |  |
| 7<br>8           | Investment expenses Prior period adjustments   | 8         |              |                   |            |  |  |  |
| 9                | Other changes in net assets or fund balances (explain on Schedule O)   | 9         | 0.           |                   |            |  |  |  |
| 10               |  |           |              |                   |            |  |  |  |
| Pai              | rt XII Financial Statements and Reporting  |           |              |                   |            |  |  |  |
|                  | Check if Schedule O contains a response or note to any line in this Part XII   |           |              |                   | Ш          |  |  |  |
| 1<br>2a          | · · · · · · · · · · · · · · · · · · ·  |           |              |                   |            |  |  |  |
| b                | separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  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:  X Separate basis  Consolidated basis  Both consolidated and separate basis |           |              |                   |            |  |  |  |
| С                | 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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |           |              |                   |            |  |  |  |
|                  | <ul> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> </ul>  |           |              |                   |            |  |  |  |
|                  | or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |           | 3b<br>Form   | 990               | (2023)     |  |  |  |

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VOTERIDERS Employer identification number 45-5081831

| Pa  | rt I   | Reason for Public (   | Charity Status.                       | All organizations must o                | omplete th                 | nis part.) S    | ee instructions.                |                            |  |  |  |  |
|-----|--------|---|---------------------------------------|---|----------------------------|-----------------|---------------------------------|----------------------------|--|--|--|--|
| he  | organi | ization is not a private found  |                                       |   |                            |                 |                                 |                            |  |  |  |  |
| 1   |        | A church, convention of ch  |                                       |   |                            |                 |                                 |                            |  |  |  |  |
| 2   |        | A school described in <b>secti</b>  | •                                     |   |                            |                 |                                 |                            |  |  |  |  |
| 3   |        | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
| 4   | Ħ      | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,  |                                       |   |                            |                 |                                 |                            |  |  |  |  |
| •   |        | city, and state:  | ation operated in col                 | njanotion with a noopita                | i described                | a 111 000 110   | ii ii o(b)( i)(A)(iii)i Eineoi  | the hoopital o hame,       |  |  |  |  |
| 5   |        |   | or the benefit of a co                | llogo or university owner               | d or operat                | tod by a a      | overnmental unit describ        | and in                     |  |  |  |  |
| 3   |        | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
| _   |        | section 170(b)(1)(A)(iv). (Complete Part II.)   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
| 6   | v      | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in |                                       |   |                            |                 |                                 |                            |  |  |  |  |
| 7   | X      |   |                                       | ntial part of its support i             | rom a gov                  | ernmental       | unit or from the general        | public described in        |  |  |  |  |
|     |        | section 170(b)(1)(A)(vi). (Co   | •                                     |   |                            |                 |                                 |                            |  |  |  |  |
| 8   | Н      | A community trust describe  | ed in <b>section 170(b)(</b>          | 1)(A)(vi). (Complete Par                | t II.)                     |                 |                                 |                            |  |  |  |  |
| 9   |        | An agricultural research org  | ganization described                  | in section 170(b)(1)(A)(                | ix) operate                | ed in conju     | ınction with a land-grant       | college                    |  |  |  |  |
|     |        | or university or a non-land-g   | grant college of agric                | ulture (see instructions).              | Enter the                  | name, city      | , and state of the colleg       | e or                       |  |  |  |  |
|     |        | university:   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
| 10  |        | An organization that norma  | lly receives (1) more                 | than 33 1/3% of its sup                 | port from (                | contributio     | ons, membership fees, a         | nd gross receipts from     |  |  |  |  |
|     |        | activities related to its exem  | npt functions, subjec                 | t to certain exceptions;                | and (2) no                 | more than       | n 33 1/3% of its support        | from gross investment      |  |  |  |  |
|     |        | income and unrelated busin  | ness taxable income                   | (less section 511 tax) fr               | om busine                  | sses acqu       | ired by the organization        | after June 30, 1975.       |  |  |  |  |
|     |        | See section 509(a)(2). (Cor   | mplete Part III.)                     |   |                            |                 |                                 |                            |  |  |  |  |
| 11  |        | An organization organized a   |                                       | ively to test for public sa             | fety. See                  | section 50      | )9(a)(4).                       |                            |  |  |  |  |
| 12  |        | An organization organized a   | and operated exclusi                  | ively for the benefit of, to            | perform t                  | the functio     | ons of, or to carry out the     | purposes of one or         |  |  |  |  |
|     |        | more publicly supported or  | ganizations describe                  | ed in <b>section 509(a)(1)</b> o        | r section                  | 509(a)(2).      | See <b>section 509(a)(3).</b> ( | Check the box on           |  |  |  |  |
|     |        | lines 12a through 12d that  | ~                                     |   |                            |                 |                                 |                            |  |  |  |  |
| а   |        | Type I. A supporting orga   |                                       |   |                            | •               | , ,                             | aivina                     |  |  |  |  |
|     |        | the supported organization  | · · · · · · · · · · · · · · · · · · · |   |                            | •               |                                 |                            |  |  |  |  |
|     |        | organization. You must c  |                                       |   |                            |                 |                                 |                            |  |  |  |  |
| h   |        | Type II. A supporting organization  | -                                     |   | tion with it               | e sunnorti      | ed organization(s), by ha       | vina                       |  |  |  |  |
| -   |        | control or management o   | · ·                                   |   |                            |                 |                                 | -                          |  |  |  |  |
|     |        | organization(s). You mus  |                                       |   | arric perse                | nis triat oc    | ontrol of manage the sup        | ported                     |  |  |  |  |
| _   |        | Type III functionally inte  |                                       |   | in connoc                  | tion with       | and functionally intograt       | ad with                    |  |  |  |  |
| ·   |        | its supported organization  |                                       |   |                            |                 | • •                             | sa with,                   |  |  |  |  |
| d   |        | Type III non-functionally   |                                       | •                                       |                            |                 |                                 | zotion(a)                  |  |  |  |  |
| u   |        |   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
|     |        | that is not functionally int  | -                                     |   | •                          |                 | =                               | iveriess                   |  |  |  |  |
|     |        | requirement (see instructi  | •                                     | •                                       | •                          |                 |                                 |                            |  |  |  |  |
| е   |        | Check this box if the orga  |                                       |   |                            |                 | i Type i, Type ii, Type iii     |                            |  |  |  |  |
| _   | C-4-   | functionally integrated, or   |                                       | , | ing organiz                | zation.         |                                 |                            |  |  |  |  |
| †   | _      | r the number of supported or<br>ride the following information  |                                       | d organization(s)                       |                            |                 |                                 |                            |  |  |  |  |
| g   |        | Name of supported   | (ii) EIN                              | (iii) Type of organization              | (iv) Is the orga           | nization listed | (v) Amount of monetary          | (vi) Amount of other       |  |  |  |  |
|     | ,      | organization  | (-,                                   | (described on lines 1-10                | in your governi <b>Yes</b> | ng document?    | support (see instructions)      | support (see instructions) |  |  |  |  |
|     |        |   |                                       | above (see instructions))               | 163                        | 140             |                                 |                            |  |  |  |  |
|     |        |   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
|     |        |   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
|     |        |   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
|     |        |   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
|     |        |   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
|     |        |   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
|     |        |   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
|     |        |   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
|     |        |   |                                       |   |                            |                 |                                 |                            |  |  |  |  |
| ota | ı      |   |                                       |   |                            |                 |                                 |                            |  |  |  |  |

Schedule A (Form 990) 2023

VOTERIDERS

| Part II | Suppor | t Schedule for | Organizations | Described in Sections | 170(b)(1)(A)(iv) and | 170(b)(1)(A)(vi) |
|---------|--------|----------------|---------------|-----------------------|----------------------|------------------|

