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PUBLIC DISCLOSURE COPY

Form 8879-TE		IRS e-file Signature Authorization for a Tax Exempt Entity					OMB No. 1545-0047		
Form C	5079-TL	For color dor y	or calendar year 2022, or fiscal year beginning, 2022, and ending, 20				00		
		For calendar y	ear 2022			'	20		2022
	ent of the Treasury Revenue Service			Do not send to the IRS. Keep Go to www.irs.gov/Form8879TE for	•	n			
Name						1.	EIN or SSI	N	
		ERICA,	TNC	·			84-3		02
Names	and title of officer or pe	-		DEBRA CLEAVER			01 0	1120	02
Name a				CEO AND BOARD PRES	TDENT				
Part	Type of	Return and		urn Information					
				using this Form 8879-TE and enter t	he applicable amount	if any fro	m the retu	ırn Form	8038-CP and
Form & or <b>10a</b> which	5330 filers may ente below, and the am	er dollars and ount on that li	cents. ine for	For all other forms, enter whole dolla the return being filed with this form w -). But, if you entered -0- on the return	rs only. If you check the vas blank, then leave lin	e box on ne <b>1b, 2b</b> ,	line 1a, 2a, 3b, 4b, 5b	, 3a, 4a, o, 6b, 7b	5a, 6a, 7a, 8a, 9a, , 8b, 9b, or 10b,
1a	Form 990 check I	nere	Х	<b>b</b> Total revenue, if any (Form 990)	, Part VIII, column (A), li	ne 12)		1b 3	,787,596.
2a	Form 990-EZ che			<b>b</b> Total revenue, if any (Form 990	-EZ, line 9)	,		2b	
3a	Form 1120-POL			b Total tax (Form 1120 POL, line 2					
4a	Form 990-PF che	eck here		b Tax based on investment inco					
5a	Form 8868 check			<b>b Balance due</b> (Form 8868, line 36					
6a	Form 990-T chec			b Total tax (Form 990-T, Part III, lin					
7a	Form 4720 check			<b>b</b> Total tax (Form 4720, Part III, lir					
8a	Form 5227 check			b FMV of assets at end of tax ye				8b	
9a	Form 5330 check			<b>b</b> Tax due (Form 5330, Part II, line				9b	
	Form 8038-CP cl			b Amount of credit payment req	•	. Part III. I	ine 22)	10b	
Part			ignat	ure Authorization of Officer					
Under	penalties of perjury	, I declare tha	t X	I am an officer of the above entity or	I am a person sul	bject to t	ax with res	spect to (	name
of enti				, (					
later the	nan 2 business days ant of taxes to recei	s prior to the p ve confidentia	oaymei Il inforr	ccount. To revoke a payment, I must nt (settlement) date. I also authorize t nation necessary to answer inquiries nature for the electronic return and,	he financial institutions and resolve issues rela	s involved ated to th	in the pro	cessing I have s	of the electronic selected a
_	heck one box only		. т т	0					00001
Ŀ	X I authorize HA	IN GROUP				to	enter my I		
				ERO firm name					r five numbers, but ot enter all zeros
	with a state age on the return's o As an officer or return. If I have	ency(ies) regul disclosure cor person subject indicated with	ating c nsent s ct to ta nin this	2 electronically filed return. If I have i harities as part of the IRS Fed/State creen. x with respect to the entity, I will entor return that a copy of the return is be ny PIN on the return's disclosure cor	program, I also authori er my PIN as my signati ing filed with a state ag	ze the afo ure on th	premention e tax year 2	ned ERO 2022 ele	to enter my PIN
Cignotur		-	Cinteri				Dat	Ω.	
Part	e of officer or person subje	ation and A	Authe	ntication			Dat	.0	
ERO's	EFIN/PIN. Enter yo	our six-digit el	ectroni	c filing identification					
numbe	er (EFIN) followed by	y your five-dig	it self-s	elected PIN.	547011 ( Do not enter				
submi				N, which is my signature on the 2022 equirements of <b>Pub. 4163,</b> Moderniz					
ERO's s	signature <b>JEN</b>	NIFER S	5. H	AN	Date	_11/	12/23		
				RO Must Retain This Form	- See Instruction	<u> </u>			
		Do N		bmit This Form to the IRS U			So		
	For Privacy Act ca			ction Act Notice, see instructions.	nequested			Form	8879-TE (2022)
	I OF FINACY ACL and	u rap <del>e</del> i wurk	neuu	and Act Nouce, see instructions.					(2022)
202521	12-16-22								

