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PUBLIC DISCLOSURE COPY

| ç | 3879-TE | | IR | S E-file Signature Au for a Tax Exempt | thorization | | OMB No. 1545-0047 |
|----------------------------------|--|--|---|---|---|--|--|
| Form | 5079-1L | For calendar y | | | | | 0000 |
| | | For calendar y | ear 2023, or i | iscal year beginning, 2023, Do not send to the IRS. Keep for y | | , 20 | 2023 |
| | ent of the Treasury Revenue Service | | Go | to www.irs.gov/Form8879TE for the | | | |
| Name o | | | | | | EIN or SS | N |
| | VOTEAM | IERICA, | INC. | | | 84-3 | 442002 |
| Name a | and title of officer or pe | | | EBRA CLEAVER | | | |
| | | , | | EO AND BOARD PRESIDI | ENT | | |
| Parl | I Type of | Return and | d Retur | n Information | | | |
| Form & or 10a which | 5330 filers may enter below, and the am | er dollars and o ount on that li | cents. For ne for the nter -0-). E | ing this Form 8879-TE and enter the a all other forms, enter whole dollars on return being filed with this form was b But, if you entered -0- on the return, the | ly. If you check the k lank, then leave line en enter -0- on the ap | box on line 1a, 2a 1b, 2b, 3b, 4b, 5 oplicable line belo | a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, b, 6b, 7b, 8b, 9b, or 10b, ow. Do not complete more |
| 1a | Form 990 check | here | Х ь | Total revenue, if any (Form 990, Part | : VIII, column (A), line | e 12) | 1b <u>1,385,696</u> |
| 2a | Form 990-EZ che | eck here | | Total revenue, if any (Form 990-EZ, li | | | |
| 3a | Form 1120-POL | | | Total tax (Form 1120-POL, line 22) | | | |
| 4a | Form 990-PF che | | | Tax based on investment income (F | | | |
| 5a | Form 8868 check | | | | | | 5b |
| 6a | Form 990-T chec | | b | Total tax (Form 990-T, Part III, line 4) | | | _ 6b |
| 7a | Form 4720 check | | b b | Total tax (Form 4720, Part III, line 1). | | | . 7b |
| 8a | Form 5227 check | | | FMV of assets at end of tax year (Fo | | | |
| 9a | Form 5330 check | | | Tax due (Form 5330, Part II, line 19) | | | |
| _ | Form 8038-CP c | | b | Amount of credit payment requeste | ed (Form 8038-CP, P | Part III, line 22) | 10b |
| Parl | | | | e Authorization of Officer or F | | | |
| | | | | m an officer of the above entity or | | | |
| of enti | | | | , (EIN), view of the less of th | | | |
| payme persor | ent of taxes to receinal identification nu | ve confidentia mber (PIN) as | l informati | settlement) date. I also authorize the fin ion necessary to answer inquiries and cure for the electronic return and, if app | resolve issues relate | ed to the payment | t. I have selected a |
| | heck one box only ▼ ↓ ↓ ↓ ↓ ↓ ↓ | | | | | | PIN 00001 |
| L | X I authorize HA | IN GROUP | , TTC | EDO francesso | | to enter my | Enter five numbers, but |
| | | | | ERO firm name | | | do not enter all zeros |
| | with a state age on the return's As an officer or return. If I have | ency(ies) regula disclosure cor person subject indicated with | ating char isent scre ct to tax w iin this ret | lectronically filed return. If I have indica rities as part of the IRS Fed/State prog een. /ith respect to the entity, I will enter my urn that a copy of the return is being fi PIN on the return's disclosure consent | ram, I also authorize PIN as my signature led with a state ager | e the aforemention re on the tax year | ned ERO to enter my PIN 2023 electronically filed |
| Signatur | e of officer or person subj | ect to tax | | | | Dat | te |
| Part | | ation and A | luthent | ication | | | |
| ERO's | EFIN/PIN. Enter y | our six-digit ele | ectronic fi | ling identification | | | |
| numbe | er (EFIN) followed b | y your five-dig | it self-sele | cted PIN. | 5470110 Do not enter al | | |
| submi | • | • | - | which is my signature on the 2023 elec uirements of Pub. 4163, Modernized e | • | | |
| ERO's | signature JEN | NIFER S | S. HAI | N | Date | 10/28/24 | |
| | | | | O Must Retain This Form - Se | | | |
| | | Do N | ot Subn | nit This Form to the IRS Unle | ss Requested T | ۲o Do So | |
| For Pr | ivacy Act and Pap | erwork Redu | ction Act | Notice, see instructions. | | | Form 8879-TE (2023) |
| LHA | 302521 01-05-24 | | | | | | |

2023.04030 VOTEAMERICA INC VAT 1 Doc1D: cc2809226c7f07129d92f4d32dd5ba8f253e0227

| Form | 9 | 9 | 0 |
|---------|---|---|---|
| . 01111 | - | - | - |
| | | | |

** 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 |

| ΑF | or the | 2023 calendar year, or tax year beginning | and | l ending | | |
|--------------------------------|---------------------------|---|---|----------------|-------------------------------|-----------------------------|
| B c | heck if | C Name of organization | | | D Employer identific | ation number |
| | Addres | voteamerica, inc. | | | | |
| | Name change | | | | 84-344200 |)2 |
| | Initial return | Number and street (or P.O. box if mail is not del | vered to street address) | Room/suite | E Telephone number | |
| | Final | 1270 GROVE STREET | | 301 | (917) 882 | |
| | termin- ated | City or town, state or province, country, and | | | G Gross receipts \$ | 1,385,696. |
| | Amend | SAN FRANCISCO, CA 941 | | | H(a) Is this a group re | |
| | Applica tion pendin | a | RA CLEAVER | | for subordinates? | |
| | | SAME AS C ABOVE | | | H(b) Are all subordinates ind | cluded? Yes No |
| - | | empt status: X 501(c)(3) 501(c) () | (insert no.) 4947(a)(1) | or 527 | | ist. See instructions |
| | Vebsit | | | | H(c) Group exemption | |
| | | | sociation Other | L Year | of formation: 2019 M | State of legal domicile: CA |
| Pa | | Summary | TIOUT | | | |
| e | 1 | Briefly describe the organization's mission or most SIMPLIFY POLITICAL ENGAGE | significant activities: VOTE | AMERIC | A USES TECH | NOLOGY TO |
| Governance | | | | | | |
| /err | | Check this box | | | 1 1 | sets. 3 |
| ĝ | | Number of voting members of the governing body | | | | 2 |
| 80 00 | | Number of independent voting members of the go | | | | 10 |
| Activities & | | Total number of individuals employed in calendar y | | | | 3 |
| ž | | Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, co | | | | 0. |
| ¥ | | Net unrelated business taxable income from Form | | | | 0. |
| | | | 990-1, Fait 1, III - 11 | <u></u> | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | | 3,556,904. | 1,300,663. |
| nue | | | | | 170,173. | 80,030. |
| Revenue | | nvestment income (Part VIII, column (A), lines 3, 4 | | | 48. | 5,003. |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c | | | 60,471. | 0. |
| | | Total revenue - add lines 8 through 11 (must equal | | | 3,787,596. | 1,385,696. |
| | 1 | Grants and similar amounts paid (Part IX, column (| | | 0. | 0. |
| | | Benefits paid to or for members (Part IX, column (A | | | 0. | 0. |
| ŝ | | Salaries, other compensation, employee benefits (| | | 1,322,070. | 911,163. |
| nse | | Professional fundraising fees (Part IX, column (A), I | ne 11e) | | 57,000. | 26,535. |
| Expenses | b. | Total fundraising expenses (Part IX, column (D), lin | e 25) 164,4 | 75. | | |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d | | | 2,003,382. | 843,510. |
| | 18 [·] | Total expenses. Add lines 13-17 (must equal Part I | X, column (A), line 25) | | 3,382,452. | 1,781,208. |
| | 19 | Revenue less expenses. Subtract line 18 from line | 12 | | 405,144. | -395,512. |
| Net Assets or Fund Balances | | | | Be | ginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | | 1,012,612. | 602,080. |
| at As | 21 | | | | 56,030. | 41,010. |
| | | Net assets or fund balances. Subtract line 21 from | line 20 | | 956,582. | 561,070. |
| | art II | Signature Block | | | | |
| | | ties of perjury, I declare that I have examined this return, | | | | knowledge and belief, it is |
| true, | , correc | t, and complete. Declaration of preparer (other than office | r) is based on all information of w | hich preparer/ | | |
| | | Signature of officer Debro Cleaver | | | 10 / 2 | 8 / 2024 |
| Sig | | - | אסה הספמ הסאש | | υαισ | |
| Her | e | DEBRA CLEAVER, CEO AND BO. Type or print name and title | ARD PRESIDENT | | | |
| | | | Dranavar'a ajanctura | | Date Check | PTIN |
| Paic | , | Print/Type preparer's name JENNIFER S. HAN | Preparer's signature JENNIFER S. HAN | | 0/28/24 | |
| | - 1 | | | • 14 | | |