(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 organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support  |                             |                       |                           |                             |                     |                |
|------|--|-----------------------------|-----------------------|---------------------------|-----------------------------|---------------------|----------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2019                    | <b>(b)</b> 2020       | (c) 2021                  | (d) 2022                    | (e) 2023            | (f) Total      |
| 1    | Gifts, grants, contributions, and  |                             |                       |                           |                             |                     |                |
|      | membership fees received. (Do not  |                             |                       |                           |                             |                     |                |
|      | include any "unusual grants.")   | 718,560.                    | 2,043,998.            | 1,468,848.                | 3,575,091.                  | 4,072,140.          | 11,878,637.    |
| 2    | Tax revenues levied for the organ-   |                             |                       |                           |                             |                     |                |
|      | ization'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    | Total. Add lines 1 through 3   | 718,560.                    | 2,043,998.            | 1,468,848.                | 3,575,091.                  | 4,072,140.          | 11,878,637.    |
|      | 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)   |                             |                       |                           |                             |                     | 54,745.        |
| 6    | Public support. Subtract line 5 from line 4.   |                             |                       |                           |                             |                     | 11,823,892.    |
| Sec  | ction B. Total Support   |                             |                       |                           |                             |                     |                |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2019                    | <b>(b)</b> 2020       | (c) 2021                  | (d) 2022                    | (e) 2023            | (f) Total      |
| 7    | Amounts from line 4  | 718,560.                    | 2,043,998.            | 1,468,848.                | 3,575,091.                  | 4,072,140.          | 11,878,637.    |
|      | Gross income from interest,  |                             |                       |                           |                             |                     |                |
|      | dividends, payments received on  |                             |                       |                           |                             |                     |                |
|      | securities loans, rents, royalties,  |                             |                       |                           |                             |                     |                |
|      | and income from similar sources  | 22,039.                     | 36,987.               | 13,269.                   | -74,291.                    | 127,584.            | 125,588.       |
| 9    | Net income from unrelated business   |                             |                       |                           |                             |                     |                |
|      | activities, whether or not the   |                             |                       |                           |                             |                     |                |
|      | business is regularly carried on   |                             |                       |                           |                             |                     |                |
| 10   | Other income. Do not include gain  |                             |                       |                           |                             |                     |                |
|      | or loss from the sale of capital   |                             |                       |                           |                             |                     |                |
|      | assets (Explain in Part VI.)   |                             |                       |                           |                             |                     |                |
| 11   |  |                             |                       |                           |                             |                     | 12,004,225.    |
| 12   | Gross receipts from related activities,  | etc. (see instruction       | ons)                  |                           |                             | 12                  | 104,673.       |
| 13   | First 5 years. If the Form 990 is for th   | ne organization's fi        | rst, second, third, f | fourth, or fifth tax      | year as a section 5         | 501(c)(3)           |                |
|      | organization, check this box and stop  | here                        |                       |                           |                             |                     |                |
| Sec  | ction C. Computation of Publ   | ic Support Pe               | rcentage              |                           |                             |                     |                |
| 14   | Public support percentage for 2023 (   | line 6, column (f), d       | livided by line 11, o | column (f))               |                             | 14                  | 98.50 %        |
| 15   | Public support percentage from 2022  | Schedule A, Part            | II, line 14           |                           |                             | 15                  | 96.47 %        |
| 16a  | 33 1/3% support test - 2023. If the o  | organization did no         | t check the box or    | n line 13, and line       | 14 is 33 1/3% or n          | nore, check this bo |                |
|      | stop here. The organization qualifies as a publicly supported organization   |                             |                       |                           |                             |                     |                |
| b    | b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box |                             |                       |                           |                             |                     |                |
|      | and <b>stop here.</b> The organization qualifies as a publicly supported organization  |                             |                       |                           |                             |                     |                |
| 17a  | 10% -facts-and-circumstances tes   | <b>t - 2023.</b> If the org | anization did not c   | heck a box on line        | e 13, 16a, or 16b, a        | and line 14 is 10%  | or more,       |
|      | and if the organization meets the fact   | s-and-circumstand           | es test, check this   | box and stop her          | r <b>e.</b> Explain in Part | VI how the organiz  | ation          |
|      | meets the facts-and-circumstances to   | est. The organization       | on qualifies as a pu  | iblicly supported o       | organization                |                     |                |
| b    | 10% -facts-and-circumstances tes   | <b>t - 2022.</b> If the org | anization did not c   | heck a box on line        | e 13, 16a, 16b, or          | 17a, and line 15 is | 10% or         |
|      | more, and if the organization meets the  | ne facts-and-circun         | nstances test, che    | ck this box and <b>st</b> | <b>op here.</b> Explain ir  | Part VI how the     |                |
|      | organization meets the facts-and-circ  | umstances test. Th          | ne organization qua   | alifies as a publicly     | y supported organ           | ization             |                |
| 18   | Private foundation. If the organization  | n did not check a           | box on line 13, 16a   | a, 16b, 17a, or 17b       | o, check this box a         | nd see instructions | s              |
|      |  |                             |                       |                           |                             | Schodulo A          | Form 990) 2023 |

332022 12-21-23

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se          | ction A. Public Support  |                     | ,                    |                      |                   |   |           |
|-------------|--|---------------------|----------------------|----------------------|-------------------|---|-----------|
| Cale        | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2019     | <b>(b)</b> 2020      | (c) 2021             | (d) 2022          | (e) 2023  | (f) Total |
| 1           | Gifts, grants, contributions, and  |                     |                      |                      |                   |   |           |
|             | membership fees received. (Do not  |                     |                      |                      |                   |   |           |
|             | include any "unusual grants.")   |                     |                      |                      |                   |   |           |
| 2           | Gross receipts from admissions,  |                     |                      |                      |                   |   |           |
|             | merchandise sold or services per-  |                     |                      |                      |                   |   |           |
|             | formed, 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 bus-   |                     |                      |                      |                   |   |           |
|             | iness under section 513  |                     |                      |                      |                   |   |           |
| 4           | Tax revenues levied for the organ-   |                     |                      |                      |                   |   |           |
|             | ization'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   |                     |                      |                      |                   |   |           |
| 78          | Amounts included on lines 1, 2, and  |                     |                      |                      |                   |   |           |
|             | 3 received from disqualified persons   |                     |                      |                      |                   |   |           |
| k           | 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   |                     |                      |                      |                   |   |           |
|             | Add lines 7a and 7b  |                     |                      |                      |                   |   |           |
|             | Public support. (Subtract line 7c from line 6.)                                      |                     |                      |                      |                   |   |           |
|             | ction B. Total Support   |                     | 1                    |                      |                   |   |           |
|             | endar year (or fiscal year beginning in)   | (a) 2019            | <b>(b)</b> 2020      | (c) 2021             | (d) 2022          | (e) 2023  | (f) Total |
|             | Amounts from line 6  |                     |                      |                      |                   |   |           |
| 10a         | Gross income from interest, dividends, payments received on                          |                     |                      |                      |                   |   |           |
|             | securities loans, rents, royalties,  |                     |                      |                      |                   |   |           |
|             | and income from similar sources  |                     |                      |                      |                   |   |           |
| k           | Unrelated business taxable income  |                     |                      |                      |                   |   |           |
|             | (less section 511 taxes) from businesses   |                     |                      |                      |                   |   |           |
|             | acquired after June 30, 1975   |                     |                      |                      |                   |   |           |
|             | Add lines 10a and 10b  |                     |                      |                      |                   |   |           |
| 11          | Net income from unrelated business activities not included on line 10b,              |                     |                      |                      |                   |   |           |
|             | whether or not the business is   |                     |                      |                      |                   |   |           |
|             | regularly carried on   |                     |                      |                      |                   |   |           |
| 12          | Other income. Do not include gain or loss from the sale of capital                   |                     |                      |                      |                   |   |           |
|             | assets (Explain in Part VI.)   |                     |                      |                      |                   |   |           |
|             | Total support. (Add lines 9, 10c, 11, and 12.)                                       |                     |                      |                      |                   |   |           |
| 14          | First 5 years. If the Form 990 is for the  | e organization's fi | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organizat                               | tion,     |
| <del></del> | check this box and stop here   |                     |                      |                      |                   |   | <u></u>   |
|             | ction C. Computation of Publ   |                     |                      |                      |                   | TaeT  |           |
|             | Public support percentage for 2023 (I  |                     |                      |                      |                   | 15  | %         |
|             | Public support percentage from 2022 ction D. Computation of Investigation            |                     |                      |                      |                   | 16  | %         |
|             | -  |                     |                      |                      |                   | 17  | 0/        |
|             | Investment income percentage for 20  |                     |                      |                      |                   | <del>                                      </del> | <u>%</u>  |
|             | Investment income percentage from 2  |                     |                      |                      | o 15 is more than | 18  | 17 is not |
| 198         | a 33 1/3% support tests - 2023. If the   |                     |                      |                      |                   |   |           |
|             | more than 33 1/3%, check this box a  |                     |                      |                      |                   |   |           |
| r           | 33 1/3% support tests - 2022. If the   | •                   |                      |                      | •                 | •   |           |
| 20          | line 18 is not more than 33 1/3%, che  |                     |                      |                      |                   |   |           |