2022.04030 VOTEAMERICA INC. VAT 1 Doc 1D: c00542990d6edac187614ed72f22619171ccb54b

Form	<b>990</b>	

## \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Α	For the	2022 calendar year, or tax year beginning and ending		
В	Check if applicable	C Name of organization	D Employer identifi	cation number
Г	Addres	VOTEAMERICA, INC.		
	Name change		84-34420	02
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
	Final return/	1270 GROVE STREET 301	(917) 88	2-0405
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	3,787,596.
	Amend	SAN FRANCISCO, CA 94117	H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: DEBRA CLEAVER	for subordinates	? <b>Yes</b> X No
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
1	Tax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions
	Websit		H(c) Group exemptio	
			Year of formation: 2019	A State of legal domicile: CA
P		Summary		
e	1	Briefly describe the organization's mission or most significant activities: <b>VOTEAMER</b>	ICA USES TECH	NOLOGY TO
Jan		SIMPLIFY POLITICAL ENGAGEMENT AND INCREASE V		
Governance		Check this box if the organization discontinued its operations or disposed of i		ssets.
ĝ		Number of voting members of the governing body (Part VI, line 1a)		2
ళ		Number of independent voting members of the governing body (Part VI, line 1b)		15
itie		Total number of volunteers (estimate if necessary)		20
Activities		Total unrelated business revenue from Part VIII, column (C), line 12		0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
¢	8	Contributions and grants (Part VIII, line 1h)	1,814,142.	3,556,904.
'nu		Program service revenue (Part VIII, line 2g)	10,208.	170,173.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	14.	48.
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	60,471.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,824,364.	3,787,596.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,081,669.	1,322,070.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	50,419.	57,000.
ă	b.	Total fundraising expenses (Part IX, column (D), line 25) 287,046.		
ш	11/ 9	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	667,368.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,799,456.	3,382,452.
	19	Revenue less expenses. Subtract line 18 from line 12	24,908.	
Net Assets or			Beginning of Current Year	End of Year
Rals	20	Total assets (Part X, line 16)	577,010. 25,572.	1,012,612. 56,030.
Vet /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	551,438.	956,582.
Ē	art II	Signature Block	551,450.	550,5021
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		,
	-	Depra Cleaver	<u>11/13/2</u>	022
Sig	in	Signature of officer	Date	
He		DEBRA CLEAVER, CEO AND BOARD PRESIDENT		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	JENNIFER S. HAN JENNIFER S. HAN	11/13/23 if self-employ	ed P00633304
	parer	Firm's name HAN GROUP LLC	Firm's EIN	
Use	Only	Firm's address 1020 19TH STREET, NW, SUITE 800		
		WASHINGTON, DC 20036	Phone no. ( 2	
Ма	v the IF	S discuss this return with the preparer shown above? See instructions		Yes III No

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

232001 12-13-22

Form 990 (2022)

Form	1 990 (2022) VOTEAMERICA, INC. 84-344	2002	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	VOTEAMERICA USES TECHNOLOGY TO SIMPLIFY POLITICAL ENGAGEMENT,	INCRE	ASE
	VOTER TURNOUT, AND STRENGTHEN AMERICAN DEMOCRACY.		
	· · · ·		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Ves	XNo
	If "Yes," describe these new services on Schedule O.		
2	,	Vee	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, a	and
	revenue, if any, for each program service reported.	4 8 4	
4a	(Code:) (Expenses \$ 1,821,518. including grants of \$) (Revenue \$)	170,	173.
	GET OUT THE VOTE - THE GOAL OF THE PROGRAM IS TO ENCOURAGE AND		
	ENFRANCHISE VOTERS TO PARTICIPATE IN THE ELECTORAL PROCESS AND	CAST	А
	BALLOT IN EVERY ELECTION IN WHICH THEY ARE ELIGIBLE TO DO SO.		
	VOTEAMERICA PRIMARILY ACCOMPLISHES THIS THROUGH DIRECT MAILING	, TEX	Г
	MESSAGE CAMPAIGNS AND ADVERTISEMENT.		
4b	(Code:) (Expenses \$ 628,303. including grants of \$) (Revenue \$		)
	CIVIC TECHNOLOGY - VOTEAMERICA HAS DEVELOPED A SERIES OF VOTER		
	ENGAGEMENT TOOLS AND TECH STACK TO EXPONENTIALLY INCREASE THE		
	EFFECTIVE, REACH AND IMPACT OF VOTEAMERICA'S PURSUIT OF ITS ME	SSAGE	•
4.	(Code: ) (Expenses \$ 337,559. including grants of \$ ) (Revenue \$		
4c	(Code: ) (Expenses \$ 337,559 including grants of \$ ) (Revenue \$ PARTNERSHIPS - VOTEAMERICA DEEPENS COMMUNITY RELATIONSHIP BY		)
		PAND	THE
	IMPACT OF VOTEAMERICA'S MISSION.		
<u> </u>	Other program convises (Deserving on Schedule C)		
4d		`	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses2,787,380.		00
		Form 9	<b>90</b> (2022)
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_	2		
581	112 140308 VAT $2022.04030$ VOTEAMERICA, INC.	VAT	1

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Form 990 (2022) VOTEAMERICA, INC.
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)?		77	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	•		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 Form 990 (2022)
 VOTEAMERICA, INC.

 Part 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		х	
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	<u>л</u>	
24a				
	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		x
h	Schedule K. If "No," go to line 25a         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	000		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	х	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
50	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		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	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?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	17	
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
<b>1</b> a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16		100	110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
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	Δ			

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Form	990 (2022) VOTEAMERICA, INC. 84-3442	002	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	5 12-13-22	Form	1 <b>990</b>	(2022)

232005 12-13-22

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Form 990	) (2022
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VOTEAMERICA, INC.

Section A. Governing Body and Management

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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.

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

			<u>م</u>	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	1a	3		
	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 0.				
	Enter the number of voting members included on line 1a, above, who are independent	1b	4		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		X
6	Did the organization have members or stockholders?			Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?	opoint one or		x	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		<u>1a</u>		
			76	x	
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		<b>7b</b>	- 11	
				x	
	The governing body?			X	
	Each committee with authority to act on behalf of the governing body?		<b>8b</b>	<u> </u>	
	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		X
ect	ion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$		<b>10b</b>		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form	? <b>11a</b>	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	'es," describe			
	on Schedule O how this was done		12c	Х	
	Did the organization have a written whistleblower policy?			Х	
	Did the organization have a written document retention and destruction policy?			X	
	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a			
	taxable entity during the year?		16a		Х
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		
	ion C. Disclosure				•
	List the states with which a copy of this Form 990 is required to be filed CA				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ai	nd 990-T (section 501(c	)(3)s onl <sup>,</sup>	/) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	(	,, ,= 0.11	,	
		on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	and fine	ncial	
	statements available to the public during the tax year.	or interest policy		noiai	
	State the name, address, and telephone number of the person who possesses the organization's bo	oke and records			
	DEBRA CLEAVER - (917) 882-0405	UNS ANU TECOTUS			
	1270 GROVE STREET, 301, SAN FRANCISCO, CA 94117				
2006	12-13-22		Forr	n <b>990</b>	(2022
			Forr	n <b>99</b>	0

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated
	Employees, and Independe	ent Contra	ctors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