| | Print/Type preparer S name | Preparer S Signature | | | UIECK | | | |
|------------|---|----------------------|-----------------|-------|---------------------------------|------------------------|--|--|
| Paid | JENNIFER S. HAN | JENNIFER S. | HAN | 10/28 | /24 ^{if} self-employed | P00633304 | | |
| Preparer | Firm's name HAN GROUP LLC | | | | Firm's EIN | | | |
| Use Only | Firm's address 1020 19TH STREET, | | 800 | | | | | |
| | WASHINGTON, DC 20 | 036 | | | Phone no. (202 |) 293-7000 | | |
| May the II | Aay the IRS discuss this return with the preparer shown above? See instructions | | | | | | | |
| LHA For | Paperwork Reduction Act Notice, see the sepa | rate instructions. | 332001 12-21-23 | | | Form 990 (2023) | | |

| | 1 990 (2023) VOTEAMERICA, INC. 84-3442002 | Page 2 |
|-------|---|-------------------|
| Pa | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: THE MISSION OF VOTEAMERICA IS TO STRENGTHEN UNITED STATES DEMOCRACY | BY |
| | INCREASING VOTER TURNOUT. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? XYes | No |
| 3 | | XNo |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, | |
| 4a | revenue, if any, for each program service reported. (Code:) (Expenses \$ 688,154 • including grants of \$) (Revenue \$ 80, | 030.) |
| та | GET OUT THE VOTE - VOTEAMERICA RUNS VERY LARGE-SCALE VOTER REGISTRA | TION |
| | AND VOTER TURNOUT CAMPAIGNS, WITH THE GOAL OF INCREASING TURNOUT AN DIVERSIFYING THE ELECTORATE. WE USE A VARIETY OF MARKETING CHANNELS | |
| | INCLUDING DIRECT MAIL, TEXT MESSAGES, DIGITAL ADS, RADIO ADS, AND | , |
| | CAMPUS-OWNED MEDIA. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$510,679. 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 MESSAGE | l. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 100.000 | |
| 4c | (Code:) (Expenses \$ 188,838. including grants of \$) (Revenue \$) (Re |) |
| | | THE |
| | IMPACT OF VOTEAMERICA'S MISSION. | 11115 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ 17,311. including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses 1,404,982. | |
| | | 990 (2023) |
| 33200 | ¹² 12-21-23 2 | |
| 471 | .028 140308 VAI 2023.04030 VOTEAMERICA, INC. 100.0000 100000 10000 1000000 | 1 |

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Form 990 (2023) Part IV Checklist of Required Schedules

VOTEAMERICA, INC.

| | | | Yes | No |
|--------|--|------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 37 |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 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, | | | 37 |
| _ | 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 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | х |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| 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 | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | x |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | 37 |
| 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 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more2 if "Ves." complete Schedule E. Parts Land IV. | 146 | | x |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| 10 | 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 | | | <u> </u> |
| | 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, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | X | <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? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | 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 |
| 332003 | 3 12-21-23 | Form | 990 | (2023) |

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| Form | 990 | (2023) | ۱ |
|------|-----|--------|---|
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 Form 990 (2023)
 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 Schedule J | 23 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| • | any tax-exempt bonds? | 24c | | |
| Ь | 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 | 2.10 | | |
| Lou | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | | |
| b | 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 | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| с | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i> | 32 | х | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35 a | 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 | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 18 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 332004 | 12-21-23 | Form | 990 | (2023) |
| | 4 | | | |

2023.04030 VOTEAMERICA INC VAI 1 Doc1D: cc2809226c7f07129d92f4d32dd5ba8f253e0227

| Form | 990 (2023) VOTEAMERICA, INC. 84-3442 | 002 | P | 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 10 | | | |
| 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 | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 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 |
| h | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | - Ou | | <u> </u> |
| , N | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.0 | | |
| | 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 |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 15 | | <u> </u> |
| Ŭ | to file Form 8282? | 7c | | x |
| Ь | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 10 | | |
| | 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 | | x |
| 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? | | | |
| 8 | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 8 | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders 11a | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | 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 | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see 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 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |
| 332005 | 12-21-23 | Form | 990 | (2023) |

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| Form 9 | 90 (2 | 2023 |
|--------|-------|------|
|--------|-------|------|

VOTEAMERICA, INC.

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

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X

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

| | | | | | Yes | No |
|--------|--|----------|-----------------------|----------|---------|----------|
| 1a | 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 O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 2 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | ip with | any other | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | ne direc | t supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X |
| ŀ | Did the organization make any significant changes to its governing documents since the prior Form | 990 wa | s filed? | 4 | | Σ |
| ; | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | | 5 | | Х |
| ; | Did the organization have members or stockholders? | | | 6 | Х | |
| a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | | |
| | more members of the governing body? | | | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | |
| | persons other than the governing body? | | | 7b | Х | |
| ; | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | |
| а | The governing body? | - | - | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
|) | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal F | | | | | |
| | | | , | | Yes | N |
| a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such of | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| а | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | | | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | ., | | | | |
| a | 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 ris | e to con | flicts? | 12b | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " | | | 12.0 | | |
| C | | | | 12c | x | |
| ; | on Schedule O how this was done Did the organization have a written whistleblower policy? | | | | X | |
| , , | Did the organization have a written document retention and destruction policy? | | | 14 | X | |
| 5 | Did the process for determining compensation of the following persons include a review and approv | | | 17 | | |
| , | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | ldependent | | | |
| ~ | | | | 15a | х | |
| a h | The organization's CEO, Executive Director, or top management official | | | | X | |
| U | Other officers or key employees of the organization | | | 15b | | |
| | | | | | | |
| ba | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | | | 10- | | X |
| | taxable entity during the year? | | | 16a | | |
| D | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | - | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga | Inizatio | n's | 101 | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| | | | | | | |
| | | | | 0) | N | - - - |
| 5 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | and 990 | D-1 (section 501(c)(| 3)s only |) avali | able |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain | | , | | | |
| | Describe on Schedule O whether (and if so, how) the organization made its governing documents, or | onflict | of interest policy, a | and fina | ncial | |
| | statements available to the public during the tax year. | | | | | |
|) | State the name, address, and telephone number of the person who possesses the organization's be DEBRA CLEAVER - (917) $882-0405$ | ooks ar | id records | | | |
| | | | | | | |
| _ | 1270 GROVE STREET, 301, SAN FRANCISCO, CA 94117 | | | | | |

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| Part VII | Compensation of Officers, | Directors, Trustees, | Key Employees, | Highest Compensated |
|----------|---------------------------|----------------------|----------------|---------------------|
| | Employees, and Independe | ent Contractors | | |

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

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

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) | (C) | | | | | | (D) | (E) | (F) | | |
|-----------------------------------|--|--------------------------------|---|---------|--------------|---------------------------------|--------|---|---|---|--|--|
| Name and title | Average hours per | box | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | h an | Reportable compensation | Reportable compensation | Estimated amount of | | |
| | week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations | | |
| (1) DEBRA CLEAVER | 55.00 | | | | | | | | | | | |
| CEO AND BOARD PRESIDENT | | Х | | Х | | | | 200,787. | 0. | 7,082. | | |
| (2) EMILY BEHLMANN | 40.00 | | | | | | | | | | | |
| SENIOR SOFTWARE ENGINEER | | 1 | | | | X | | 136,314. | 0. | 7,009. | | |
| (3) SUZANNE METZGER | 1.00 | | | | | | | | | | | |
| DIRECTOR AND SECRETARY | | X | | X | | | | 0. | 0. | 0. | | |
| (4) JORDAN JAMES HARVILL | 1.00 | | | | | | | | | | | |
| DIRECTOR AND TREAS. (AS OF APRIL) | | X | | X | | | | 0. | 0. | 0. | | |
| (5) CINDY ABRAMSON | 1.00 | | | | | | | | | | | |
| DIRECTOR AND TREAS. (UNTIL APRIL) | | X | | X | | | | 0. | 0. | 0. | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