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by 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).
- **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.
- **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 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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 despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|   |      | Yes | No |
|---|------|-----|----|
|   |      |     |    |
|   | 1    |     |    |
|   |      |     |    |
|   | 2    |     |    |
|   |      |     |    |
|   | 3a   |     |    |
|   |      |     |    |
|   | 3b   |     |    |
|   |      |     |    |
|   | 3с   |     |    |
|   | _    |     |    |
|   | 4a   |     |    |
|   |      |     |    |
|   | 4b   |     |    |
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|   |      |     |    |
|   | 5a   |     |    |
|   | - Gu |     |    |
|   | 5b   |     |    |
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|   | 9b   |     |    |
|   |      |     |    |
|   | 9с   |     |    |
|   |      |     |    |
|   | 10a  |     |    |
|   | 106  |     |    |
| _ | 10b  |     |    |

| Par  | rt IV Supporting Organizations (continued)   |                       |      |          |
|------|--|-----------------------|------|----------|
|      | •  |                       | Yes  | No       |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?  |                       |      |          |
| а    | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   |                       |      |          |
|      | 11c below, the governing body of a supported organization?   | 11a                   |      |          |
| b    | A family member of a person described on line 11a above?   | 11b                   |      |          |
| С    | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |                       |      |          |
|      | detail in Part VI.   | 11c                   |      |          |
| Sect | tion 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 of   | 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 superganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amore |                       |      |          |
|      | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 19 1110               |      |          |
|      | 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                     |      |          |
|      | tion C. Type II Supporting Organizations   |                       |      | ·        |
|      |  |                       | Yes  | No       |
| 1    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |                       |      |          |
|      | 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                     |      |          |
|      | tion 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                     |      |          |
|      | 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 <b>Part VI</b> how  |                       |      |          |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2                     |      |          |
|      | By reason of the relationship described on line 2, above, did the organization's supported organizations have 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.   | 3                     |      |          |
| Sect | tion E. Type III Functionally Integrated Supporting Organizations  |                       |      | <u> </u> |
|      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee ins   | tructions).           |      |          |
| а    | The organization satisfied the Activities Test. Complete line 2 below.   | ,                     |      |          |
| b    | The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .  |                       |      |          |
| С    | The organization supported a governmental entity. Describe in Part VI how you supported a governmental en  | ntity (see instructio | ns). |          |
| 2    | Activities Test. Answer lines 2a and 2b below.   |                       | Yes  | No       |
| а    | 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.   | 2a                    |      |          |
| b    | Did the activities described on 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.   | 2b                    |      |          |
|      | Parent of Supported Organizations. Answer lines 3a and 3b below.   |                       |      |          |
| а    | 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.  | 3a                    |      |          |
| 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.

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| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                  | ng Orga      | anizations                    |                                |
|------|---|--------------|-------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust o   | n Nov. 20, 1970 (explain in I | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mus     | st complet   | te Sections A through E.      |                                |
| Sect | ion A - Adjusted Net Income   |              | (A) Prior Year                | (B) Current Year<br>(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            |                               |                                |
| Sect | ion B - Minimum Asset Amount  |              | (A) Prior Year                | (B) Current Year<br>(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):               |              |                               |                                |
| a    | Average monthly value of securities   | 1a           |                               |                                |
| b    | Average monthly cash balances   | 1b           |                               |                                |
| c    | Fair market value of other non-exempt-use assets                                | 1c           |                               |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d           |                               |                                |
| е    | Discount claimed for blockage or other factors                                  |              |                               |                                |
|      | (explain in detail in <b>Part VI</b> ):   |              |                               |                                |
| 2    | 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            |                               |                                |
| Sect | ion 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    | Income tax imposed in prior year  | 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-functional  | ally integra | ated Type III supporting org  | anization (see                 |

Schedule A (Form 990) 2023

instructions).

| Pai      | t V Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Orga        | anizations <sub>(continue</sub>        | d) |   |
|----------|---|-------------------------------|--|----|---|
| Sect     | on D - Distributions  |                               | •                                      |    | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish exe       | mpt purposes                  |  | 1  |   |
| 2        | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported      |  |    |   |
|          | organizations, in excess of income from activity                |                               |  | 2  |   |
| 3        | Administrative expenses paid to accomplish exempt purpose       | es of supported organizatior  | ns                                     | 3  |   |
| 4        | Amounts paid to acquire exempt-use assets                       |                               |  | 4  |   |
| _5       | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     |  | 5  |   |
| 6        | Other distributions (describe in Part VI). See instructions.    |                               |  | 6  |   |
| _7_      | Total annual distributions. Add lines 1 through 6.              |                               |  | 7  |   |
| 8        | Distributions to attentive supported organizations to which the | ne organization is responsive | Э                                      |    |   |
|          | (provide details in Part VI). See instructions.                 |                               |  | 8  |   |
| 9        | Distributable amount for 2023 from Section C, line 6            |                               |  | 9  |   |
| 10       | Line 8 amount divided by line 9 amount                          |                               | 1                                      | 10 |   |
| Sect     | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2023 |    | (iii)<br>Distributable<br>Amount for 2023 |
| 1        | Distributable amount for 2023 from Section C, line 6            |                               |  |    |   |
| 2        | Underdistributions, if any, for years prior to 2023 (reason-    |                               |  |    |   |
|          | able cause required - explain in Part VI). See instructions.    |                               |  |    |   |
| 3        | Excess distributions carryover, if any, to 2023                 |                               |  |    |   |
| a        | From 2018   |                               |  |    |   |
| b        | From 2019   |                               |  |    |   |
| c        | From 2020   |                               |  |    |   |
| d        | From 2021   |                               |  |    |   |
| e        | From 2022   |                               |  |    |   |
|          | Total of lines 3a through 3e                                    |                               |  |    |   |
| <u>g</u> | Applied to underdistributions of prior years                    |                               |  |    |   |
| <u>h</u> | Applied to 2023 distributable amount                            |                               |  |    |   |
| i_       | Carryover from 2018 not applied (see instructions)              |                               |  |    |   |
| j_       | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |  |    |   |
| 4        | Distributions for 2023 from Section D,                          |                               |  |    |   |
|          | line 7: \$  |                               |  |    |   |
|          | Applied to underdistributions of prior years                    |                               |  |    |   |
|          | Applied to 2023 distributable amount                            |                               |  |    |   |
|          | Remainder. Subtract lines 4a and 4b from line 4.                |                               |  |    |   |
| 5        | Remaining underdistributions for years prior to 2023, if        |                               |  |    |   |
|          | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |  |    |   |
|          | than zero, explain in <b>Part VI.</b> See instructions.         |                               |  |    |   |
| 6        | Remaining underdistributions for 2023. Subtract lines 3h        |                               |  |    |   |
|          | and 4b from line 1. For result greater than zero, explain in    |                               |  |    |   |
|          | Part VI. See instructions.                                      |                               |  |    |   |
| 7        | Excess distributions carryover to 2024. Add lines 3j            |                               |  |    |   |
|          | and 4c.   |                               |  |    |   |
| _8_      | Breakdown of line 7:  |                               |  |    |   |
|          | Excess from 2019 Excess from 2020                               |                               |  |    |   |
|          | Excess from 2020 Excess from 2021                               |                               |  |    |   |
|          | Excess from 2022  |                               |  |    |   |

Schedule A (Form 990) 2023

e Excess from 2023

# Schedule B (Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

VOTERIDERS

45-5081831

| Organization type (check one):  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Filers of:  | Section:  |  |  |  |  |  |
| Form 990 or 990-EZ  | X 501(c)( 3) (enter number) organization  |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |  |  |  |  |  |
|   | 527 political organization  |  |  |  |  |  |
| Form 990-PF   | 501(c)(3) exempt private foundation   |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |  |  |  |  |  |
|   | 501(c)(3) taxable private foundation  |  |  |  |  |  |
| , ,   | s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   |  |  |  |  |  |
| General Rule  |   |  |  |  |  |  |
|   | For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. |  |  |  |  |  |
| Special Rules   | Special Rules   |  |  |  |  |  |
| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  |   |  |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.   |   |  |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ |   |  |  |  |  |  |
| Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).  |   |  |  |  |  |  |