• 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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d I	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	st con yee	_	1099-1120)		organizations
	line)	ndivid	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) DEBRA CLEAVER	55.00	_	_		×	<u>т ө</u>	ш.			
CEO AND BOARD PRESIDENT		x		x				198,834.	Ο.	8,383.
(2) LAURIE LENNINGER	40.00									
DIRECTOR, STRATEGIC PARTNERSHIPS		1				X		120,218.	0.	8,791.
(3) DANIEL MCCARTHY	40.00									
VP, FINANCE AND OPERATIONS						Х		115,808.	0.	7,555.
(4) KELLY BRUCE	40.00									
ASSOCIATE DIRECTOR, GROWTH						х		107,610.	0.	8,577.
(5) SUZANNE METZGER	1.00									_
DIRECTOR AND SECRETARY		Х		х				0.	0.	0.
(6) CINDY ABRAMSOM	1.00								_	_
DIRECTOR AND TREASURER		Х		х				0.	0.	0.
		-								
		-								
				-						
		1								
000007 10 10 00										Earm <b>990</b> (2022)

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232007 12-13-22

Form 990 (2022)

Form 990 (2022) VOTEAME	-								84-3	4420	002	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Tr		ploy	ees			ghes	t C						
<b>(A)</b> Name and title	(B) Average hours per week (list any	box offic	not c , unle	ss pe	<b>ition</b> more rson i	than o is both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	on J	am	(F) timate ount other	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga anc	oensa om the anizati I relate nizatie	e ion ed
1b Subtotal		L		L				542,470.		0.	3	3,3	06.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								0. 542,470.		0.	33	3,3	0. 06.
2 Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	oove	e) wh	o r	eceived more than \$100	),000 of reportab	le			4
3 Did the organization list any <b>former</b> office			-	•	-		Ŭ		2			Yes	No
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i></li> <li>For any individual listed on line 1a, is the and related organizations greater than \$1</li> </ul>	sum of reportab	le co	omp	ensa	ation	n and	ot		the organization		3	x	X
5 Did any person listed on line 1a receive o rendered to the organization? <i>If "Yes," co</i> Section B. Independent Contractors	r accrue compe	nsat	ion f	rom	any	unre	elat	ed organization or indiv	idual for services		5		Х
1 Complete this table for your five highest of	•	•							-	npensa	ation fi	rom	
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)         Name and business address       Description of services       C							C	(C omper		n			
ADQUICK, INC. 1291 ELECTRIC AVENUE, VI FLYTEDESK	ENICE, C	<u>A 9</u>	902	291	<u>L</u>		_	ADVERTISING	SERVICES		670	),3	83.
300 S BROADWAY, BOULDER COMMUNITY.COM INC.	CO 803	05						CAMPUS ADVER IT & PLATFOR			444	1,7	09.
1547 9TH STREET, SANTA M	IONICA, (	CA	90	)4(	)1			SERVICES			118	3,3	05.
2 Total number of independent contractors \$100,000 of compensation from the orga		not lii	mite	d to	-	se lis 3	tec	l above) who received n	nore than			000 //	2000)
											-orm 3	JUU (2	2022)

Form	n 990	(2022) VOT	TEAMERICA	, INC.			84-3442	002 Page 9
	rt VI							~
		Check if Schedule O	contains a respor	nse or note to any lir				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue		<b>(D)</b> Revenue excludec from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
fts,	С	Fundraising events						
ilar İlar	d	Related organizations						
Sin	e	Government grants (contr						
utic Jer	t	All other contributions, gifts, similar amounts not included	grants, and l above <b>1f</b>	3,556,904.				
ltrib Otl		Noncash contributions included in		87,670.				
Con	9 h	Total. Add lines 1a-1f			3,556,904.			
<u> </u>				Business Code				
e	2 a	LICENSING FEE	ES	518210	169,746.	169,746.		
e rio	b			458000	427.	427.		
s Se	с			_				
Program Service Revenue	d							
рõ	е	•						
ā	f	1 5						
	g				170,173.			
	3	Investment income (inclue	ding dividends, in	terest, and	10			10
					48.			48
	4	Income from investment o	•	•				
	5	Royalties	(i) Real	(ii) Personal				
	6 9	Gross rents	6a					
	b		6b					
	c	Rental income or (loss)	6c					
	d			I				
	7 a	Gross amount from sales of	(i) Securitie	es (ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
evenue		and sales expenses	7b					
өлө		Gain or (loss)	7c					
č		Net gain or (loss)		·····				
Other	8 a	Gross income from fundraisi						
0		including \$						
		contributions reported on		8a				
	b	Part IV, line 18		8a 8b				
	c		····· L					
		Gross income from gamin	r					
		Part IV, line 19	-	9a				
	b	Less: direct expenses		9b				
		Net income or (loss) from						
	10 a	Gross sales of inventory,						
		and allowances						
		Less: cost of goods sold	-	10b				
	С	Net income or (loss) from	sales of inventor					
sn		EMPLOYEE RET.	CBEDIM	Business Code 900099	55,820.			55,820
Miscellaneous Revenue	11 a	DEFINID	CKEDII	900099	4,651.			4,651
ella	b				<u> </u>			<u> </u>
isc. Re	c d	All other revenue						
Σ		Total. Add lines 11a-11d			60,471.			
	12	Total revenue. See instruction			3,787,596.		0.	60,519
23200	9 12-1						•	Form <b>990</b> (2022

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VOTEAMERICA, INC.

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).