7

Form 990 (2023)

| Form 990 (2023) VOTEAMERICA, INC. 84-34 | | | | | | | | | | 142 | 002 | Pa | age 8 | |
|---|--|--|--------------------------------|---|---------|--------------|---------------------------------|--------|--|--|----------------|---|--------------------------------------|----------|
| Par | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
| | (A) (B) Name and title Average hours per week (list any hours for | | | hours per week (do not check more than one box, unless person is both an officer and a director/trustee) (list any) | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | | (F) Estimated amount of other compensatio | | |
| | | related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC/ 1099-NEC) | (W-2/1099-MIS 1099-NEC) | iC/ | orga | m the nizati relate nizatio | on ed |
| | | | | | | | | | | | _ | | | |
| | | | - | | | | | | | | | | | |
| | | | | | | | | | | | - | | | |
| | | | - | | | | | | | | | | | |
| | | | | | | | | | | | _ | | | |
| | | | - | | | | | | | | | 1 / | | |
| | Subtotal Total from continuation sheets to Part V Total (add lines 1b and 1c) | II, Section A | | | | | | | 337,101. 0. 337,101. | | 0. 0. 0. | . 0. | | |
| 2 | Total number of individuals (including but i compensation from the organization | not limited to th | nose | liste | ed al | bove | e) wł | no r | eceived more than \$100 |),000 of reportabl | e | , | Yes | 2 No |
| 3 | Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> | such individual | | | | | | | | • | | 3 | | x |
| 4 5 | For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or | 0,000? If "Yes, | " co | mple | ete S | Sche | edule | J | for such individual | | | 4 | x | |
| Sec | rendered to the organization? If "Yes," con tion B. Independent Contractors | nplete Schedul | e J f | or si | uch | pers | son . | | | | | 5 | | X |
| 1 | Complete this table for your five highest co the organization. Report compensation for | • | • | | | | | | | - | ipensa | ation fr | om | |
| ान | (A) Name and business TEDESK INC • | address | | | | | | | (B) Description of s | ervices | C | (C) ompen | | ۱ |
| |) S BROADWAY STREET, B | OULDER, | CC | 2 6 | 303 | 302 | 2 | | ADVERTISING | | | 272 | 2,7 | 55. |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (\$100,000 of compensation from the organ | • | iot lii | mite | d to | | se lis 1 | stec | d above) who received n | nore than | | | | |
| | | | | | | | | | | | ſ | Form 9 | 90 (2 | 2023) |

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| Form | n 990 | VOTEAMERICA, | INC. | | | 84-3442 | 002 Page 9 |
|--|-------|--|--------------------|-----------------------------|--|-----------|---|
| Ра | rt V | VIII Statement of Revenue | | | | | |
| | | Check if Schedule O contains a response | or note to any lir | e in this Part VIII | | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | Unrelated | (D) Revenue excluded from tax under sections 512 - 514 |
| nts its | 1 | a Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | b Membership dues 1b | | | | | |
| S, C | | c Fundraising events 1c | | | | | |
| Gifi İlar | | d Related organizations 1d | | | | | |
| ns, Sim | | e Government grants (contributions) 1e | | | | | |
| utio er \$ | | f All other contributions, gifts, grants, and | | | | | |
| oth | | | 300,663. | | | | |
| put | | g Noncash contributions included in lines 1a-1f | | 1,300,663. | | | |
| aC | | h Total. Add lines 1a-1f | Business Code | 1,300,003. | | | |
| đ | 0 | a LICENSING FEES | 518210 | 79,875. | 79,875. | | |
| Program Service Revenue | _ | b MERCHANDISE SALES | 458000 | 155. | 155. | | |
| Ser | | | | | | | |
| am | | d | | | | | |
| ogr | | e | | | | | |
| P. | | f All other program service revenue | | | | | |
| | | g Total. Add lines 2a-2f | | 80,030. | | | |
| | 3 | | | | | | |
| | | other similar amounts) | | 5,003. | | | 5,003. |
| | 4 | | | | | | |
| | 5 | , | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 | 6a Gross rents 6a | | | | | |
| | | b Less: rental expenses 6b | | | | | |
| | | c Rental income or (loss) 6c | | | | | |
| | | d Net rental income or (loss) | (ii) Other | | | | |
| | ' | a closs another from sales of assets other than inventory 7a | | | | | |
| | | b Less: cost or other basis | | | | | |
| en | | and sales expenses | | | | | |
| evenue | | c Gain or (loss) 7c | | | | | |
| ř | | d Net gain or (loss) | | | | | |
| Other | | a Gross income from fundraising events (not | | | | | |
| đ | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 8a | | | | | |
| | | b Less: direct expenses | | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | 9 | a Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a b Less: direct expenses 9b | | | | | |
| | | b Less: direct expenses9b c Net income or (loss) from gaming activities | | | | | |
| | | a Gross sales of inventory, less returns | | | | | |
| | 10 | and allowances | | | | | |
| | | b Less: cost of goods sold 10t | | | | | |
| | | c Net income or (loss) from sales of inventory | | | | | |
| \$ | | | Business Code | | | | |
| e șon | 11 | a | | | | | |
| Miscellaneous Revenue | | b | | | | | |
| cell teve | | c | | | | | |
| Mise | | d All other revenue | | | | | |
| _ | | e Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See instructions | | 1,385,696. | 80,030. | 0. | 5,003. |
| 33200 | 9 12- | 2-21-23 | | | | | Form 990 (2023) |

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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 respon | | | | |
|----------|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | 40.455 | 40.450 |
| | trustees, and key employees | 207,869. | 127,554. | 40,157. | 40,158 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 583,788. | 470,898. | 57,260. | 55,630 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | FO 404 | FO 404 | | |
| 9 | Other employee benefits | 52,484. | 52,484. | | 1 04 0 |
| 10 | Payroll taxes | 67,022. | 64,586. | 1,218. | 1,218 |
| 11 | Fees for services (nonemployees): | 44 550 | 10 005 | | |
| а | Management | 11,552. | 10,807. | 745. | |
| b | Legal | 990. | | 990. | |
| С | Accounting | 50,185. | | 50,185. | |
| d | Lobbying | 06 525 | | | 00 525 |
| е | Professional fundraising services. See Part IV, line 17 | 26,535. | | | 26,535 |
| f | Investment management fees | | | | |
| g | | 1 6 0 7 0 1 | 140 101 | 17 004 | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 169,781. | 149,191. | 17,994. 69. | 2,596 |
| 12 | Advertising and promotion | 504,003. | 503,934. | | 10 |
| 13 | Office expenses | 10,116. | 895. | 9,203. | 18 |
| 14 | Information technology | 29,041. | 5,832. | 10,410. | 12,799 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 24 045 | E E / C | 12 706 | E 602 |
| 17 | Travel | 24,945. | 5,546. | 13,796. | 5,603 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 11 010 | 9,431. | 1 507 | |
| 19 00 | Conferences, conventions, and meetings | 11,018. | 9,4JL. | 1,587. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 9,707. | 2,374. | 7,333. | |
| 23 | Insurance Other expenses. Itemize expenses not covered | 5,101. | 4,3/4. | | |
| 24 | above. (List miscellaneous expenses nol covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| а | COMPLIANCE/REGISTRATION | 14,581. | | | 14,581 |
| b | DONOR STEWARDSHIP | 5,337. | | | 5,337 |
| c | DUES/SUBSCRIPTIONS | 2,254. | 1,450. | 804. | • • |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,781,208. | 1,404,982. | 211,751. | 164,475 |
| 26 | Joint costs. Complete this line only if the organization | | - | | |
| - | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

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| · | |
|---|-------------------------|
| dule O contains a response or note to a | any line in this Part X |
| | |

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| | | | | (A) Beginning of year | | (B) End of year |
|-----------------------------|----------|---|---------|---------------------------------|----------|---------------------------|
| | 1 | Cash - non-interest-bearing | | 261,876. | 1 | 49,879. |
| | 2 | Savings and temporary cash investments | | 750,736. | 2 | 484,837. |
| | 3 | Pledges and grants receivable, net | | , | 3 | 50,000. |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from any current or | | | - | |
| | ľ | trustee, key employee, creator or founder, subst | | | | |
| | | controlled entity or family member of any of thes | | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | 5 | |
| | | under section 4958(f)(1)), and persons described | | | 6 | |
| | 7 | | | | 7 | |
| Assets | | Notes and loans receivable, net | | | 8 | |
| Ast | 8 | Inventories for sale or use | | 0 9 | 17,364. | |
| | 9 | Prepaid expenses and deferred charges | | | 9 | 17,304. |
| | lua | Land, buildings, and equipment: cost or other | 10- | | | |
| | | basis. Complete Part VI of Schedule D | | | 10- | |
| | | Less: accumulated depreciation | | | 10c | |
| | 11 | Investments - publicly traded securities | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 1,012,612. | 15 | 602,080. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | 56,030. | 16 | 41,010. |
| | 17 | Accounts payable and accrued expenses | | 50,050. | 17 | 41,010• |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | 21 | |
| ties | 22 | Loans and other payables to any current or form | | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | | | 00 | |
| Lia | | controlled entity or family member of any of thes | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | |
| | | parties, and other liabilities not included on lines | | | 05 | |
| | 26 | of Schedule D | | 56,030. | 25 26 | 41,010. |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che | | 50,050. | 20 | 41,010. |
| es | | and complete lines 27, 28, 32, and 33. | ck here | | | |
| anc | 27 | | | 956,582. | 27 | 561,070. |
| 3al | 28 | | | 55075021 | 28 | 501/0/01 |
| Π | 20 | Net assets with donor restrictions Organizations that do not follow FASB ASC 9 | | | 20 | |
| Бu | | and complete lines 29 through 33. | | | | |
| P | 29 | Capital stock or trust principal, or current funds | | 29 | | |
| ets | 29 30 | Paid-in or capital surplus, or land, building, or eq | | 29 30 | | |
| Ass | 31 | Retained earnings, endowment, accumulated inc | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | 956,582. | 32 | 561,070. |
| Z | 33 | | | 1,012,612. | 33 | 602,080. |
| | 00 | | | _, • , • • | 00 | Form 990 (2023) |