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

| Name of organization | Employer identification number |
|----------------------|--------------------------------|
| VOTERIDERS           | 45-5081831                     |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if a | dditional space is needed.  |   |
|------------|--|---|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d) Total contributions Type of contribution  |   |
| 1          |  | \$ 250,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)                             |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d) Total contributions Type of contribution  |   |
| 2          |  | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d) Total contributions Type of contribution  | _ |
| 3          |  | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |   |
| (a)        | (b)  | (c) (d)   |   |
| No. 4      | Name, address, and ZIP + 4   | Total contributions  Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.) |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d) Total contributions Type of contribution  |   |
| 5          |  | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) (d) Total contributions Type of contribution  |   |
| 6          |  | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |   |

Schedule B (Form 990) (2023) Page **3** 

Name of organization Employer identification number

VOTERIDERS 45-5081831

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |   |                      |
|------------------------------|---|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | <u> </u>                                  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |   | <br><br>\$                                |                      |

Schedule B (Form 990) (2023) Name of organization **Employer identification number** VOTERIDERS 45-5081831 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| a) No.<br>from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--------------------------|---------------------|-----------------|-------------------------------------|
|                          |                     |                 |                                     |
|                          |                     |                 |                                     |
|                          |                     |                 |                                     |

### (e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|--|
|   |  |
|   |  |
| -                                       |  |

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VOTERIDERS

**Employer identification number** 45-5081831

| Par | t I Organizations Maintaining Donor Advise  | ed Funds or Other S          | Similar Funds or A        | Accounts. Complete if the       |
|-----|---|------------------------------|---------------------------|---------------------------------|
|     | organization answered "Yes" on Form 990, Part IV, lir   | ne 6.                        |                           |                                 |
|     |   | (a) Donor advised            | d 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  | writing that the assets he   | eld in donor advised fur  | nds                             |
|     | are the organization's property, subject to the organization's  | exclusive legal control?     |                           | Yes                             |
| 6   | Did the organization inform all grantees, donors, and donor a   | advisors in writing that gra | ant funds can be used     | only                            |
|     | for charitable purposes and not for the benefit of the donor of   | or donor advisor, or for ar  | ny other purpose confe    | rring                           |
|     | impermissible private benefit?  |                              |                           |                                 |
| Par |   | •                            | s" on Form 990, Part IV   | , line 7.                       |
| 1   | Purpose(s) of conservation easements held by the organizat  |                              | 1                         |                                 |
|     | Preservation of land for public use (for example, recrea  | ation or education)          | 1                         | orically important land area    |
|     | Protection of natural habitat   |                              | Preservation of a cert    | ified historic structure        |
|     | Preservation of open space  |                              |                           |                                 |
| 2   | Complete lines 2a through 2d if the organization held a quali   | ified conservation contrib   | ution in the form of a co |                                 |
|     | day of the tax year.  |                              |                           | Held at the End of the Tax Year |
|     | Total number of conservation easements  |                              |                           | 2a                              |
| b   |   |                              |                           | 2b                              |
| С.  | Number of conservation easements on a certified historic str  |                              |                           | 2c                              |
| d   | Number of conservation easements included on line 2c acqu   |                              |                           |                                 |
| •   | on a historic structure listed in the National Register   |                              |                           | 2d                              |
| 3   | Number of conservation easements modified, transferred, re  | eleased, extinguished, or t  | terminated by the organ   | nization during the tax         |
|     | year  |                              |                           |                                 |
| 4   | Number of states where property subject to conservation ea  |                              | tion bandling of          |                                 |
| 5   | Does the organization have a written policy regarding the pe<br>violations, and enforcement of the conservation easements           |                              |                           | Yes No                          |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,  |                              | ad enforcing conservati   |                                 |
| Ū   | otali and volunteer flours devoted to morntoning, inspecting,   | , mandling of violations, at | id chloroling conscivati  | on casements during the year    |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand   | dling of violations, and en  | forcing conservation ea   | asements during the year        |
| •   | ,g,g,   | aming or monantine, and on   | reremig compensation ex   | accome accoming and year        |
| 8   | Does each conservation easement reported on line 2d above   | e satisfy the requirements   | s of section 170(h)(4)(B) | )(i)                            |
|     | and section 170(h)(4)(B)(ii)?   |                              |                           |                                 |
| 9   | In Part XIII, describe how the organization reports conservat   |                              |                           |                                 |
|     | balance sheet, and include, if applicable, the text of the foot   | note to the organization's   | financial statements th   | nat describes the               |
|     | organization's accounting for conservation easements.   |                              |                           |                                 |
| Par | t III Organizations Maintaining Collections of  | •                            | easures, or Other         | Similar Assets.                 |
|     | Complete if the organization answered "Yes" on Form   | n 990, Part IV, line 8.      |                           |                                 |
| 1a  | If the organization elected, as permitted under FASB ASC 95   | 58, not to report in its rev | enue statement and ba     | lance sheet works               |
|     | of art, historical treasures, or other similar assets held for pu   | blic exhibition, education   | , or research in furthera | ince of public                  |
|     | service, provide in Part XIII the text of the footnote to its final   | ncial statements that des    | cribes these items.       |                                 |
| b   | If the organization elected, as permitted under FASB ASC 95   | 58, to report in its revenue | e statement and balanc    | ce sheet works of               |
|     | art, historical treasures, or other similar assets held for public  | c exhibition, education, or  | r research in furtheranc  | e 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 tre   |                              | - ·                       | provide                         |
|     | the following amounts required to be reported under FASB $\!$ |                              |                           |                                 |
| а   | Revenue included on Form 990, Part VIII, line 1   |                              |                           |                                 |
|     | Assets included in Form 990, Part X   |                              |                           |                                 |
| LHA | For Paperwork Reduction Act Notice, see the Instruction   | s for Form 990.              |                           | Schedule D (Form 990) 2023      |