Check if Schedule O contains a response			()	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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				
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
<ul> <li>4 Benefits paid to or for members</li> <li>5 Compensation of current officers, directors,</li> </ul>				
trustees, and key employees	207,217.	124,330.	41,444.	41,443.
6 Compensation not included above to disqualified	20772270			
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	956,777.	689,234.	149,146.	118,397.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	65,791.	46,454.	10,530.	8,807.
10 Payroll taxes	92,285.	64,812.	14,978.	12,495.
<b>11</b> Fees for services (nonemployees):				
a Management	15 420		4 701	10 640
b Legal	15,430.		4,781. 32,535.	10,649.
c Accounting	32,535.		34,535.	
d Lobbying	57,000.			57,000.
e Professional fundraising services. See Part IV, line 17	57,000.			57,000
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	518,405.	507,928.	5,387.	5,090.
12 Advertising and promotion	1,261,288.	1,261,288.		-,
13 Office expenses	25,131.	10,198.	14,199.	734.
14 Information technology	49,315.	21,400.	17,062.	10,853.
15 Royalties				
16 Occupancy	6,000.		6,000.	
17 Travel	34,556.	24,666.		9,890.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials $\dots$				
<b>19</b> Conferences, conventions, and meetings	5,316.	5,316.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,989.		5,989.	
23 Insurance	5,909.		5,909.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a STAFF DEVELOPMENT	37,614.	30,610.	5,504.	1,500.
b DONOR STEWARDSHIP	10,128.			10,128.
c DUES AND SUBSCRIPTIONS	1,615.	1,144.	471.	0.
d MISCELLANEOUS EXPENSE	60.			60.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,382,452.	2,787,380.	308,026.	287,046.
<b>26 Joint costs.</b> Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022

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Form **990** (2022)

VOTEAMERICA, INC.

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	1	Check if Schedule O contains a response or	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		567,353.		261,876.
	2	Savings and temporary cash investments		9,657.	2	750,736
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		-	4	
	5	Loans and other receivables from any currer				
		trustee, key employee, creator or founder, s				
		controlled entity or family member of any of			5	
	6	Loans and other receivables from other disc				
		under section 4958(f)(1)), and persons desc			6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or oth				
		basis. Complete Part VI of Schedule D				
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, li			12	
	13	Investments - program-related. See Part IV, I			13	
	13 14				14	
	15	Intangible assets			15	
	15 16	Other assets. See Part IV, line 11		577,010.	16	1,012,612
	17			25,572.	17	56,030
	18	Accounts payable and accrued expenses	25,572.	17	50,050	
	19	Grants payable			19	
	20	Deferred revenue			20	
		Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
Liabilities	22	Loans and other payables to any current or				
bili		trustee, key employee, creator or founder, si			00	
Lia	~	controlled entity or family member of any of			22	
	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unre			24	
	25	Other liabilities (including federal income tax				
		parties, and other liabilities not included on I	ines 17-24). Complete Part X			
		of Schedule D			25	FC 020
	26	Total liabilities. Add lines 17 through 25		25,572.	26	56,030
ŝ		Organizations that follow FASB ASC 958,	check here X			
č		and complete lines 27, 28, 32, and 33.		EE1 420		056 500
ala	27	Net assets without donor restrictions		551,438.	27	956,582
ар 	28	Net assets with donor restrictions			28	
'n		Organizations that do not follow FASB AS	C 958, check here			
r F		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fu			29	
SSE	30	Paid-in or capital surplus, or land, building, o			30	
ľ A	31	Retained earnings, endowment, accumulate			31	
ž	32	Total net assets or fund balances		551,438.	32	956,582
	33	Total liabilities and net assets/fund balances	s	577,010.	33	1,012,612.

Form **990** (2022)

# Form 990 (2022) Part X Balance Sheet

	1990 (2022) VOTEAMERICA, INC.	84-34	<u>42002</u>	Paç	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				, –	<u>م</u> د
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,787		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,382		
3	Revenue less expenses. Subtract line 2 from line 1	3			$\frac{44.}{20}$
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	551	.,4	38.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		050		~ ~
De	column (B))	10	956	0,5	82.
Ра	rt XII Financial Statements and Reporting				37
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support 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.

2022
Open to Public Inspection

OMB No. 1545-0047

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Name of the o	organization
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Name o	f the organization							identification numb	er
Deat		AMERICA, I						4-3442002	
Part I	Reason for Public	Charity Status.	(All organizations must o	complete ti	his part.) S	See instruction	IS.		
The orga	anization is not a private found	dation because it is: (	(For lines 1 through 12, o	check only	one box.)				
1 🖵	A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)(*	1)(A)(i).			
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990).)					
3 🔄	A hospital or a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).			
4	A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,	
	_ city, and state:								
5	An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	unit descrik	bed in	
	section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X	An organization that norma	ally receives a substa	intial part of its support	irom a gov	ernmental	unit or from t	he general	public described in	
	section 170(b)(1)(A)(vi). (C	complete Part II.)							
8	A community trust describe	ed in section 170(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	unction with a	land-grant	college	
	or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of	f the colleg	e or	
	university:								
10	An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, a	nd gross receipts fron	n
	activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investmer	nt
	income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.	
	_ See section 509(a)(2). (Co	mplete Part III.)							
11 📃	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).			
12	An organization organized	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to ca	arry out the	e purposes of one or	
	more publicly supported or	rganizations describe	ed in <b>section 509(a)(1)</b> c	r section	509(a)(2).	See section 5	509(a)(3). (	Check the box on	
-	lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete lines	s 12e, 12f, and	d 12g.		
a	<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), 1	typically by	y giving	
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting	
-	organization. You must o	complete Part IV, Se	ections A and B.						
b L	<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving	
	control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported	
г	organization(s). You mus								
cL	Type III functionally integration						lly integrat	ed with,	
г	its supported organizatio								
d∟	Type III non-functionally								
	that is not functionally int			-		-	d an attent	iveness	
Г	requirement (see instruct								
eL	Check this box if the orga					а Туре I, Туре	II, Type III		
	functionally integrated, o							<b></b>	
	nter the number of supported of								
<b>g</b> Pr	rovide the following information (i) Name of supported	n about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	
	organization	(1) 211	(described on lines 1-10	in your governi Yes	ing document? No	support (see in	,	support (see instruction	
			above (see instructions))	165	NO				
									_
									_
									_
Total									