Check if Sched

Form 990 (2023) Part X Balance Sheet

| Form | 1990 (2023) VOTEAMERICA, INC. | 84 | -3442002 | Pa | ge 12 |
|------|--|---------|-----------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,38 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,781 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -39! | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 950 | 5,5 | 82. |
| 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, | | | | |
| | column (B)) | 10 | 562 | L,0 | 70. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | 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 Schedule | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis | δ, | | |
| | consolidated basis, or both: | | | | |
| | 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? | | | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | 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? | | <u>3a</u> | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | | 000 | |

Form **990** (2023)

332012 12-21-23

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

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.

| OMB No. 1545-0047 | |
|------------------------------|--|
| 2023 | |
| Open to Public Inspection | |

| Nan | | ne organization | | NC | | | | | 4 - 3442002 | | |
|------|--|---|----------------------------|--|-------------------------------------|--------------------|-----------------|---------------|-------------------------------|--|--|
| Da | rt I | Reason for Public (| AMERICA, I | | | -: | | | 4-3442002 | | |
| | | | | | | | | S. | | | |
| | he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) | | | | | | | | | | |
| 1 | H | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) . | | | | | | | | | |
| 2 | \square | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | |
| 3 | H | · · · | | | | | • | (:::) Entar | the beenitel's name | | |
| 4 | | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | |
| - | | city, and state: | | | | | | | | | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | |
| ~ | | section 170(b)(1)(A)(iv). (C | | | | 0/1-1/41/41 | 4.5 | | | | |
| 6 | v | A federal, state, or local gov | | | | | | | and the state excite a strice | | |
| 7 | 21 | An organization that norma | | initial part of its support i | rom a gov | ernmentai | unit or from t | ne general | public described in | | |
| • | | section 170(b)(1)(A)(vi). (C | | | | | | | | | |
| 8 | H | A community trust describe | | | | alia aanii | | المسعمة مسعمة | | | |
| 9 | | An agricultural research org | | | | | | | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enterthe | name, city | y, and state of | the colleg | le or | | |
| 10 | | university: | Illy reacives (1) more | than 22 1/20/ of its own | nort from | oostributie | | hin face of | ad areas respire from | | |
| 10 | | An organization that norma | | • | | | - | • | • | | |
| | | activities related to its exen income and unrelated busin | | | | | | | | | |
| | | See section 509(a)(2). (Con | | | | sses acqu | | yanization | | | |
| 11 | | An organization organized a | | ively to test for public sa | fety See | section 50 |)9(a)(4) | | | | |
| 12 | \square | An organization organized a | - | • | - | | | arry out the | e purposes of one or | | |
| | | more publicly supported or | | | | | | | | | |
| | | lines 12a through 12d that | | | | | | | | | |
| а | | Type I. A supporting orga | | | | | | - | <i>r</i> aivina | | |
| | | the supported organization | | | | | | | | | |
| | | organization. You must c | | | | | | | | | |
| b | | Type II. A supporting org | - | | tion with it | s support | ed organizatic | n(s), by ha | iving | | |
| | | control or management o | | | | | | | | | |
| | | organization(s). You mus | | | | | | | | | |
| с | | Type III functionally inte | | | in connec | tion with, a | and functional | lly integrate | ed with, | | |
| | | its supported organization | n(s) (see instructions | s). You must complete I | Part IV, Se | ections A, | D, and E. | | | | |
| d | | Type III non-functionally | / integrated. A supp | orting organization oper | ated in co | nnection v | with its suppor | ted organi | zation(s) | | |
| | | that is not functionally int | egrated. The organiz | zation generally must sat | tisfy a dist | ribution re | quirement and | d an attent | iveness | | |
| | | requirement (see instruct | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V . | | | | |
| е | | Check this box if the orga | anization received a | written determination fro | om the IRS | that it is a | а Туре I, Туре | II, Type III | | | |
| | | functionally integrated, or | r Type III non-functio | nally integrated support | ing organi: | zation. | | | | | |
| f | Ente | er the number of supported o | organizations | | | | | | | | |
| g | | vide the following information | | <u> </u> | C. A. La Alexandra | the set of the set | | | | | |
| | (i | i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | | (v) Amount of | - | (vi) Amount of other | | |
| | | organization | | above (see instructions)) | Yes | No | support (see in | structions) | support (see instructions) | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| T-1 | | | | | | | | | | | |
| Tota | 11 | | | | | | | | | | |

| Cohodulo A | (Earm 000) | 2002 |
|------------|------------|-------|
| Schedule A | F0111 990 | 12023 |

Part

| VOTEAMERICA, | INC. |
|--------------|------|
|--------------|------|

84-3442002 Page 2

| 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) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 0. | 10608833. | 1814142. | 3556904. | 1300663. | 17280542. |
| 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 \dots | | | | | | |
| 4 | Total. Add lines 1 through 3 | 0. | 10608833. | 1814142. | 3556904. | 1300663. | 17280542. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 784,020. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 16496522. |
| See | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 0. | 10608833. | 1814142. | 3556904. | 1300663. | 17280542. |
| 8 | | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | 197. | 14. | 48. | 5,003. | 5,262. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 17285804. |
| | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | 431,711. |
| | First 5 years. If the Form 990 is for th | | | | | | |
| | organization, check this box and stor | | | | , | | X |
| Sec | ction C. Computation of Publ | | | | | | |
| - | Public support percentage for 2023 (| | | column (f)) | | 14 | % |
| | Public support percentage from 2022 | | | | | 15 | % |
| | 33 1/3% support test - 2023. If the o | | | | | | |
| | stop here. The organization qualifies | - | | | | | |
| b | 33 1/3% support test - 2022. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | - | - | | vine organiz | |
| h | 10% -facts-and-circumstances tes | • | • | | • | | |
| | more, and if the organization meets the | - | | | | | |
| | organization meets the facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | | and not oneon a | 55X OF INC 10, 10 | a, 100, 17a, 01 17k | | | (Form 990) 2023 |

eaule A (Form 990) 2

332022 12-21-23

10471028 140308 VAI

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.)

| Section A. Public Support | | | | | | |
|--|----------------------|----------------------|----------------------|--------------------------|---------------------|--------------------------------------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| alendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 4 First 5 years. If the Form 990 is for th | ne organization's f | irst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) organizat | tion, |
| check this box and stop here | <u></u> | <u></u> | <u></u> | <u></u> | | |
| ection C. Computation of Publ | ic Support Pe | ercentage | | | | |
| 15 Public support percentage for 2023 (I | ine 8, column (f), (| divided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2022 | | | | | 16 | % |
| Section D. Computation of Invest | | | | | | |
| 7 Investment income percentage for 20 | | | | | 17 | % |
| 8 Investment income percentage from 2 | | | | | 18 | 9 |
| 9a 33 1/3% support tests - 2023. If the | | | | | | |
| more than 33 1/3%, check this box a | | | | | | |
| b 33 1/3% support tests - 2022. If the | - | • | | • • | | and |
| •• | • | | | | | |
| line 18 is not more than 33 1/3%, che | | | | | | |
| 20 Private foundation. If the organizatio | TI UIU TIOT CHECK A | 100x on line 14, 19 | a, or 190, check t | This box and see ins | | |
| 32023 12-21-23 | | | 15 | ~~ | | A (Form 990) 2023 |
| 71028 140308 VAI | 202 | 23.04030 | VOTEAMERI Do | CA INC c1D: cc2809226 | c7f07129d92f4c | UAT 1 1320d5 ba8f25 3e |

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 disgualified 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.)

332024 12-21-23

16

Schedule A (Form 990) 2023

| Schedule A | (Form 990) 2023 | VOTEAMERICA, | INC. |
|------------|------------------|-----------------------|------|
| Part IV | Supporting Organ | nizations (continued) | |

No

| | | | Yes | No |
|-----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | 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> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |

| Sec | ction C. Type II Supporting Organizations | | |
|-----|--|---------|---|
| | | Yes | Ι |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | I |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | l |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | l |

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

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 L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- 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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Schedule A (Form 990) 2023

2a

2b

3a

3b

Yes No

| Schedule A | (Form 990) | 2023 |
|------------|------------|------|
| Dent V | Tune III | Man |

| VOTEAMERICA, | INC. |
|------------------------|-----------|
| lianally Internated EC | 0(-)(2) 0 |

| Part | | | | |
|----------|--|--------------|-----------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | - | | Part VI). See Instructio |
| | All other Type III non-functionally integrated supporting organizations mu | ust complete | Sections A through E. | |
| Sectio | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 (| Other gross income (see instructions) | 3 | | |
| 4 / | Add lines 1 through 3. | 4 | | |
| 5 [| Depreciation and depletion | 5 | | |
| 6 I | Portion of operating expenses paid or incurred for production or | | | |
| (| collection of gross income or for management, conservation, or | | | |
| 11 | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 (| Other expenses (see instructions) | 7 | | |
| 8 / | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sectio | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 / | Aggregate fair market value of all non-exempt-use assets (see | | | |
| i | 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 | | |
| с | 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 | | |
| 3 3 | Subtract line 2 from line 1d. | 3 | | |
| | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | Multiply line 5 by 0.035. | 6 | | |
| | Recoveries of prior-year distributions | 7 | | |
| | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | on C - Distributable Amount | | | Current Year |
| 1 / | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| | Enter greater of line 2 or line 3. | 4 | | |
| 4 1 | | | | |
| | Income tax imposed in prior year | 5 | | |
| 5 I | Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to | 5 | | |
| 5 6 | | 6 | | |

instructions).

