EXTENDED TO NOVEMBER 16, 2023 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2022 calendar year, or tax year beginning and e	ending					
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres							
	Name change	Doing business as		45-5081831				
	Initial return Final return/	,	Room/suite	E Telephone number 844 338-8743				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,500,800.			
	Ameno return	SANTA MONICA, CA 90405		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: IATITEEN ONGER		for subordinates	? Yes X No			
	pendir	1/1 PIER AVENUE, NO. 313, SANTA MONICA,	_	H(b) Are all subordinates in	ncluded? Yes No			
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	i '	list. See instructions			
	Websit		- I	H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: ZUIZ N	State of legal domicile: CA			
P		Summary Briefly describe the organization's mission or most significant activities: VOTER	<u> </u>	' MIGGION I	S TO FNSIDE			
ce	1	Briefly describe the organization's mission or most significant activities: VOIEP THAT ALL ELIGIBLE VOTERS ARE ABLE TO CAST	r A RA	LLOT THAT C	OUNTS			
Governance	1 .	Check this box if the organization discontinued its operations or dispos						
Ver	1			3	10			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			9			
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			26			
įį		Total number of volunteers (estimate if necessary)			10000			
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
ē		Contributions and grants (Part VIII, line 1h)		1,468,848.	3,575,091.			
en		Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,824.	0.			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-74,291.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,470,672.	3,500,800.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		1,052,882.	1,409,958.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 317,07		1,052,862.	1,409,956.			
e	16a	Professional fundralising fees (Part IX, column (A), line 11e)	75	0.	0.			
Ä	17	Other expenses (Part IX, column (D), line 25)	/ 3 ·	246,351.	1,163,411.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,299,233.				
		Revenue less expenses. Subtract line 18 from line 12		171,439.	927,431.			
Or Sec	3	Teveride lead experieds. Cabitade into 16 front into 12	Be	ginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		1,665,711.	2,626,240.			
ASS	21	Total liabilities (Part X, line 26)		19,795.	52,894.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,645,916.	2,573,346.			
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
		Cignature of officer		Doto				
Sig		Signature of officer		Date	2022			
He	re	KATHLEEN UNGER, PRES Type or print name and title		11/15/	2023			
			П	Date Check	PTIN			
Pai	ч	Print/Type preparer's name BARRY B. HENSIEK BARRY B. HENSIEK BARRY B. HENSIEK		if				
	u parer	Firm's name HENSIEK & CARON, CPA'S		self-employe	5-4611603			
	Only	Firm's address 650 SIERRA MADRE VILLA #303		THIIISEIN 3	2 4011003			
550		PASADENA, CA 91107		Phone no (6	26) 792-9988			
Ma	v the IE	RS discuss this return with the preparer shown above? See instructions		I Holle Ho. (O	X Yes No			
ivid	у и 1 С 1Г	to allocated this retain with the preparer shown above? See instituctions			163 110			

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

Total program service expenses 2,084,386.

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) (Revenue \$

Form 990 (2022) VOTERIDERS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	,		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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, 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			7,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			 ₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	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 more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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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		Х
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		Х
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		20		
21	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			X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			\ _{3,7}
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	<u> </u>
Pai	rt 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			
b	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		
		_	000	·

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Part 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 26							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	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		Х				
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 A	ccounts (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 transa	ction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	-							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			37				
	to file Form 8282?		7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7 f 7g						
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	,								
0	sponsoring organization have excess business holdings at any time during the year?								
	9 Sponsoring organizations maintaining donor advised funds. • Did the proposing organization make any tayable distributions under costion 40663								
b	 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 								
10	Section 501(c)(7) organizations. Enter:		9b						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1							
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		15		х				
excess parachute payment(s) during the year?									
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 investmen	t income?	16		Х				
4-	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

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

_	Creck if Schedule O contains a response or note to any line in this Part VI			77
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
Ŭ	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a		Х
h	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55		_
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·Ju	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	_ J. 11y	,	
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.	ui	. 5.41	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 844 338-8743			
	171 PIER AVENUE, NO. 313, SANTA MONICA, CA 90405			