Schedule A (Form 990) 2022

Schedule A	Eorm	000	202
Schedule A		990	12021

VOTEAMERICA,	INC.
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Part II Support 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)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		0.	10608833.	1814142.	3556904.	15979879.
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		0	10608833.	1814142.	2556004	15979879.
	Total. Add lines 1 through 3		0.	10008833.	1014142.	3556904.	123/36/3.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						591,191.
~	column (f)						15388688.
	Public support. Subtract line 5 from line 4.						T7200000
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	
	Amounts from line 4	(a) 2018	(b) 2019	(c) 2020 10608833.	(d) 2021 1814142.	(e) 2022	(f) Total 15979879.
	Gross income from interest,			1000000000	1011112.	5556564.	± 3 5 7 5 6 7 5 •
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
a	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on		0.	197.	14.	48.	259.
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						15980138.
12	Gross receipts from related activities.	etc. (see instructi	ons)	•		12	351,681.
13	First 5 years. If the Form 990 is for th		,			501(c)(3)	
	organization, check this box and <b>stor</b>			·	-		X
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		14	%
15	Public support percentage from 2021	l Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2022. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ו			
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes	<b>t - 2022.</b> If the org	anization did not	check 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 thi	s box and <b>stop he</b>	<b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported of	organization		
b	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. Tl	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a		
						Schedule A	(Form 990) 2022

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#### 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.)

(d) 2021	(e) 2022	(f) Total
I		
(d) 2021	(e) 2022	(f) Total
	-)(0)	
as a section 501(		
	1	
	-	%
16		%
	-	
17		%
		%
		s not
		1
Defrodaus vibiliauc		
	Solicatie A (F	5. m 550j 2021
i	is more than 33 1/ ported organization d line 16 is more the publicly supported ox and see instruct	

#### VOTEAMERICA, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### 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.)

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Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022	VOTEAMERICA,		
Part IV	Supporting Or	ganizations (continued)		

2

3

Yes No

1.4

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described 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		
c	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 <b>Part VI.</b>	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
•				
2	Did the organization operate for the benefit of any supported organization other than the supported			

NC.

2 Did the organization operate for the benefit of any supported organization of the supported organization (s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations
---

			res	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		

Sec	ction D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	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.

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | Schedule A (Form 990) 2022

2a

2b

За

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VOTEAMERICA,	INC.
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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns <b>3</b>	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	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 t	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
с	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

VOTEAMERICA, INC.

 

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

 SCHEDULE A, PART II EXPLANATION OF SHORT YEAR

 AS VOTEAMERICA, INC. WAS INCORPORATED ON NOVEMBER 22, 2019, A SHORT

 PERIOD RETURN WAS FILED FOR THE PERIOD ENDING DECEMBER 31, 2019.

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# Schedule of Contributors

\*\* PUBLIC DISCLOSURE COPY \*\*

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

84-3442002

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

Organization type (check one):

#### VOTEAMERICA, INC.

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(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**

X 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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is checked.

**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).

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

Schedule B (Form 990) (2022)

Schedule B	(Form	990)	(2022)
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Name of organization

Page 2 Employer identification number

VOTEAMERICA, INC.

84 - 3442002

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>235,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>205,397</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
	22		

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13581112 140308 VAI

Schedule B	(Form 990	) (2022)	
	000000000000000000000000000000000000000	)(ZOZZ)	

Name of organization

Page 2 Employer identification number

#### VOTEAMERICA, INC.

84 - 3442002

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- \$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		- \$125,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$100,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 223452 11-15		- \$ <u>87,670.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

2022.04030 VOTEAMERICA INC. VAI 1 Doc1D: c00542990d6edac187614ed72f22619171ccb54b

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(a) No. from Part I	(b) 36 SHARES OF MICROSOFT (b) Description of noncash property given	rt II if additional space is needed.  (c) FMV (or estimate) (See instructions.)  (s 87,670. (c)	(d) Date received																																																
No.       3         12       -         (a)       -         From       -         (a)       -         Part I       -         (a)       -         (b)       -         (a)       -         (b)       -         (a)       -         (b)       -         (a)       -         (b)       -         (b)       -         (b)       -         (b)       -         (c)       -         (a)       -         (b)       -         (c)       -         (c)       - <tr tbody=""> <t< th=""><th>Description of noncash property given 36 SHARES OF MICROSOFT (b)</th><th>FMV (or estimate) (See instructions.)          </th><th>Date received</th></t<></tr> <tr><th>12 (a) No. from Part I (a) No. from</th><th>(b)</th><th></th><th>12/31/22</th></tr> <tr><td>No. from Part I </td><td></td><td>(c)</td><td></td></tr> <tr><td>No. from</td><td></td><td>FMV (or estimate) (See instructions.)</td><td>(d) Date received</td></tr> <tr><td>No. from</td><td></td><td>\$</td><td></td></tr> <tr><td> </td><td>(b) Description of noncash property given</td><td>(c) FMV (or estimate) (See instructions.)</td><td>(d) Date received</td></tr> <tr><td></td><td></td><td>   \$  </td><td></td></tr> <tr><td>(a) No. from Part I</td><td>(b) Description of noncash property given</td><td>(c) FMV (or estimate) (See instructions.)</td><td>(d) Date received</td></tr> <tr><td></td><td></td><td> \$</td><td></td></tr> <tr><td>(a) No. from Part I</td><td>(b) Description of noncash property given</td><td>(c) FMV (or estimate) (See instructions.)</td><td>(d) Date received</td></tr> <tr><td></td><td></td><td>\$</td><td></td></tr> <tr><td>(a) No. from Part I</td><td>(b) Description of noncash property given</td><td>(c) FMV (or estimate) (See instructions.)</td><td>(d) Date received</td></tr> <tr><td></td><td></td><td>_    </td><td></td></tr>	Description of noncash property given 36 SHARES OF MICROSOFT (b)	FMV (or estimate) (See instructions.)	Date received	12 (a) No. from Part I (a) No. from	(b)		12/31/22	No. from Part I 		(c)		No. from		FMV (or estimate) (See instructions.)	(d) Date received	No. from		\$			(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			\$		(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			\$		(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			\$		(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			_	
Description of noncash property given 36 SHARES OF MICROSOFT (b)	FMV (or estimate) (See instructions.)	Date received																																																	
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Page 3