Schedule A (Form 990) 2023

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| Par | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Org | anizations _(continued) | |
|-------|---|-----------------------------------|--|---|
| Secti | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemption | | | |
| | organizations, in excess of income from activity | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organizatior | ns 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsive | e | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| а | From 2018 | | | |
| b | From 2019 | | | |
| с | From 2020 | | | |
| d | From 2021 | | | |
| е | From 2022 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2023 distributable amount | | | |
| i | Carryover from 2018 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2023 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2023 distributable amount | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2019 | | | |
| | Excess from 2020 | | | |
| | Excess from 2021 | | | |
| | Excess from 2022 | | | |
| | Excess from 2023 | | | |
| | | | | |

Schedule A (Form 990) 2023

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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.

Schedule A (Form 990) 2023

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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

84-3442002

| Schedule | В |
|------------|---|
| (Form 990) | |

Department of the Treasury Internal Revenue Service

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 not 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 received *nonexclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

| Part I | Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|---|----------------------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | | \$275,000. | 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 | | |
| 2 | | \$211,487. | 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 | | \$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 | | |
| 4 | | \$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 | | |
| 5 | | \$103,000. | 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 | | |
| 6 | | | Person X | | |

VOTEAMERICA, INC.

Schedule B (Form 990) (2023) Name of organization

Employer identification number

Page 2

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Schedule B (Form 990) (2023)

Payroll

Noncash

(Complete Part II for noncash contributions.)

51,000.

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| Part I Contri | butors (see instructions). Use duplicate copies of Part | l if additional space is needed. | |
|---|---|----------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| <u>No.</u> | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| <u> 8 </u> | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contributior |
| 9 | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) | (c) Total contributions | (d) |
| <u> 10 </u> | Name, address, and ZIP + 4 | \$\$ | Type of contribution Person X Payroll Image: Complete Part II for noncash contributions. |
| (a) | (b) | (c) | (d) |
| No | Name, address, and ZIP + 4 | Total contributions | Type of contribution Person Payroll Noncash (Complete Part II for |

| | | \$ <u>50,000.</u> | Noncash (Complete Part II for noncash contributions.) |
|-----|----------------------------|---------------------|--|
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for |

Schedule B (Form 990) (2023) Name of organization

Employer identification number

Page 2

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Schedule B (Form 990) (2023)

noncash contributions.)

23

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10471028 140308 VAI

323452 12-26-23

| | IERICA, INC. | - · · · · · · · · · · · · | |
|------------------------------|--|---|-----------------------|
| art II | Noncash Property (see instructions). Use duplicate copies of F | Part II if additional space is needed. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. rom 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. irom 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 |
| | | \$ | |
| 153 12-26 | 23 | ψ | Schedule B (Form 990) |

10471028 140308 VAI

Schedule B (Form 990) (2023) Name of organization

> 24 2023.04030 VOTEAMERICA INC VAI 1 Doc ID: cc2809226c7f07129d92f4d32dd5ba8f253e0227

Page 3

Employer identification number

| | MERICA, INC. | itions to organizations descuibed in as | 84-3442002 ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
|--------------------------|--|---|---|
| art m | from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona | a) through (e) and the following line entr , charitable, etc., contributions of \$1,000 or le | v For organizations |
|) No. rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| - | | (e) Transfer of gift | |
| - | Transferee's name, address, | | Relationship of transferor to transferee |
| | | | |
|) No. rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| - | | (e) Transfer of gift | <u> </u> |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| a) No. From Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee |
| a) No. from | | [| |
| rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | |
| | | | |
| - | Transferee's name, address, | | Relationship of transferor to transferee |
| | | | |
| 454 12-26 | 5-23 | 25 | Schedule B (Form 990) (202 |

10471028 140308 VAI

| (Form 990) Complete if the organ Part IV, line 6, 7, 8, 9, 10, Department of the Treasury At | | Complete if the organ Part IV, line 6, 7, 8, 9, 10, At | I Financial Statements nization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 tach to Form 990. for instructions and the latest informa | b. | | OMB No. 1 20 Open t Inspec | 23 o Public |
|--|---------------------------------------|---|--|-------------|----------|--|----------------|
| | e of the organizati | on VOTEAMERICA, INC. | | | | over identification 84-3442 | 002 |
| Par | | ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, line | | s or Ac | coun | ts.Complete if t | the |
| | organizatio | Tanswered fes on Form 990, Fart IV, inte | (a) Donor advised funds | (b) | Funds | and other acco | ounts |
| 1 | Total number at er | nd of year | (-) | () | | | |
| | | f contributions to (during year) | | | | | |
| | | f grants from (during year) | | | | | |
| | | t end of year | | | | | |
| | | on inform all donors and donor advisors in w | vriting that the assets held in donor advis | ed funds | S | | |
| | | n's property, subject to the organization's e | | | | Yes | 🗌 No |
| 6 | | on inform all grantees, donors, and donor a | | | | | |
| | for charitable purp | oses and not for the benefit of the donor or | r donor advisor, or for any other purpose | conferrir | ng | | |
| | impermissible priv | ate benefit? | · · · · · · · · · · · · · · · · · · · | | | 🖸 Yes | 🗌 No |
| Par | t II Conserv | ation Easements. Complete if the orga | anization answered "Yes" on Form 990, I | Part IV, li | ne 7. | | |
| 1 | Purpose(s) of cons | servation easements held by the organization | on (check all that apply). | | | | |
| | Preservation | of land for public use (for example, recreat | tion or education) 📃 Preservation of | a histori | cally in | nportant land are | ea |
| | Protection o | f natural habitat | Preservation of | a certifie | ed histo | oric structure | |
| | Preservation | of open space | | | | | |
| 2 | Complete lines 2a day of the tax year | through 2d if the organization held a qualifi r. | ed conservation contribution in the form | of a con | | on easement on leld at the End of t | |
| а | Total number of co | onservation easements | | Г | 2a | | |
| b | | ricted by conservation easements | | | 2b | | |
| с | | vation easements on a certified historic stru | | | 2c | | |
| | | vation easements included on line 2c acqui | | | | | |
| | on a historic struc | ture listed in the National Register | · | | 2d | | |

| | 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? | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the yea | r |

| _ | | | | | |
|---|--------------------------------|------------------------------|----------------------------|----------------------------|--------------------------|
| 7 | Amount of expenses incurred in | i monitoring, inspecting, ha | andling of violations, and | d enforcing conservation e | asements during the year |

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax

| 8 | Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) | |
|---|---|------|
| | and section 170(h)(4)(B)(ii)? | 🗌 No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and | |

| 0 - | | A | | | (b) I Product de la Transie a service a | | |
|-----|-------|--------------------|----------------------|--------------------------|---|-------------------------------|--|
| | orgar | nization's account | ing for conservatio | n easements. | | | |
| | balan | ice sheet, and inc | lude, if applicable, | the text of the footnote | to the organization's financial | statements that describes the | |
| | | , | 5 | 1 | | 1 | |

| Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 balance sheet works |
|----|---|
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (1) D. included o n Eo 000 Part VIII lin

| 332051 | 09-28-23 | |
|--------|--|----------------------------|
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedule D (Form 990) 2023 |
| b | Assets included in Form 990, Part X | \$ |
| а | Revenue included on Form 990, Part VIII, line 1 | \$ |
| | the following amounts required to be reported under FASB ASC 958 relating to these items: | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provi | de |
| | (ii) Assets included in Form 990, Part X | \$ |
| | (I) Revenue included on Form 990, Part VIII, line I | ۵ |