|     | t III Organizations Maintaining C                     |                       | rt, Hist   | orical Tr     | easures,         | or Other      | Similar A     | Assets(conti | rage z<br>nued) |
|-----|---|-----------------------|------------|---------------|------------------|---------------|---------------|--------------|-----------------|
| 3   | Using the organization's acquisition, accessi         |                       |            |               |                  |               |               | •            | /               |
|     | collection items (check all that apply).              | on, and ours, 1000.   | ,          |               |                  |               |               | CC           |                 |
| а   | Public exhibition                                     | c                     | ı 🗀 ı      | oan or exc    | hange progr      | am            |               |              |                 |
| b   | Scholarly research                                    | e                     |            | Other         |                  |               |               |              |                 |
| c   | Preservation for future generations                   |                       |            |               |                  |               |               |              |                 |
| 4   | Provide a description of the organization's co        | ollections and explai | n how th   | ev further t  | he organizat     | ion's exem    | nt nurnose i  | in Part XIII |                 |
| 5   | During the year, did the organization solicit o       |                       |            |               |                  |               |               |              |                 |
| •   | to be sold to raise funds rather than to be ma        |                       |            |               |                  |               |               | Yes          | ☐ No            |
| Par | t IV   Escrow and Custodial Arran                     |                       |            |               |                  |               |               |              |                 |
|     | reported an amount on Form 990, Par                   |                       |            | ga <u>-</u> a |                  |               |               | , 5, 5.      |                 |
| 1a  | Is the organization an agent, trustee, custodi        | an, or other interme  | diary for  | contributio   | ns or other a    | ssets not i   | ncluded       |              |                 |
|     | on Form 990, Part X?                                  |                       |            |               |                  |               |               | Yes          | ☐ No            |
| b   | If "Yes," explain the arrangement in Part XIII        |                       |            |               |                  |               |               |              |                 |
|     |   |                       |            |               |                  |               |               | Amour        | t               |
| С   | Beginning balance                                     |                       |            |               |                  |               | 1c            |              |                 |
|     | Additions during the year                             |                       |            |               |                  |               |               |              |                 |
|     | Distributions during the year                         |                       |            |               |                  |               |               |              |                 |
|     | Ending balance  |                       |            |               |                  |               |               |              |                 |
|     | Did the organization include an amount on Fe          |                       |            |               |                  |               |               | Yes          | □ No            |
|     | If "Yes," explain the arrangement in Part XIII.       |                       |            |               |                  | -             |               |              |                 |
|     | t V Endowment Funds Complete if                       |                       |            |               |                  |               |               |              | ·               |
|     | ·   | (a) Current year      |            | rior year     | (c) Two yea      |               | ) Three years | back (e) Fou | r years back    |
| 1a  | Beginning of year balance                             |                       |            |               |                  |               | -             |              |                 |
|     | Contributions   |                       |            |               |                  |               |               |              |                 |
|     | Net investment earnings, gains, and losses            |                       |            |               |                  |               |               |              |                 |
|     | Grants or scholarships                                |                       |            |               |                  |               |               |              |                 |
|     | Other expenditures for facilities                     |                       |            |               |                  |               |               |              |                 |
| _   | and programs  |                       |            |               |                  |               |               |              |                 |
| f   | Administrative expenses                               |                       |            |               |                  |               |               |              |                 |
|     | End of year balance                                   |                       |            |               |                  |               |               |              |                 |
| 2   | Provide the estimated percentage of the curr          | ent vear end balanc   | ce (line 1 | a. column (a  | a)) held as:     | <u> </u>      |               | I            |                 |
|     | Board designated or quasi-endowment                   | •                     | %          | g, 00.0 (     | a,, a.c.         |               |               |              |                 |
| b   | Permanent endowment                                   | %                     | —′°        |               |                  |               |               |              |                 |
|     |   |                       |            |               |                  |               |               |              |                 |
| ·   | The percentages on lines 2a, 2b, and 2c sho           | , •                   |            |               |                  |               |               |              |                 |
| 3a  | Are there endowment funds not in the posse            | •                     | ation tha  | t are held a  | and administe    | ered for the  | <u>,</u>      |              |                 |
| Ju  | organization by:                                      | colori or the organiz | ation tha  | t are mora e  | ara darriiriiott | 3100 101 1110 | •             |              | Yes No          |
|     | (i) Unrelated organizations?                          |                       |            |               |                  |               |               | 3a(i)        |                 |
|     | (ii) Related organizations?                           |                       |            |               |                  |               |               | 3a(ii)       |                 |
| b   | If "Yes" on line 3a(ii), are the related organization | tions listed as requi | red on S   | chedule R?    |                  |               |               | 3b           |                 |
| 4   | Describe in Part XIII the intended uses of the        |                       |            |               |                  |               |               |              |                 |
| Par | t VI Land, Buildings, and Equipm                      |                       |            |               |                  |               |               |              |                 |
|     | Complete if the organization answere                  |                       | 0, Part IV | , line 11a. S | See Form 990     | 0, Part X, li | ne 10.        |              |                 |
|     | Description of property                               | (a) Cost or o         | ther       | (b) Cost      | or other         | (c) Acc       | umulated      | (d) Boo      | k value         |
|     |   | basis (investr        |            |               | (other)          |               | eciation      | (=, = = =    |                 |
|     | Land  | ·                     | •          |               | •                |               |               |              |                 |
|     | Buildings   |                       |            |               |                  |               |               |              |                 |
|     | Leasehold improvements                                |                       |            |               |                  |               |               |              |                 |
|     | Equipment   |                       |            |               |                  |               |               |              |                 |
|     | Other   |                       |            |               |                  |               |               |              |                 |
|     | . Add lines 1a through 1e. (Column (d) must e         |                       | X, line 1  | Oc, column    | ı (B))           |               |               |              | 0.              |

Schedule D (Form 990) 2023

|                              | 45-5081831 Page   |
|------------------------------|---|
| " on Form 900 Part IV line   | 11h Soo Form 000 Part V line 12                           |
|                              | (c) Method of valuation: Cost or end-of-year market value |
| (b) Book value               | (c) meaned of valuation, each of one of year market value |
|                              |   |
|                              |   |
|                              |   |
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|                              |   |
| •                            |   |
| " on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13.                       |
| (b) Book value               | (c) Method of valuation: Cost or end-of-year market value |
|                              |   |
|                              |   |
|                              |   |
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|                              |   |
|                              | 11d. See Form 990, Part X, line 15.                       |
| ) Description                | (b) Book value  |
|                              |   |
|                              |   |
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| . (5))                       |   |
| :oi. (B))                    |   |
| " on Form 000 Dort IV line   | 11a or 11f Coo Form 000 Part V line 05                    |
| on Form 990, Part IV, line   | (b) Book value  |
|                              | (b) Book value  |
|                              |   |
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|                              | I   |
|                              |   |
| ol (P))                      |   |
|                              | " on Form 990, Part IV, line (b) Book value               |

Schedule D (Form 990) 2023

#### a Net unrealized gains (losses) on investments **b** Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e

### Part XIII Supplemental Information

Provide 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; Part 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.

3 Subtract line 2e from line 1

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII.)

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

c Add lines 4a and 4b

#### PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON
RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. IN ADDITION, THE
ORGANIZATION DOES NOT HAVE ANY INCOME WHICH MANAGEMENT BELIEVES WOULD
SUBJECT THE ORGANIZATION TO UNRELATED BUSINESS INCOME TAXES. ACCORDINGLY,
THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND
THERE ARE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE.

Schedule D (Form 990) 2023

3

4c

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection **Employer identification number** 

|    | VOTERIDERS  | 45-50818 | 081831   |    |  |  |
|----|---|----------|----------|----|--|--|
| Pa | art I Questions Regarding Compensation  |          |          |    |  |  |
|    | <u> </u>  |          | Yes      | No |  |  |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form | 990,     |          |    |  |  |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.        |          |          |    |  |  |
|    | First-class or charter travel Housing allowance or residence for person   | nal use  |          |    |  |  |
|    | Travel for companions Payments for business use of personal re  | sidence  |          |    |  |  |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fee                           |          |          |    |  |  |
|    | Discretionary spending account Personal services (such as maid, chauffer  |          |          |    |  |  |
|    |   | ,        |          |    |  |  |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or     |          |          |    |  |  |
|    |   | 11       | 3        |    |  |  |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,  |          |          |    |  |  |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?             | 2        |          |    |  |  |
|    |   |          |          |    |  |  |
| 3  | Indicate which, if any, of the following the organization used to establish the compensation of the organization' | s        |          |    |  |  |
|    | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organizate     |          |          |    |  |  |
|    | establish compensation of the CEO/Executive Director, but explain in Part III.                                    |          |          |    |  |  |
|    | Compensation committee Written employment contract  |          |          |    |  |  |
|    | Independent compensation consultant  X Compensation survey or study   |          |          |    |  |  |
|    | Form 990 of other organizations  X Approval by the board or compensation of                                       | ommittee |          |    |  |  |
|    |   |          |          |    |  |  |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing      |          |          |    |  |  |
|    | organization or a related organization:   |          |          |    |  |  |
| а  | Receive a severance payment or change-of-control payment?   | 48       | a        | Х  |  |  |
|    | Participate in or receive payment from a supplemental nonqualified retirement plan?                               |          | <u> </u> | X  |  |  |
|    | Participate in or receive payment from an equity-based compensation arrangement?                                  |          | _        | Х  |  |  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.     |          |          |    |  |  |
|    |   |          |          |    |  |  |
|    | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                          |          |          |    |  |  |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | on       |          |    |  |  |
|    | contingent on the revenues of:  |          |          |    |  |  |
| а  | The organization?   | 58       | а        | X  |  |  |
| b  | Any related organization?   | 5k       | 2        | X  |  |  |
|    | If "Yes" on line 5a or 5b, describe in Part III.  |          |          |    |  |  |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | on       |          |    |  |  |
|    | contingent on the net earnings of:  |          |          |    |  |  |
| а  | The organization?   | 66       | э        | X  |  |  |
| b  | Any related organization?   | 61       | 2        | Х  |  |  |
|    | If "Yes" on line 6a or 6b, describe in Part III.  |          |          |    |  |  |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment   | s        |          |    |  |  |
|    | not described on lines 5 and 6? If "Yes," describe in Part III  |          |          | Х  |  |  |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the   |          |          |    |  |  |
|    | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       |          | ;        | X  |  |  |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in            |          |          |    |  |  |

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

Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

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

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

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

|                         |      | (B) Breakdown of W       | /-2 and/or 1099-MIS<br>compensation       | C and/or 1099-NEC                   | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |  |
|-------------------------|------|--------------------------|---|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|--|
| (A) Name and Title      |      | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other reportable compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |  |
| (1) LAUREN KUNIS        | (i)  | 152,250.                 | 5,000.                                    | 825.                                | 0.                                | 0.                      |                                    | 0.  |  |
| CHIEF EXECUTIVE OFFICER | (ii) | 0.                       | 0.  | 0.                                  | 0.                                | 0.                      | 0.                                 | 0.  |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (i)  |                          |   |                                     |                                   |                         |                                    |   |  |
|                         | (ii) |                          |   |                                     |                                   |                         |                                    |   |  |