Schedule B (Form 990) (2022) Name of organization

Employer identification number

EA	MERICA, INC.		84-3442002
rt III	Exclusively religious, charitable, etc., contribut		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	through (e) and the following line entr	ry For organizations
	Use duplicate copies of Part III if additional	space is needed.	ess for the year. (Enter this into, once.) *
) No.			
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
ŀ		(e) Transfer of gift	
		(c) transfer of gift	
	Transferee's name, address, a	nd $\mathbf{7IP} \pm 4$	Relationship of transferor to transferee
ł			
) No. rom		l	
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ł		(e) Transfer of gift	I
			•
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee
f			
) No.			
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Γ		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I	(b) Fulpose of gift		(d) Description of now gift is neid
			[
ļ			
		(e) Transfer of gift	t
ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
54 11-15	5-22	25	Schedule B (Form 990) (2022

	2022
	ion. Open to Public
INC.	Employer identification number 84-3442002
Advised Funds or Other Similar Funds Part IV, line 6.	or Accounts.Complete if the
(a) Donor advised funds	(b) Funds and other accounts
-	
d donor advisors in writing that grant funds can be u	ised only
e donor or donor advisor, or for any other purpose o	onferring
	Yes No
	the organization answered "Yes" on Form 990, , 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990. (Form990 for instructions and the latest informat CNC . Advised Funds or Other Similar Funds Part IV, line 6. (a) Donor advised funds

	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement	t on the last
	day of the tax year.	Held at the End	of the Tax Year

а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	s)(i)
	and section 170(h)(4)(B)(ii)?	Yes 🛛 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	nent and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th	at describes the
	organization's accounting for conservation easements.	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ball	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
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Protection of natural habitat

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Preservation of a certified historic structure

No

Sche		RICA, INC						84-34			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	Art, His	torical T	reasures,	or Othe	r Simila	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other reco	rds, chec	k any of the	e following the	at make się	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition				change progr						
b	Scholarly research		e 📖	Other							
С	5										
4	Provide a description of the organization's co	ollections and expla	ain how th	ney further	the organizat	ion's exem	pt purpo	ose in Par	t XIII.		
5											
Dec	to be sold to raise funds rather than to be m								Yes		No
Par	<b>t IV</b> Escrow and Custodial Arran		plete if the	e organizatio	on answered	"Yes" on F	<sup>-</sup> orm 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7.		٦.,
	on Form 990, Part X?							L	Yes		No
a	If "Yes," explain the arrangement in Part XIII	and complete the	rollowing	table:					Amount		
-									Amount		
	Beginning balance										
	Additions during the year						1e				
e f	Distributions during the year Ending balance						1f				
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
Par											_
		(a) Current year	-	rior year	(c) Two yea			ears back	(e) Four	years	back
1a	Beginning of year balance	-									
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balar	nce (line 1	g, column (	(a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organi	ization that	at are held a	and administ	ered for the	е		г		
	organization by:									Yes	No
	(i) Unrelated organizations										
	(ii) Related organizations				·····				3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza				′				3b		
4 Par	t VI Land, Buildings, and Equipm		owment	tunas.							
1 41	Complete if the organization answere		90 Part IV	/ line 11a	See Form 99	0 Part X li	ne 10				
	Description of property	(a) Cost or			t or other	· ·	cumulate	bd	(d) Book	value	<u> </u>
	Description of property	basis (inves			(other)		reciation	,u	( <b>u</b> ) Door	valu	0
1a	Land	· · · · ·			()						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		rt X, colur	mn (B), line	10c.)	•					0.
		,,						Schedule	D (Form	990)	2022

232052 09-01-22

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		<b>(b)</b> Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f. See Form 990 Part X line 25	
(a) Description of lightlity			(b) Book value
			(
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
iotal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 VOTEAMERICA, INC.		84-	3442002 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Re	venue per Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,787,596.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	. 2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			3,787,596.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			3,787,596.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		openses per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		i	
1	Total expenses and losses per audited financial statements		1	3,382,452.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			3,382,452.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			3,382,452.
Pa	rt 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.

#### PART X, LINE 2:

VOTEAMERICA FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARDS CODIFICATION
TOPIC 740-10, INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE
FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN
ENTITY'S CONSOLIDATED FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF
"MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS
TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE ORGANIZATION'S
POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX
POSITIONS, IF ANY, IN INCOME TAX EXPENSES.

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR

232054 09-01-22

Schedule D (Form 990) 2022

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		m 990) 2022					INC	•					84-3	3442	002	Page <b>5</b>
Part >	KIII Su	ıpplemen	tal Info	ormation	(contin	ued)										
THE	YEAR	ENDED	DEC	EMBER	31,	2022	AND	DETER	MINED	) THA	г тне	RE 1	WERE	NO	МАТТ	ERS
THAT	' WOU	LD REQ	UIRE	RECOG	SNIT]	ION OI	N THE	E CONS	OLIDA	TED 1	FINAN		L STA	TEM	ENTS	OR
THAT	' MAY	HAVE	ANY I	EFFECI	ON	ITS 7	TAX-I	EXEMPT	STAI	us.	THE S	TAT	UTE (	OF		
LIMI	TATI	ONS GE	NERA	LLY RE	EMAIN	IS OP	EN FO	OR THR	EE TA	X YE	ARS W	ІТН	THE	u.s	•	
FEDE	RAL	JURISD	ICTI	ON OR	THE	VARI	ous s	STATES	AND	LOCA	JUR	ISD	ICTIC	ONS	IN	
WHIC	н тн	E ORGA	NIZA	TION B	TLES	5 TAX	RETU	JRNS.								