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| Sche | | RICA, ING | | | | | | 84-34 | | | age 2 |
|---------|---|--------------------|----------------|---------------------------------------|----------------|--------------|-----------|------------|-------------------|--------|--------------|
| Par | t III Organizations Maintaining C | Collections of | f Art, His | torical T | reasures, | or Othe | r Simila | ar Asse | ts (contin | ued) | |
| 3 | Using the organization's acquisition, accessi | ion, and other red | cords, chec | k any of the | e following th | at make się | gnificant | use of its | | | |
| | collection items (check all that apply). | | | | | | | | | | |
| а | Public exhibition | | | | change progr | | | | | | |
| b | Scholarly research | | e 📖 | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and ex | plain how t | hey further | the organizat | ion's exem | npt purpo | ose in Par | t XIII. | | |
| 5 | During the year, did the organization solicit of | | | | | | | | - | | - |
| | to be sold to raise funds rather than to be m | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | - | nplete if the | organizatio | on answered | "Yes" on F | orm 990 | Part IV, I | ne 9, or | | |
| | reported an amount on Form 990, Pa | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | - | | | | | | 7 | _ | 1 |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete th | e tollowing | table: | | | | | Amount | | |
| _ | De sins is sub-stances | | | | | | | | Amount | | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | 1e 1f | | | | |
| t 29 | Ending balance Did the organization include an amount on F | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | ······ | | |] |
| Par | | | | | | | | | | | <u> </u> |
| | | (a) Current yea | | Prior year | (c) Two yea | | | ears back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | - | |
| b | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | 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 ba | lance (line 1 | lg, column (| (a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the orga | anization th | at are held a | and administ | ered for the | е | | - | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | | | | | |
| | (ii) Related organizations? | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | ? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | endowment | funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | 0 | | 10 | | | | |
| | Complete if the organization answere | | | · · · · · · · · · · · · · · · · · · · | | · · · | | . | | | |
| | Description of property | (a) Cost | | | t or other | | cumulate | d | (d) Book | value | э |
| | | basis (inv | esunent) | Dasis | s (other) | depr | reciation | | | | |
| | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | | | | | | | |
| | Other | | Dort V Kara | 100 001000 | n (D)) | | | | | | 0. |
| Iota | . Add lines 1a through 1e. (Column (d) must e | equai Form 990, F | -arτ X, line i | i uc, columi | п (B)) | | <u></u> . | | D /F | 000 | |
| | | | | | | | | Schedule | ы (Form | 1 99U) | 2023 |

| 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 | l-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, line 12, col. (B)) | | | |
| 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 | l-of-vear market value |
| | | (c) we not of valuation. Ouse of end | or your market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| | | | |
| Part IX Other Assets | | | |
| Part IX Other Assets Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | |
| Part IX Other Assets Complete if the organization answered "Yes" | on Form 990, Part IV, line Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other Assets Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other Assets Complete if the organization answered "Yes" (a) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other Assets Complete if the organization answered "Yes" (a) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Column (b) must equal Form 990, Part X, line 15, column (b) | Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) | Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete the organization answered "Yes" | Description | | |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" | Description | | |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" | Description | | · · · · · · · · · · · · · · · · · · · |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization of liability | Description | | · · · · · · · · · · · · · · · · · · · |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, ccc Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes | Description | | · · · · · · · · · · · · · · · · · · · |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, cord Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) | Description | | · · · · · · · · · · · · · · · · · · · |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, cor Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (4) | Description | | · · · · · · · · · · · · · · · · · · · |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, ccc Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | Description | | · · · · · · · · · · · · · · · · · · · |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, ccc Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6) | Description | | · · · · · · · · · · · · · · · · · · · |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, ccc Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | Description | | · · · · · · · · · · · · · · · · · · · |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, ccc Part X Other Liabilities Complete if the organization answered "Yes" . (1) (2) (3) (1) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | Description | | · · · · · · · · · · · · · · · · · · · |
| Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, ccc Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | Description | 11e or 11f. See Form 990, Part X, line 25 | · · · · · · · · · · · · · · · · · · · |

INC.

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) 2023

| Schedule D (Form 990) 2023 VOTEAMERICA, INC. | | | 3442002 Page 4 |
|--|-----------------|----------------|----------------|
| Part XI Reconciliation of Revenue per Audited Financial Statem | ents With Rever | nue per Return | |
| 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 | 1,385,696. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a Net unrealized gains (losses) on investments | 2 a | | |
| b Donated services and use of facilities | 2b | | |
| c Recoveries of prior year grants | 2c | | |
| d Other (Describe in Part XIII.) | 2d | | |
| e Add lines 2a through 2d | | 2e | 0. |
| 3 Subtract line 2e from line 1 | | 3 | 1,385,696. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII.) | 4b | | |
| c Add lines 4a and 4b | | 4c | 0. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 1,385,696. |
| Part XII Reconciliation of Expenses per Audited Financial Staten | nents With Expe | nses per Retu | rn |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | | |
| 1 Total expenses and losses per audited financial statements | | 1 | 1,781,208. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a Donated services and use of facilities | 2a | | |
| b Prior year adjustments | 2b | | |
| c Other losses | | | |
| d Other (Describe in Part XIII.) | | | |
| e Add lines 2a through 2d | | 2e | 0. |
| 3 Subtract line 2e from line 1 | | | 1,781,208. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII.) | 4b | | |
| c Add lines 4a and 4b | | 4c | 0. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 1,781,208. |
| Part XIII Supplemental Information | <u></u> | • | 1,101,200. |

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

332054 09-28-23

2442002

29

| Schedule [| D (Form | 990) 2023 | | VOTE | EAMEF | RICA, | INC | • | | | | | 84-3 | 3442 | 002 | Page 5 |
|------------|---------|-----------|----------|---------|---------|--------|-------|--------|-------|-------|------|------|-------|------|------|--------|
| Part XII | I Sup | plement | tal Info | rmation | (contin | ued) | | | | | | | | | | |
| THE YI | EAR | ENDED | DECI | EMBER | 31, | 2023 | AND | DETER | MINEI |) THA | т тн | ERE | WERE | NO | МАТТ | ERS |
| THAT V | WOUL | D REQ | UIRE | RECOG | SNIT] | ION OI | N THE | E CONS | OLIDA | ATED | FINA | NCIA | L ST | ATEM | ENTS | S OR |
| THAT 1 | MAY 1 | HAVE 2 | ANY I | EFFECJ | ON | ITS 7 | TAX-I | EXEMPT | STAT | rus. | THE | STAT | UTE (| OF | | |
| LIMITZ | ATIO | NS GEI | NERAI | LLY RF | EMAIN | IS OP | EN FO | OR THR | EE TA | AX YE | ARS | WITH | THE | U.S | • | |
| FEDER | AL JI | URISD | ICTIC | ON OR | THE | VARI | ous s | STATES | AND | LOCA | L JU | RISD | ICTI | ONS | IN | |
| WHICH | THE | ORGAI | NIZAT | FION F | TLES | 5 TAX | RETU | JRNS. | | | | | | | | |

Schedule D (Form 990) 2023

332055 09-28-23

| SCHEDULE G | Suppleme | ental Information Regarding | Fun | drais | ing or Gaming | Activ | ities | OMB No. 1545-0047 |
|--|---|---|---|---|--|---|-------------------------|---|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$1 | | | | or 19, (| or if the | 2023 |
| Department of the Treasury | | Attach to Form 990 o | or Fori | m 990 | -EZ. | | | Open to Public |
| Internal Revenue Service | Go t | to www.irs.gov/Form990 for instrue | ctions | and t | he latest informatio | on. | | Inspection |
| Name of the organization | า | | | | | | | entification number |
| | VOTEAME | ERICA, INC. | | | | | 84-3442 | 2002 |
| | complete this par | Complete if the organization answe | ered "Y | ∕es" o | n Form 990, Part IV, | line 17 | '. Form 990-E | Z filers are not |
| Indicate whether th X Mail solicitat X Internet and X Phone solicitat X Phone solicitat X In person social X In the organization | e organization raisions email solicitations tations licitations on have a written o | sed funds through any of the followir e X Solicitat | tion of tion of fundra (inclue | non-g gover aising ding c | overnment grants nment grants events fficers, directors, tru: | stees, | or X Ye | s 🗌 No |
| b If "Yes," list the 10 compensated at le | | ividuals or entities (fundraisers) pursu e organization | uant to | agree | ements under which | the fur | ndraiser is to | be |
| (i) Name and addres or entity (fund | s of individual | (ii) Activity | fùndi have c or cor | Did raiser sustody ntrol of utions? | (iv) Gross receipts from activity | s (v) Amount pa to (or retained l fundraiser listed in col. (i | | (vi) Amount paid to (or retained by) organization |
| SUMMIT CAMPAIGN ST | RATEGIES | FUNDRAISING CONSULTING AND | Yes | No | | | | |
| INC 87 SUMMIT C | IRCLE, | EMAIL PROGRAM | | X | ٥. | | 18,000 | -18,000. |
| LIZ VOGEL CONSULTI | NG LLC - | | | | | | | |
| 3518 W. 59TH PLACE | , LOS | FUNDRAISING CONSULTING | | х | 0. | | 5,000 | -5,000. |
| | | on is registered or licensed to solicit | | | s or has been notified | d it is e | 23 , 000 exempt from | |
| CA | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23 **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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | of fundraising event contributions and gro | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
|-----------------|-------|--|----------------------------|--|---------------------|---|
| | | | (event type) | (event type) | (total number) | col. (c)) |
| anue | | | | | | |
| Revenue | 1 | Gross receipts | | | | |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| es | 5 | Noncash prizes | | | | |
| xpens | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | | Other direct expenses | | | | |
| | | Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lin | | | | |
| Pa | rt I | | | n 990, Part IV, line 19, or | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | • | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | | | | | | |
| | - | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | └── Yes % └── No | └── Yes % │── No | └── Yes % └── No | |
| | 7 | Direct expense summary. Add lines 2 through | 15 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| 0 | Ent | er the state(s) in which the organization condu | oto apmina potivition: | | | |
| а | ls t | he organization licensed to conduct gaming ac No," explain: | ctivities in each of these | states? | | Yes No |
| | | | | | | |
| | | re any of the organization's gaming licenses re Yes," explain: | | | | Yes No |
| | | | | | | |
| 33208 | 32 09 |)-13-23 | | | Sche | dule G (Form 990) 2023 |
| | | | | | | |