Schedule J (Form 990) 2023

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

VOTERIDERS

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

45-5081831

| Pai | rt I Types of Property                                       |                               |  |   |   |         |     |    |
|-----|--|-------------------------------|--|---|---|---------|-----|----|
|     |  | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu | etermin | _   | :s |
| 1   | Art - Works of art   |                               | items contributed                                | r orm 550, r art vini, inic 1g  |   |         |     |    |
| 2   | Art - Historical treasures                                   |                               |  |   |   |         |     |    |
| 3   | Art - Fractional interests                                   |                               |  |   |   |         |     |    |
| 4   | Books and publications                                       |                               |  |   |   |         |     |    |
| 5   | Clothing and household goods                                 |                               |  |   |   |         |     |    |
| 6   |  |                               |  |   |   |         |     |    |
| 7   | Cars and other vehicles                                      |                               |  |   |   |         |     |    |
| 8   | Boats and planes   |                               |  |   |   |         |     |    |
| 9   | Intellectual property  | X                             | 4  | 24 852.   | QUOTED PRIC                             | ES      |     |    |
| 10  | Securities - Publicly traded Securities - Closely held stock |                               | _  | 24,032.   | ZOOIED IKIO                             |         |     |    |
| 11  |  |                               |  |   |   |         |     |    |
| ••• | Securities - Partnership, LLC, or                            |                               |  |   |   |         |     |    |
| 12  | trust interests Securities - Miscellaneous                   |                               |  |   |   |         |     |    |
| 13  | Qualified conservation contribution -                        |                               |  |   |   |         |     |    |
| 13  | Historic structures  |                               |  |   |   |         |     |    |
| 14  | Qualified conservation contribution - Other                  |                               |  |   |   |         |     |    |
| 15  | Real estate - Residential                                    |                               |  |   |   |         |     |    |
| 16  | Real estate - Commercial                                     |                               |  |   |   |         |     |    |
| 17  | Real estate - Other  |                               |  |   |   |         |     |    |
| 18  | Collectibles   |                               |  |   |   |         |     |    |
| 19  | Food inventory   |                               |  |   |   |         |     |    |
| 20  | Drugs and medical supplies                                   |                               |  |   |   |         |     |    |
| 21  | Taxidermy  |                               |  |   |   |         |     |    |
| 22  | Historical artifacts   |                               |  |   |   |         |     |    |
| 23  | Scientific specimens   |                               |  |   |   |         |     |    |
| 24  | Archeological artifacts                                      |                               |  |   |   |         |     |    |
| 25  | Other (RIDE SHARE CRED)                                      | X                             | 1  | 10,000.   | FAIR VALUE                              |         |     |    |
| 26  | Other ( )  |                               |  | ,   |   |         |     |    |
| 27  | Other (  |                               |  |   |   |         |     |    |
| 28  | Other (  |                               |  |   |   |         |     |    |
| 29  | Number of Forms 8283 received by the organi                  | zation durin                  | g the tax year for o                             | contributions   |   |         |     |    |
|     | for which the organization completed Form 82                 |                               |  |   |   |         |     |    |
|     | •  |                               | _  |   |   |         | Yes | No |
| 30a | During the year, did the organization receive b              | y contributio                 | on any property rep                              | oorted in Part I, lines 1 throu   | gh 28, that it                          |         |     |    |
|     | must hold for at least 3 years from the date of              | the initial co                | ntribution, and wh                               | nich isn't required to be used  | for                                     |         |     |    |
|     | exempt purposes for the entire holding period                |                               |  |   |   | 30a     |     | Х  |
| b   | If "Yes," describe the arrangement in Part II.               |                               |  |   |   |         |     |    |
| 31  | Does the organization have a gift acceptance                 | policy that re                | equires the review                               | of any nonstandard contribu   | itions?                                 | 31      | X   |    |
| 32a | Does the organization hire or use third parties              |                               |  |   |   |         |     |    |
|     | contributions?   |                               |  |   |   | 32a     |     | Х  |
| b   | If "Yes," describe in Part II.                               |                               |  |   |   |         |     |    |
| 33  | If the organization didn't report an amount in c             | olumn (c) fo                  | r a type of propert                              | y for which column (a) is che   | cked,                                   |         |     |    |
|     | describe in Part II.   |                               |  |   |   |         |     |    |

LHA 332141 09-11-23

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

# **SCHEDULE 0** (Form 990)

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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 45-5081831

| VOTERIDERS   | 45-5081831       |
|--|------------------|
| FORM 990, PART VI, SECTION A, LINE 2:                      |                  |
| KATHLEEN UNGER, PRESIDENT, AND STEPHEN A. UNGER ARE MARRI  | ED.              |
|  |                  |
| FORM 990, PART VI, SECTION B, LINE 11B:                    |                  |
| FORM 990 IS REVIEWED IN DETAIL BY THE PRESIDENT, A COPY I  | S DISTRIBUTED TO |
| THE BOARD FOR ADDITIONAL REVIEW BEFORE FILING.             |                  |
|  |                  |
| FORM 990, PART VI, SECTION B, LINE 12C:                    |                  |
| DISCLOSURE FORMS ARE REQUIRED FROM BOARD MEMBERS ON AN AN  | NUAL BASIS. ANY  |
| CONFLICTS, OR POTENTIAL CONFLICTS, MUST BE REPORTED TO TH  | E BOARD.         |
|  |                  |
| FORM 990, PART VI, SECTION B, LINE 15A:                    |                  |
| THE ORGANIZATION USES COMPENSATION STUDIES AND THE BOARD   | APPROVES         |
| COMPENSATION.  |                  |
|  |                  |
| FORM 990, PART VI, SECTION C, LINE 18:                     |                  |
| THE ORGANIZATION MAKES ITS TAX RETURNS AVAILABLE ON ITS W  | EBSITE, THE      |
| GUIDESTAR WEBSITE, AND AT ITS OFFICE ON REQUEST.           |                  |
|  |                  |
| FORM 990, PART VI, SECTION C, LINE 19:                     |                  |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, RELEVENT P | OLICIES AND      |
| FINANCIAL STATEMENTS AVAILABLE AT ITS OFFICE ON REQUEST.   |                  |
|  |                  |
|  |                  |
|  |                  |

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

Schedule O (Form 990) 2023

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

| Asset<br>No. | Description                      | Date<br>Acquired | Method | Life        | C<br>o<br>n<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|--------------|----------------------------------|------------------|--------|-------------|--------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 2            | WEBSITE RE-DESIGN                | 09/30/20         |        | 36 <b>M</b> | нұ43               | 56,588.                     |                  |                        |                       | 56,588.                   | 42,442.                                  |                               | 14,146.                   | 56,588.                               |
| 3            | ADDITIONAL WEBSITE COSTS         | 10/29/21         |        | 36 <b>M</b> | ну43               | 3,910.                      |                  |                        |                       | 3,910.                    | 1,520.                                   |                               | 1,303.                    | 2,823.                                |
| 4            | ADDITIONAL WEBSITE COSTS         | 12/20/21         |        | 36 <b>M</b> | ну43               | 637.                        |                  |                        |                       | 637.                      | 212.                                     |                               | 212.                      | 424.                                  |
| 5            | ADDITIONAL WEBSITE COSTS         | 01/26/22         |        | 36 <b>M</b> | ну43               | 3,995.                      |                  |                        |                       | 3,995.                    |  |                               | 1,332.                    | 1,332.                                |
| 6            | ADDITIONAL WEBSITE COSTS         | 04/03/22         |        | 36 <b>M</b> | ну43               | 978.                        |                  |                        |                       | 978.                      |  |                               | 326.                      | 326.                                  |
| 7            | LIST ACQUISITION                 | 09/14/22         |        | 24M         | НУ43               | 35,000.                     |                  |                        |                       | 35,000.                   | 5,833.                                   |                               | 17,500.                   | 23,333.                               |
| 8            | LIST ACQUISITION                 | 09/14/22         |        | 24M         | ну43               | 40,000.                     |                  |                        |                       | 40,000.                   | 6,667.                                   |                               | 20,000.                   | 26,667.                               |
|              | * TOTAL 990 PAGE 10 DEPR & AMORT |                  |        |             |                    | 141,108.                    |                  |                        |                       | 141,108.                  | 56,674.                                  |                               | 54,819.                   | 111,493.                              |
|              |                                  |                  |        |             |                    |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                                  |                  |        |             |                    |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                                  |                  |        |             |                    |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                                  |                  |        |             |                    |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                                  |                  |        |             |                    |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                                  |                  |        |             |                    |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                                  |                  |        |             |                    |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                                  |                  |        |             |                    |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                                  |                  |        |             |                    |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |                                  |                  |        |             |                    |                             |                  |                        |                       |                           |  |                               |                           |                                       |