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ental Information Regarding	Fun	drais	sing or Gaming	Activities	OMB No. 1545-0047		
(Form 990)		the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to Form 990 of					Open to Public		
Internal Revenue Service		to www.irs.gov/Form990 for instru-	ctions	and t	he latest informatio		Inspection		
Name of the organization		ERICA, INC.				84-34	identification number		
Part I Fundrais		Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV.				
	complete this par								
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solici</li> <li>d X In-person sc</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitation tations licitations on have a written ed in Form 990, F		tion of tion of fundra l (inclue	non-g gover aising ding c	overnment grants rnment grants events officers, directors, trus fundraising services?	stees, or			
compensated at le	east \$5,000 by the	e organization.							
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	by) to (or retained by)		
ASPIRATION - P.O.		STEWARDSHIP AND	Yes	No					
SAN FRANCISCO, CA SUMMIT CAMPAIGN ST		DEVELOPMENT FUNDRAISING CONSULTING AND		X	0.	9,0	009,000.		
INC 87 SUMMIT C		EMAIL PROGRAM		x	0.	48,0	-48,000.		
			<b> </b>						
Total						57,0	0057,000.		
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrik	oution	s or has been notified	d it is exempt fro	m registration		
CA									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

232081 10-27-22

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of fundraising event contributions and gross income on Form 990 F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		or fundraising event contributions and gro			events with gross receip	ns greater than \$5,000.
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ø			(event type)	(event type)	(total number)	COI. <b>(C)</b>
enu						
Revenue	1	Gross receipts				
	2	Less: Contributions				
	_					
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses		Rent/facility costs				
ЩЩ						
rect	7	Food and beverages				
ā	•	Entertainment				
	8 9	Entertainment Other direct expenses				
	-	Direct expense summary. Add lines 4 through		II		
		Net income summary. Subtract line 10 from li				
Pa	rt I	II Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	.,	col. (a) through col. (c))
Re						
_	1	Gross revenue				
	2	Cash prizes				
Sec	-					
per	3	Noncash prizes				
Ê						
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	└── Yes %	<b>Yes</b> %	
	6	Volunteer labor	Νο	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	~	Net coming in come of the come of the come	fuene line of the line of the			
	8	Net gaming income summary. Subtract line 7	trom line 1, column (d)			<u>I</u>
9	Ent	ter the state(s) in which the organization condu	icte gaming activitios:			
		he organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
		· · ·				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
23208	32 10	)-27-22			Sche	dule G (Form 990) 2022

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Sch	edule G (Form 990) 2022	VOTEAMERICA,	INC.	8	4-344	2002	Page 3
11	Does the organization conduct g	aming activities with nonme	embers?			Yes	No
				ber of a partnership or other entity formed			
						] Yes	No No
13	Indicate the percentage of gamir						
					13a		%
						,	%
				ion's gaming/special events books and records			
		···· · · · · · · · · ·		····· - 9-···· 9			
	Name						
	Address						
15a	Does the organization have a co	ntract with a third party fron	n whom th	e organization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gan	ning revenue received by th	e organiza	tion \$ and the amou	nt		
	of gaming revenue retained by th	ne third party \$					
c	If "Yes," enter name and address	s of the third party:		_			
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Carning manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		lependent contractor			
17	Mandatory distributions:						
		er state law to make charital	ble distrib	itions from the gaming proceeds to		-	
	retain the state gaming license?				L	Yes	No No
b	Enter the amount of distributions	required under state law to	o be distrik	outed to other exempt organizations or spent in	the		
_	organization's own exempt activi		\$				
Pa		-		equired by Part I, line 2b, columns (iii) and (v); a	nd Part III,	lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provide a	iny additio	nal information. See instructions.			
SC	HEDULE G, PART I,	LINE 2B, LIS	Γ OF '	TEN HIGHEST PAID FUNDRAI	SERS:		
	,	, <u></u>	_				
(I	NAME OF FUNDRAT		ΔΜΡΔΤ	GN STRATEGIES, INC.			
<u>\</u>	/ MAIL OF FORDIME			SN BIRNIBEILD, INC.			
(I	) ADDRESS OF FUND	RAISER: 87 SU	MMIT	CIRCLE, SHELBURNE, VT 0	5842		
2320	83 10-27-22			S	chedule G	(Form	990) 2022

13581112	140308	VA

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Schedule G	G (Form 990)	VOTEAMERIC
Part IV	Supplementa	I Information (continued)

VOTEAMERICA, INC.
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		Schedule G (Form 99
2084 04-01-22	34	

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	)47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	77	)
•	-	Compensated Employees		20		-
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	lic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer ic			mber
_		VOTEAMERICA, INC.	84-3	44200	2	
Pa	rt I   Question	s Regarding Compensation				
				_	Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
-		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
•						
3		ny, of the following the organization used to establish the compensation of the organization'				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant				
	X Form 990 of o	ther organizations	committee			
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 re					
а		e payment or change-of-control payment?		4a		x
b		eive payment of change of control payment?				x
		eive payment from an equity-based compensation arrangement?				x
U		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		+•		<u> </u>
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
-	contingent on the r					
а	•			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а		~ 		6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8	_	X
9		id the organization also follow the rebuttable presumption procedure described in				
_		n 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990	) 2022

Schedule J (Form 990) 2022

### 84-3442002

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEBRA CLEAVER	(i)	198,834.	0.	0.	0.	8,383.	207,217.	0.
CEO AND BOARD PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service 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 84-3442002

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N	lame	of	the	orga	nization
---	------	----	-----	------	----------

## VOTEAMERICA, INC.

Pa	TT Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut			5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	87,670.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	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 ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part V, D	Donee Acknowledg	ement 29				
						Y	′es	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t							v
_	exempt purposes for the entire holding period?				·····	30a	_	X
	If "Yes," describe the arrangement in Part II.							v
31	Does the organization have a gift acceptance p				itions?	31		X
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

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

Schedule M (Form 990) 2022

32a

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b If "Yes," describe in Part II.