| Sch | edule G (Form 990) 2023 | VOTEAMERICA, | INC. | 84 | -3442 | 002 | Page 3 |
|-------|------------------------------------|--------------------------------|--------------------------|---|--------------|--------|---------------|
| | | aming activities with nonme | | | | Yes | No |
| | Is the organization a grantor, ber | | | | | | |
| | to administer charitable gaming? | , | | | | Yes | 🗌 No |
| 13 | Indicate the percentage of gamir | | | | | | |
| а | The organization's facility | | | | 13a | | % |
| | | | | | | | % |
| | | | | g/special events books and records: | | | |
| | | | | | | | |
| | Name | | | | | | |
| | | | | | | | |
| | Address | | | | | | |
| 15a | Does the organization have a co | ntract with a third party fron | n whom the organizati | on receives gaming revenue? | | Yes | No |
| | | | | | | | |
| b | If "Yes," enter the amount of gan | | e organization \$ | and the amount | | | |
| | of gaming revenue retained by th | | | | | | |
| С | If "Yes," enter name and address | s of the third party: | | | | | |
| | | | | | | | |
| | Name | | | | | | |
| | | | | | | | |
| | Address | | | | | | |
| | | | | | | | |
| 16 | Gaming manager information: | | | | | | |
| | | | | | | | |
| | Name | | | | | | |
| | | • | | | | | |
| | Gaming manager compensation | \$ | | | | | |
| | | | | | | | |
| | Description of services provided | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Director/officer | Employee | Independent c | contractor | | | |
| | | | | Unitación | | | |
| 17 | Mandatory distributions: | | | | | | |
| | Is the organization required under | ar state law to make charita' | ale distributions from t | the gaming proceeds to | | | |
| a | | | | | | Vas | 🗌 No |
| h | | | | er exempt organizations or spent in th | | 163 | |
| D | organization's own exempt activi | • | \$ | si exempt organizations of spent in th | - | | |
| Pa | | | | Part I, line 2b, columns (iii) and (v); and | Part III, li | nes 9. | 9b. 10b. |
| | | s applicable. Also provide a | | | | | , |
| | ,,,,, | | | | | | |
| SC | HEDULE G, PART I, | LINE 2B, LIS | r of ten hi | GHEST PAID FUNDRAIS | ERS: | | |
| | | · · · | | | | | |
| | | | | | | | |
| | | | | | | | |
| (I |) NAME OF FUNDRAI | SER: SUMMIT C | AMPAIGN STR | ATEGIES INC. | | | |
| | | | | | | | |
| (I |) ADDRESS OF FUND | RAISER: 87 SU | MMIT CIRCLE | , SHELBURNE, VT 05 | 482 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (I |) NAME OF FUNDRAI | SER: LIZ VOGE | L CONSULTIN | G LLC | | | |
| | | | | | | | |
| (I |) ADDRESS OF FUND | RAISER: 3518 | W. 59TH PLA | CE, LOS ANGELES, CA | . 900 | 43 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 33208 | 33 09-13-23 | | | Sch | edule G (| Form | 990) 2023 |
| | | | 33 | | | | |

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2023.04030 VOTEAMERICA INC VAT 1 Doc1D: cc2809226c7f07129d92f4d32dd5ba8f253e0227

| Schedule G | 6 (Form 990) | VOTEAMERIC |
|------------|--------------|---------------------------|
| Part IV | Supplementa | I Information (continued) |

| VOTEAMERICA, | INC. |
|--------------|------|
|--------------|------|

| SCHEDULE J Compensation Information | | | | | | 47 | | |
|-------------------------------------|---|---|-----------------|--------|-------|------------|--|--|
| | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 77 | 2 | | |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | 20 | Ľυ |) | | |
| Denar | tment of the Treasury | Attach to Form 990. | | oen to | | | | |
| Intern | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | | | |
| Nam | e of the organizatio | | Employer identi | | | mber | | |
| | | VOTEAMERICA, INC. | 84-3442 | 200 | 2 | | | |
| Pa | rt I Question | s Regarding Compensation | | | | ı — | | |
| | . | | ···· [| | Yes | No | | |
| 1a | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 1990, | | | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | | |
| | First-class or o | | | | | | | |
| | Travel for com | | | | | | | |
| | Tax indemnification and gross-up payments | | | | | | | |
| | Discretionary | spending account Personal services (such as maid, chauffer | ur, chef) | | | | | |
| Ŀ. | If any of the herre | on line to are shealed, did the executivation follows a written a line we reading a second second | | | | | | |
| D | • | on line 1a are checked, did the organization follow a written policy regarding payment or | | 414 | | | | |
| • | | provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | | | |
| 2 | | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | • | | | | |
| | trustees, and onice | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | | |
| 2 | Indicate which if a | ny, of the following the organization used to establish the compensation of the organization's | <u> </u> | | | | | |
| 3 | | ector. Check all that apply. Do not check any boxes for methods used by a related organization s | | | | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | | | | | | |
| | X Compensation | | | | | | | |
| | | compensation consultant X Compensation survey or study | | | | | | |
| | X Form 990 of o | | ommittoo | | | | | |
| | | | Johnniee | | | | | |
| 4 | During the year, did | I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | | |
| | organization or a re | | | | | | | |
| а | Receive a severand | e payment or change-of-control payment? | | 4a | | Х | | |
| b | Participate in or rec | eive payment from a supplemental nonqualified retirement plan? | | 4b | | X | | |
| с | | eive payment from an equity-based compensation arrangement? | | 4c | | X | | |
| | | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | |
| | | | | | | | | |
| | Only section 501(| c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | |
| 5 | For persons listed | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | on | | | | | |
| | contingent on the r | evenues of: | | | | | | |
| а | The organization? | | | 5a | | X | | |
| b | Any related organiz | ation? | | 5b | | 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 compensation | on | | | | | |
| | contingent on the r | 0 | | | | | | |
| а | The organization? | | | 6a | | X | | |
| b | Any related organiz | ation? | | 6b | | X | | |
| | | or 6b, describe in Part III. | | | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | | |
| | | 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 | | | | <u>-</u> - | | |
| | | 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)? | | 9 | | | | |
| For | | ion Act Notice, see the Instructions for Form 990. | Schedule J | (Forn | n 990 |) 2023 | | |

Schedule J (Form 990) 2023

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 | (C) Retirement and 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) | 200,787. | 0. | 0. | 0. | 7,082. | 207,869. | 0. |
| CEO AND BOARD PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2023

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) 2023

| SCHE | CHEDULE N Liquidation, Termination, Dissolution, or Significant Disposition of Assets | | | | | | | | . 1545-0 | 047 | |
|---------------------------|---|--|-----------------------------|---|---|--------------------------|----------------------------|------------------|-------------------|---|----------|
| (Form 9 | | | plete if the organiz | zation answered "Yes" o tified copies of any artic | on Form 990, Part IV, line | es 31 or 32, or Form 9 | | 613 | 20 |)23 | 3 |
| Departmen Internal Rev | t of the Treasury venue Service | | | Attach to Form 990 of www.irs.gov/Form990 f | or Form 990-EZ. | | | | Open f | to Pub ectior | |
| Nome of | the organizatio | | 6010 | www.irs.gov/Form9901 | | | | Employer ide | • | | |
| Name O | the organizatio | | RICA, INC. | | | | | | 44200 | | iber |
| Part I | Liquidation, | Termination, or Dissol | - | s part if the organization a | answered "Yes" on Form | 990, Part IV, line 31, c | or Form 990-EZ, line 36. F | Part I can be du | olicated if | additi | onal |
| 1 | distributed o | on of asset(s) or transaction ses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address | of recipient | recip tax-exer | C section lient(s) (if mpt) or ty entity | |
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| 0 5 | -l | and the star to the | have a more than the | | | | | | | Yes | No |
| | - | icer, director, trustee, or | | e organization: Janization? | | | | | 2a | | |
| | | | | ccessor or transferee orga | | | | | | | <u> </u> |
| | | | | e organization? | | | | | | | <u> </u> |
| | | | | r payments as a result of | | | | | 2d | | |