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

Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **179** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

| rov   | ERIDERS   |   |                                 | FOR                          | м 990                         | PAGE 10                     |                                 | 45-5081831                 |
|---|---|---|---------------------------------|------------------------------|-------------------------------|-----------------------------|---------------------------------|----------------------------|
| Par   | t   Election To Expense Certain Prope   | rty Under Section 1                           | 79 Note: If you                 | ı have any lis               | ted property                  | , complete Part             | V before y                      | ou complete Part I.        |
| 1 M   | faximum amount (see instructions)   |   |                                 |                              |                               |                             | 1                               | 1,160,000.                 |
| 2 T   | otal cost of section 179 property place   |   |                                 |                              |                               |                             |                                 |                            |
|   | hreshold cost of section 179 property   |   |                                 |                              |                               |                             |                                 | 2,890,000.                 |
|   | leduction in limitation. Subtract line 3  |   |                                 |                              |                               |                             |                                 |                            |
|   | ollar limitation for tax year. Subtract line 4 from line  |   |                                 |                              |                               |                             |                                 |                            |
| 6   | (a) Description of pr   | operty  |                                 | (b) Cost (busin              | ess use only)                 | (c) Elected                 | cost                            |                            |
|   |   |   |                                 |                              |                               |                             |                                 |                            |
|   |   |   |                                 |                              |                               |                             |                                 |                            |
|   |   |   |                                 |                              |                               |                             |                                 |                            |
|   |   |   |                                 |                              |                               |                             |                                 |                            |
|   | isted property. Enter the amount from   |   |                                 |                              |                               |                             |                                 |                            |
| 8 T   | otal elected cost of section 179 prope  | erty. Add amounts                             | s in column (c)                 | , lines 6 and                | 7                             |                             | 8                               |                            |
|   | entative deduction. Enter the <b>smaller</b>  |   |                                 |                              |                               |                             |                                 |                            |
|   | arryover of disallowed deduction fron   |   |                                 |                              |                               |                             |                                 |                            |
|   | susiness income limitation. Enter the s   |   |                                 |                              |                               |                             |                                 |                            |
| <b>12</b> S                                     | ection 179 expense deduction. Add I   | ines 9 and 10, bu                             | t don't enter n                 | nore than line               |                               |                             | 12                              |                            |
|   | carryover of disallowed deduction to 2  |   | •                               |                              | 13                            |                             |                                 |                            |
|   | Don't use Part II or Part III below for   |   |                                 |                              |                               |                             |                                 |                            |
| Par   | Openia. 2 opi odia. i oni i i i i   |   | -                               |                              | •                             |                             |                                 |                            |
| <b>14</b> S                                     | pecial depreciation allowance for qua   | ilified property (ot                          | her than listed                 | property) pl                 | aced in servi                 | ce during                   |                                 |                            |
|   | ne tax year   |   |                                 |                              |                               |                             |                                 |                            |
|   | roperty subject to section 168(f)(1) ele  | ection  |                                 |                              |                               |                             |                                 |                            |
|   | other depreciation (including ACRS)   | Control Control                               |                                 |                              |                               |                             | 16                              |                            |
| Par   | t III MACRS Depreciation (Don't   | include listed pro                            |                                 | tion A                       |                               |                             |                                 |                            |
| 47. \   | AAODO de desettere e ferre e este rele e el   | ! ! <b>!</b>                                  |                                 |                              |                               |                             | 47                              |                            |
|   | ACRS deductions for assets placed   | •   | •                               |                              |                               |                             | 17                              |                            |
| 10 11   | you are electing to group any assets placed in ser  Section B - Assets  |   |                                 |                              |                               |                             | tion Syst                       | am                         |
|   |   | (b) Month and                                 | (c) Basis for                   | depreciation                 | (d) Recovery                  | ,                           |                                 |                            |
|   | (a) Classification of property  | year placed<br>in service                     | (business/inv                   | restment use<br>nstructions) | period                        | (e) Convention              | (f) Method                      | (g) Depreciation deduction |
| 19a   | 3-year property   |   |                                 |                              |                               |                             |                                 |                            |
| b   | 5-year property   |   |                                 |                              |                               |                             |                                 |                            |
| С   | 7-year property   |   |                                 |                              |                               |                             |                                 |                            |
| d   | 10-year property  |   |                                 |                              |                               |                             |                                 |                            |
| е   | 15-year property  |   |                                 |                              |                               |                             |                                 |                            |
| f   | 20-year property  |   |                                 |                              |                               |                             |                                 |                            |
| g   | 25-year property  |   |                                 |                              | 25 yrs.                       |                             | S/L                             |                            |
|   |   | /   |                                 |                              | 27.5 yrs.                     | MM                          | S/L                             |                            |
| h   | Residential rental property   | /   |                                 |                              | 27.5 yrs.                     | MM                          | S/L                             |                            |
|   |   | /   |                                 |                              | 39 yrs.                       | MM                          | S/L                             |                            |
| i   |   |   |                                 |                              | l oo yio.                     |                             |                                 |                            |
|   | Nonresidential real property  | /   |                                 |                              | 00 yis.                       | MM                          | S/L                             |                            |
|   | Nonresidential real property  Section C - Assets I  | /<br>Placed in Service                        | During 2023                     | Tax Year Us                  | j                             | MM                          |                                 | stem                       |
| <br>20a   |   | /<br>Placed in Service                        | During 2023                     | Tax Year Us                  | j                             | MM                          |                                 | etem                       |
| 20a<br>b  | Section C - Assets I  | /<br>Placed in Service                        | During 2023                     | Tax Year Us                  | j                             | MM                          | iation Sys                      | stem                       |
|   | Section C - Assets F  | /Placed in Service                            | During 2023                     | Tax Year U                   | sing the Alte                 | MM                          | S/L                             | stem                       |
| b   | Section C - Assets I<br>Class life<br>12-year   |   | During 2023                     | Tax Year Us                  | sing the Alte                 | MM<br>ernative Depred       | S/L<br>S/L                      | stem                       |
| b<br>c  | Section C - Assets I Class life 12-year 30-year 40-year   | /   | During 2023                     | Tax Year Us                  | 12 yrs.<br>30 yrs.            | MM<br>ernative Deprec       | S/L<br>S/L<br>S/L               | stem                       |
| b<br>c<br>d<br>Par                              | Class life 12-year 30-year 40-year  **IV Summary (See instructions.) isted property. Enter amount from line   | /<br>/<br>e 28                                |                                 |                              | 12 yrs.<br>30 yrs.<br>40 yrs. | MM ernative Deprec          | S/L<br>S/L<br>S/L               | stem                       |
| b<br>c<br>d<br>Par                              | Class life 12-year 30-year 40-year  **IV Summary (See instructions.)  | /<br>/<br>e 28                                |                                 |                              | 12 yrs.<br>30 yrs.<br>40 yrs. | MM ernative Deprec          | S/L<br>S/L<br>S/L<br>S/L<br>S/L |                            |
| b<br>c<br>d<br>Par<br>21 L<br>22 T              | Class life  12-year  30-year  40-year <b>TIV</b> Summary (See instructions.) isted property. Enter amount from line otal. Add amounts from line 12, lines nter here and on the appropriate lines. | / / e 2814 through 17, lirs of your return. P | nes 19 and 20<br>artnerships ar | in column (g                 | 12 yrs.<br>30 yrs.<br>40 yrs. | MM ernative Deprecent MM MM | S/L S/L S/L S/L S/L S/L S/L     | otem 0 .                   |
| b<br>c<br>d<br>Par<br>21 L<br>22 T<br>E<br>23 F | Section C - Assets F Class life 12-year 30-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line otal. Add amounts from line 12, lines                             | / / e 28                                      | nes 19 and 20<br>artnerships ar | in column (g                 | 12 yrs.<br>30 yrs.<br>40 yrs. | MM ernative Deprecent MM MM | S/L S/L S/L S/L S/L S/L S/L     |                            |