Schedule M (Form 990) 2022 VOTEAMERICA, INC.

84-3442002 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE TOTAL IN COLUMN (B) REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS

RECEIVED.

SCHEDULE M, LINE 32B:

VOTEAMERICA USES STOCK DONATOR, INC. TO PROCESS STOCK DONATIONS. THE

ORGANIZATION USES BITPAY TO PROCESS CRYPTOCURRENCY DONATIONS.

Schedule M (Form 990) 2022

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SCHEDULE O (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.



Employer identification number 84 - 3442002

VOTEAMERICA, INC.

FORM 990, PART VI, SECTION A, LINE 6:

VOTEAMERICA'S GOVERNING DOCUMENTS SPECIFY ONE SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

VOTEAMERICA'S SOLE MEMBER HAS THE POWER TO APPOINT DIRECTORS TO THE

ORGANIZATION'S BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

VOTEAMERICA'S SOLE MEMBER CAN BE INVOLVED WITH ANY GOVERNANCE DECISION.

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

A COPY OF THE DRAFT FORM 990 IS PROVIDED BY THE ACCOUNTING FIRM AND IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER. A COPY OF THE DRAFT FORM 990 IS ALSO FORWARDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW. ANY ISSUES RAISED DURING THE REVIEW ARE DISCUSSED WITH THE ACCOUNTING FIRM. ONCE ALL ISSUES HAVE BEEN RESOLVED, THE FEDERAL FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

ALL VOTEAMERICA EMPLOYEES ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY IN JANUARY OF A CALENDAR YEAR. THE BOARD OF DIRECTORS REVIEWS THE POLICY ITSELF, AS WELL AS THE SIGNED VERSIONS, AND ADDRESSES CONFLICTS AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 15:

 ON
 AN
 ANNUAL
 BASIS,
 THE
 BOARD
 OF
 DIRECTORS
 STUDIES
 COMPARABILITY
 DATA
 TO

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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 10-28-22
 Schedule O (Form 990) 2022
 Schedule O (Form 990) 2022

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Name of the organization VOTEAMERICA, INC.	Employer identification number 84-3442002
REVIEW AND APPROVE ANY CHANGE TO THE CEO'S COMPENSATION	. THE CEO, IN TURN,
JSES PUBLICLY AVAILABLE DATA TO SET THE SALARIES OF EMP	LOYEES, AND TO
ENSURE THAT VOTEAMERICA REMAINS COMPETITIVE WITHOUT OVE	RPAYING FOR STAFF.
FORM 990, PART VI, SECTION C, LINE 19:	
OTEAMERICA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUE	ST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
/OTER OUTREACH:	
PROGRAM SERVICE EXPENSES	372,654
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
FOTAL EXPENSES	372,654
PUBLIC RELATIONS, STRATEGY:	
PROGRAM SERVICE EXPENSES	2,026
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	798
FOTAL EXPENSES	2,824
ENGINEER CONSULTANTS:	
PROGRAM SERVICE EXPENSES	55,409
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
	55,409

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
VOTEAMERICA, INC.	84-3442002
PROGRAM SERVICE EXPENSES	48,582.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	48,582.
PROJECT MANAGEMENT:	
PROGRAM SERVICE EXPENSES	6,146.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,146.
PEO SERVICE FEES:	
PROGRAM SERVICE EXPENSES	23,111.
MANAGEMENT AND GENERAL EXPENSES	5,387.
FUNDRAISING EXPENSES	4,292.
TOTAL EXPENSES	32,790.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	518,405.
FORM 990, PART XII, LINE 2B	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

232212 10-28-22

Schedule O (Form 990) 2022

13581112 140308 VAI

SCH	IEDULE R
<b>/</b>	

## (Form 990)

Department of the Treasury Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

84-3442002

Name of the organization

VOTEAMERICA, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
VOTEAMERICA, LLC	LICENSING AND MOBILIZATION				
1270 GROVE STREET, SUITE 301	SOFTWARE FOR VOTER				
SAN FRANCISCO, CA 94117	REGISTRATION	DELAWARE	169,761.	173,288.	VOTEAMERICA, INC.
	]				
	]				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	conti	<b>g)</b> 512(b)(13) rolled tity?	
				501(c)(3))		Yes	No	
							<u> </u>	

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

Schedule R (Form 990) 2022

## Schedule R (Form 990) 2022 VOTEAMERICA, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1)	ר)	(i)	(j	i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	-	Code V-UBI amount in box 20 of Schedule	mana partr	aging her?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
Part IV Identification of Related Orgonizations treated as a contract of the second se	ganizations Taxable a	as a Corpo	pration or Trust. Co	mplete if the organizat	ion answered "Ye	s" on Form 990, Pa	art IV,	line 34	1, because it had o	one c	or mo	ore related

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sect 512(b contr enti Yes	b)(13) rolled tity?
								105	

## Schedule R (Form 990) 2022 VOTEAMERICA, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
с	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
_(4)			
(5)			
<u>(6)</u>			
232163 09-14-22	45		Schedule R (Form 990) 2022

## Schedule R (Form 990) 2022 VOTEAMERICA, INC.

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

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

(a)	(h)		(d)			(f)	(a)		2)	(i)	(j)	(k)
	(b)	(c)	(U) Dradominant incomo	(€ Are partner 501(r org	all all		(g)	()	"		(J) Comorrol d	(K)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner 501(	rs sec. c)(3)	Share of	Share of	UISPr tior	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		(state or foreign	excluded from tax under	org	s.?	total	end-of-year	alloca	tions?	of Schedule K-1	partner	ownersnip
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes No	)
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Schedule R (Form 990) 2022

#### VOTEAMERICA, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

232165 09-14-22



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