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990) 2023

332151 09-12-23

| PURPOSE 12/31/23 1,404,982.cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Image: Cosr Imag | 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? | | | | | | | | | |
|--|--|----------------------------|---|---|---------------------------|---|-------------------|---------------------------|----|--|
| 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? 5 6 Did to enginization takes may took outstanding during the yar? 6 6 Did to enginization and enginization discharge or defease all of its tax exempts how liabilities during the yar? 6 0 If "Yes" to line 6b, describe in Part III how the organization descharge or defease all of its tax exempts how liabilities during the yar? 6 0 If "Yes" to line 6b, describe in Part III how the organization descharge or otherwise settled these liabilities. If "No" on line 6b, explain in Part III. 9000000000000000000000000000000000000 | , 0 1 | | | | | | | | | |
| 6a Did the organization have any tax-exempt bonds outstanding during the year? | 5 Did the organization discharge or pay all of | of its liabilities in acco | ordance with state laws? | | | | 5 | | | |
| b If "Yes" to line 6a, did the organization discharge or defease all of fits tax-exempt bond liabilities during the tax yr in accordance with the Internal Revounce Code and state laws? 6b c If "Yes" to line 6b, discriber Part II can be organization discharge or defease of or three granuzation discharge or defease of or three liabilities. If "No" on line 6b, discriber Part II. Image: State laws? 6b 2 If "Yes" to line 6b, discriber Part II can be displicated if additional space is needed. (c) Name and address of recipient distribution discriber value of distribution expenses paid (c) Part market value of asset(s) distribution expenses (c) Part | | | | | | | | | | |
| Part III Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990, EZ, line 36, Part II can be duplicated if additional space is needed. (d) Description of asset(s) (i) Date of the duplicated if additional space is needed. (e) Description of asset(s) (f) Part market value of distributed or transaction (d) Part market value of asset(s) distributed or transaction (e) Part market value of distributed or transaction (f) Part market value of asset(s) distributed or transaction expenses paid (f) Name and address of recipient (g) Part sector of recipient and transaction expenses (f) Name and address of recipient (g) Part sector of asset(s) distributed or transaction expenses VERPOSE 1, 404, 982, Cost Image: Cost | | | | | | | | | | |
| Form 990-EZ, line 36. Part II can be duplicated if additional space is needed. 1 (a) Description of asset(s) distributed or transaction expenses paid (b) Date of distributed or answert(s) distributed or distributed or distributed or answert(s) distributed or distributed or | c If "Yes" on line 6b, describe in Part III how | v the organization de | feased or otherwise sett | led these liabilities. If "No' | " on line 6b, explain in | Part III. | | | | |
| 1 (a) Description of asset(s) distributed or transaction expenses paid (b) Date of distributed or distributed or expenses (c) Fair market value or asset(s) distributed or asset(s) distributed or transaction expenses (f) Name and address of recipient (f) Name and address of | | | | nization's Assets.Comple | ete this part if the orga | anization answered "Yes" on Form 990, P | art IV, lir | ie 32, d | or | |
| distributed or transaction expenses paid distributed or distributed or transaction expenses distributed or asset(s) distributed or transaction expenses distributed or transaction expens | Form 990-EZ, line 36. Part II can be d | uplicated if additiona | l space is needed. | | | | | | | |
| DURPOSE 12/31/23 1,404,982.cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost Image: Cost <td< th=""><th>distributed or transaction</th><th></th><th>asset(s) distributed or amount of transaction</th><th>determining FMV for asset(s) distributed or</th><th>(e) EIN of recipient</th><th>(f) Name and address of recipient</th><th>recip tax-exer</th><th>ient(s) (if mpt) or ty</th><th></th></td<> | distributed or transaction | | asset(s) distributed or amount of transaction | determining FMV for asset(s) distributed or | (e) EIN of recipient | (f) Name and address of recipient | recip tax-exer | ient(s) (if mpt) or ty | | |
| 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? | EXPENDITURE OF ASSETS FOR EXEMPT | | | | | | | | | |
| 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? | PURPOSE | 12/31/23 | 1,404,982. | COST | | | | | | |
| 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? | | | | | | | | | | |
| 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? | | | | | | | | | | |
| 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? | | | | | | | | | | |
| 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? | | | | | | | | | | |
| 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? | | | | | | | | | | |
| 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? | | | | | | | | | | |
| 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? | | | | | | | | | | |
| 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? | | | | | | | | | | |
| 2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? | | | | | | | | | | |
| a Become a director or trustee of a successor or transferee organization? | | | | | | | | Yes | No | |
| | | | - | | | | | | v | |
| | | | | | | | | \vdash | X | |

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

84-3442002

c Become a direct or indirect owner of a successor or transferee organization?

VOTEAMERICA, INC.

Liquidation, Termination, or Dissolution (continued)

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

Schedule N (Form 990) 2023

Part I

Х

Х

2c

2d

Schedule N (Form 990) 2023

Page 2

Yes No

3

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II, LINE 2E:

VOTEAMERICA INCURRED SIGNIFICANT COSTS IN MEETING ITS EXEMPT PURPOSES.

THESE

EXPENDITURES RESULTED IN A GREATER THAN 25% DECREASE IN VOTEAMERICA'S NET

ASSETS.

Schedule N (Form 990) 2023

332153 09-12-23

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

VOTEAMERICA, INC.

Employer identification number 84-3442002

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

VOTEAMERICA UNDERTOOK THE PROGRAM 'FELLOWSHIPS' WHICH WAS A NEW PROGRAM

INTRODUCED DURING 2023.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FELLOWSHIPS

EXPENSES \$ 17,311. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 OF DIRECTORS.

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:

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.

Schedule O (Form 990) 2023

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 REVIEW AND APPROVE ANY CHANGE TO THE CEO'S COMPENSATION. THE CEO, IN TURN, USES PUBLICLY AVAILABLE DATA TO SET THE SALARIES OF EMPLOYEES, AND TO ENSURE THAT VOTEAMERICA REMAINS COMPETITIVE WITHOUT OVERPAYING FOR STAFF.

FORM 990, PART VI, SECTION C, LINE 19:

VOTEAMERICA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

332212 11-14-23

| SCH | IEDULE R |
|----------|----------|
| / | 0001 |

(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

2023 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 | | | | | |
| 1270 GROVE STREET, SUITE 301 | | | | | |
| SAN FRANCISCO, CA 94117 | VOTER REGISTRATION SOFTWARE | DELAWARE | ٥. | 163,803. | VOTEAMERICA, INC. |
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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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c)(d)(e)(f)Legal domicile (state or foreign country)Exempt Code sectionPublic charity status (if sectionDirect controll entity | | | | | |
|---|--------------------------------|---|--|------------|--|-----|----|
| | - | | | 501(c)(3)) | | Yes | No |
| | - | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 VOTEAMERICA, INC.

Part III 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.

| (a) | (b) | (c) | (d) | | (e) | (1 | f) | (ç | 3) | l) (ł | ו) | (i) | | (j) | () | k) |
|--|--|---|-------------------------------------|-------------------|---|---------------|-----------------|----------------------|----------|----------|--------|---|--------------------------|------------------------------------|--------------|---------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | (related | nant income unrelated, om tax under 512-514) | Share inco | of total ome | Shai end-o ass | | alloca | | Code V-UE amount in b 20 of Sched | ox ⁿ ule l | ieneral or nanaging partner? | owne | nta) ersh |
| | | country) | | sections | 512-514) | | | | | Yes | No | K-1 (Form 10 | 65) Y | 'es No | | |
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| Identification of Related O organizations treated as a c | Irganizations Taxable corporation or trust duri | as a Corpo | oration or Trust. (year. | Complete if t | the organizat | tion answ | vered "Yes | s" on For | m 990, F | Part IV, | line 3 | 4, because it I | nad or | ne or n | nore re | lat |
| (a) | | | (b) | (c) | (d) | | (e) | | (f) | | | (g) | (| h) | (i Sec | i) |
| Name, address, and | EIN | Prim | ary activity | Legal domicile | Direct cont | trolling | Type of e | entity | Share o | | | | | entage | Sec 512(b | tion b)(13 |
| of related organizati | ion | | , , | (state or foreign | entity | / | (C corp, S | corp, | inco | me | | end-of-year | own | ership | contr ent | rolle |
| | | | | country) | | | or true | st) | | | | assets | | | Yes | T |
| | | | | | | | | | | | + | | | | 103 | H |
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Schedule R (Form 990) 2023 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 | te: 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 | | |
| | 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 | | |
| | 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) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| _(4) | | | |
| | | | |
| _(6) | 45 | | |
| 332163 09-28-23 | 45 | | Schedule R (Form 990) 2023 |

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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) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are al partners 501(c)(orgs. Yes | ll sec. (3) ? No | (f) Share of total income | (g) Share of end-of-year assets | (H Dispr tior alloca Yes | opor- iate tions? | (j Gener mana partr Yes |) ral or (uging ner? NO | (k) Percentage ownership |
|--|--------------------------------|-----|---|--|-------------------------------------|---|---|---|-------------------------|--|---|---------------------------------------|
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Part VII Supplemental Information

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

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