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

|            | 24b, columns  | (a) through (c             |   | , all of S             | ection E                    | , and Se            | ection C                                  | if appl             | icable.                   |           |                                 |                  |                          | <u> </u>                    |                              |
|------------|---|----------------------------|---|------------------------|-----------------------------|---------------------|---|---------------------|---------------------------|-----------|---------------------------------|------------------|--------------------------|-----------------------------|------------------------------|
| 242        | Do you have evidence to                             |                            |   |                        |                             | $\overline{}$       | es L                                      |                     | <b>24b</b> If "Y          |           |                                 |                  |                          | Yes                         | No                           |
| 2-10       | (a) Type of property (list vehicles first)          | (b) Date placed in service | (c) Business/ investment use percentage | ot                     | (d)<br>Cost or<br>her basis | Bas                 | (e)<br>sis for depressiness/invesuse only | eciation<br>estment | (f)<br>Recovery<br>period | Me        | ( <b>g)</b><br>thod/<br>rention | Depre            | h)<br>eciation<br>uction | Ele<br>sectio               | (i)<br>cted<br>on 179<br>ost |
| <br>25     | Special depreciation all                            | owance for q               | ıualified listed ı                      | oroperty               | •                           |                     |   | -                   | •                         |           |                                 |                  |                          |                             | 731                          |
|            | used more than 50% in                               |                            |   |                        |                             |                     |   |                     |                           |           | .   25                          |                  |                          |                             |                              |
| 26         | Property used more that                             | in 50% in a q              | <del>.</del>                            | .                      |                             | -                   |   |                     | i                         | ı         |                                 | 1                |                          | <del> </del>                |                              |
|            |   | 1 1                        | 9                                       |                        |                             | _                   |   |                     |                           |           |                                 |                  |                          |                             |                              |
|            |   | 1 1                        | 9                                       |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
|            | Draparty used 500/ or l                             |                            | of the singer                           | _                      |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
| 21         | Property used 50% or I                              | ess in a quaii             |   |                        |                             |                     |   |                     |                           | C/I       |                                 | 1                |                          |                             |                              |
|            |   | 1 1                        | 9                                       |                        |                             | _                   |   |                     |                           | S/L -     |                                 |                  |                          | -                           |                              |
|            |   | 1 1                        | 9/                                      |                        |                             | _                   |   |                     |                           | S/L -     |                                 |                  |                          |                             |                              |
| 20         | Add amounts in column                               | (h) lines 25               |   |                        | o and ar                    | lino 21             | naga 1                                    |                     |                           |           | 28                              |                  |                          |                             |                              |
|            | Add amounts in column                               |                            |   |                        |                             |                     |   |                     |                           |           |                                 |                  | 29                       |                             |                              |
| <u> 29</u> | Add amounts in column                               | i (i), iii le 20. E        |   |                        |                             | mation              |   |                     |                           |           |                                 |                  | .   29                   |                             |                              |
| to y       | our employees, first ans                            | wer the ques               | stions in Section                       |                        | see if yo                   | 1 .                 | an excep                                  | otion to            | complet                   | · ·       | section f                       |                  | vehicles                 | s. <u>(</u> 1               | F)                           |
| 30         | Total business/investment miles driven during the   |                            |   |                        | cle 1                       | 1                   | icle 2                                    | Ve                  | ehicle 3                  | Vehicle 4 |                                 | Vehicle 5        |                          | Vehi                        |                              |
|            | year ( <b>don't</b> include commuting miles)        |                            | ŭ                                       |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
| 31         | Total commuting miles                               |                            |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
|            | Total other personal (no                            |                            |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
|            | driven  | -                          |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
| 33         | Total miles driven durin                            |                            |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
|            | Add lines 30 through 32                             | <u> </u>                   |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
| 34         | Was the vehicle availab                             |                            |   | Yes                    | No                          | Yes                 | No  | Yes                 | No                        | Yes       | No                              | Yes              | No                       | Yes                         | No                           |
|            | during off-duty hours?                              |                            |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
| 35         | Was the vehicle used p                              | rimarily by a              | more                                    |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
|            | than 5% owner or relat                              | ed person?                 |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
| 36         | Is another vehicle availa                           | able for perso             | onal                                    |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
|            | use?  |                            |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
|            |   | Section C                  | - Questions f                           | or Empl                | loyers V                    | Vho Pro             | vide Vel                                  | nicles              | for Use b                 | y Their   | Employ                          | ees              |                          |                             |                              |
| Ans        | swer these questions to                             | determine if y             | you meet an e                           | xceptior               | to com                      | pleting             | Section                                   | B for v             | ehicles us                | ed by e   | mployee                         | s who <b>a</b> i | ren't                    |                             |                              |
|            | re than 5% owners or re                             |                            |   |                        |                             |                     |   |                     |                           |           | _                               |                  |                          | 1                           | 1                            |
| 37         | Do you maintain a writte                            |                            | · ·                                     |                        |                             |                     |   |                     | _                         | _         |                                 | r                |                          | Yes                         | No                           |
|            | employees?  |                            |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
| 38         | Do you maintain a writte                            |                            |   |                        |                             |                     |   | -                   |                           |           |                                 |                  |                          |                             |                              |
| 20         | employees? See the ins<br>Do you treat all use of v |                            |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
|            | Do you provide more th                              |                            |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          | •                           |                              |
|            | the use of the vehicles,                            |                            |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
|            | Do you meet the require                             |                            |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
| 71         | <b>Note:</b> If your answer to                      |                            |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
| Pá         | art VI Amortization                                 | 07,00,00,4                 | 0, 01 41 13 10                          | 3, doi:                | Compi                       | ote occi            | 1011 15 101                               | 110 00              | Svered ve                 | noics.    |                                 |                  |                          |                             |                              |
|            | (a) Description of                                  |                            |   | (b)                    |                             | (c)                 |   |                     | (d)<br>Code               |           | (e)                             |                  |                          | (f)                         |                              |
|            | Description of                                      | f costs                    |   | amortization<br>begins |                             | Amortizat<br>amount |   |                     | Code<br>section           |           | Amortiza<br>period or per       | ition            | Aı<br>fo                 | mortization<br>or this year |                              |
| 42         | Amortization of costs th                            | nat begins du              |   | -                      | ar:                         |                     |   |                     |                           |           | , sa si po                      |                  |                          |                             |                              |
|            |   | <u>~</u>                   |   |                        |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
|            |   |                            |   | 1 1                    |                             |                     |   |                     |                           |           |                                 |                  |                          |                             |                              |
| 43         | Amortization of costs th                            | at began be                | fore your 2023                          | tax yea                | ır                          |                     |   |                     |                           | STM       | T 1                             | 43               |                          |                             | 819.                         |
| <u>44</u>  | Total. Add amounts in                               | column (f). Se             | ee the instructi                        | ons for                | where to                    | report              |   |                     |                           |           |                                 | 44               |                          | 54,                         | 819.                         |

| FORM 4562   | PART VI  | STA   | TEMENT 1             |   |   |   |
|---|--|---|----------------------|---|---|---|
| (A)<br>DESCRIPTION OF COSTS   | (B)<br>DATE<br>BEGAN   | (C)<br>AMORT.<br>AMOUNT   | (D)<br>CODE<br>SECT. | (E)<br>LIFE/<br>RATE                          | (F)<br>ACCUM.<br>AMORT.                                   | (G)<br>AMORT.<br>THIS YR.   |
| WEBSITE RE-DESIGN ADDITIONAL WEBSITE COS ADDITIONAL WEBSITE COS ADDITIONAL WEBSITE COS ADDITIONAL WEBSITE COS LIST ACQUISITION LIST ACQUISITION | 09/30/20<br>10/29/21<br>12/20/21<br>01/26/22<br>04/03/22<br>09/14/22<br>09/14/22 | 56,588.<br>3,910.<br>637.<br>3,995.<br>978.<br>35,000.<br>40,000. |                      | 36M<br>36M<br>36M<br>36M<br>36M<br>24M<br>24M | 42,442.<br>1,520.<br>212.<br>0.<br>0.<br>5,833.<br>6,667. | 14,146.<br>1,303.<br>212.<br>1,332.<br>326.<br>17,500.<br>20,000. |
| TOTAL TO FORM 4562, LINE  | 43   |   |                      |   |   | 54,819.   |