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

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

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

- 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(C Pos	C)	1		(D)	(E)	(F)
Name and title	Average hours per	box	not c	heck ss pe	more rson	than	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week	_	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any hours for	ndividual trustee or director				pa		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	stee or	Institutional trustee		س ا	pensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	lual tru	tional t		Key employee	st com yee	_	1099-NEC)		and related organizations
	line)	Indivic	Institu	Officer	Keyen	Highest compensated employee	Forme			organization o
(1) LAUREN KUNIS	60.00									_
CHIEF EXECUTIVE OFFICER	1000			Х				146,115.	0.	0.
(2) ROY SPECKHARDT	40.00	1				l		405 540		
DEVELOPMENT DIRECTOR	40.00					Х		107,713.	0.	0.
(3) PAMELA PEARSON	40.00	1						101 000		•
NATL VOTER ID ASSISTANCE DIR	60.00			_		Х		101,977.	0.	0.
(4) KATHLEEN UNGER BOARD CHAIR AND PRESIDENT	60.00	X		x				0.	0.	0.
(5) TIMOTHY J HOY	2.00	122						0.	0.	
SECRETARY AND TREASURER	2.00	x		x				0.	0.	0.
(6) YOLANDA PARKER	2.00	 		 				•	•	•
DIRECTOR		X						0.	0.	0.
(7) MONA STRASSBURGER	2.00									
DIRECTOR		X						0.	0.	0.
(8) STEPHEN A. UNGER	20.00									
DIRECTOR		Х						0.	0.	0.
(9) RAFAEL COLLAZO	2.00	l								
DIRECTOR		Х						0.	0.	0.
(10) LOUIS W FRILLMAN	2.00	۱.,						_	_	
DIRECTOR	1 2 20	Х						0.	0.	0.
(11) KHALID PITTS	2.00	Į.,						0.	0.	_
DIRECTOR (12) THE LANDING GMOOF	2.00	Х						0.	0.	0.
(12) JULIANNA SMOOT DIRECTOR	2.00	x						0.	0.	0.
(13) RICK WILSON	2.00	122						0.	0.	
DIRECTOR	2.00	x						0.	0.	0.
<u> </u>		 						•		
		1								
]								
	I	1	l	1	l	l	l			

Form **990** (2022)

Form 990 (2022) VOTERIDERS

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

(C) (D) (E) 45-5081831 Page 8

	(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is both	h an	(D) Reportable compensation	(E) Reportable compensation	1	ed of	
		(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)	org ar	other onpens from the ganiza nd rela ganizat	ation ne tion ted
											<u> </u>		
											_		
											_		
											_		
											+		
											+		
	Subtotal								355,805.	0			0.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								355,805.	0			0.
2	Total number of individuals (including but recompensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable			3
3	Did the organization list any former officer,											Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization			X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services	5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co											from	
	the organization. Report compensation for								n the organization's tax				
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	Compe	C) ensatio	on
								_					
								_					
								_					
								_					
2	Total number of independent contractors (i	· ·	ot lii	mite	d to		se lis	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organi	zation									Form	990	(2022)

232008 12-13-22

Form	. 000	(2022) VOT	'E'R	.IDER	3				45-5081	831 Page 9
	rt VI	(LOLL)							43 3001	OJI Page S
ı u	16 41				nanaa	ar note to any lin	as in this Dort VIII			
		Check if Schedule O o	JOHL	airis a res	ponse	or note to any iii	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
ıts	1 a	Federated campaigns		18	1					
iran		Membership dues			+					
¥,G		Fundraising events			+					
ar/		d Related organizations			<u>, </u>					
s, (mil		Government grants (contr			,					
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts,								
		similar amounts not included			3,	575,091.				
d d	ç	Noncash contributions included in			3 \$					
a S	h	Total. Add lines 1a-1f					3,575,091.			
						Business Code				
e	2 a	a								
e Ž	b	•								
Se enu	c	·								
ran ?ev	c	t								
Program Service Revenue	€									
	f									
		Total. Add lines 2a-2f								
	3	Investment income (include								
	4	Income from investment of		-	-					
	5	Royalties		(i) R		(ii) Personal				
	6 -	Gross rents	6a	(1) 1 1	- Cai	(ii) i cisoriai				
		Gross rents	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)		l						
		a Gross amount from sales of		(i) Secu	ırities	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
nue		and sales expenses	7b							
Ver	c	Gain or (loss)	7с							
æ		d Net gain or (loss)			<u></u>					
Other Reve	8 a	a Gross income from fundraising		-						
δ		including \$		of	•					
		contributions reported on								
		Part IV, line 18								
		Less: direct expenses								
		Net income or (loss) from				 I				
	9 a	Gross income from gamin	-							
		Part IV, line 19				 				
		Less: direct expenses								
		Net income or (loss) from a Gross sales of inventory, I			es					
	10 8	and allowances			10a					
	r	Less: cost of goods sold				 				
		Net income or (loss) from:				•				
<u></u>		in the state of the section of the s				Business Code				
ä		TATZECHMENTH DE	ттт	DMC			74 201			74 201

232009 12-13-22

-74,291. Form **990** (2022)

-74,291. 3,500,800.

0.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

Form 990 (2022)

VOTERIDERS

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 146,115. 87,669. 29,223. 29,223. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,263,843. 1,090,301. 50,998. 122,544. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): a Management Legal 29,150. 29,150. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, 73,921. 59,305. 4,441. 10,175. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 184,880. 90,601. 49,627. 44,652. Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 32,878. 14,265. 2,038. 16,575. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),

6,431.

171,908

80,204.

13,702.

317,075.

c d

е

25

502,876.

152,316.

2,084,386.

87,053.

Check here

All other expenses

amount, list line 24e expenses on Schedule O.)

EDUCATION AND OUTREACH
VOTER ID AND ASSISTANCE

INSURANCE, TAXES & LICEN

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

583,080.

152,316.

107,186.

2,573,369

Form 990 (2022)

45-5081831 Page **11** Form 990 (2022)
Part X Balance Sheet VOTERIDERS

<u>rar</u>	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			63,539.	1	182,668
	2	Savings and temporary cash investments			1,534,710.	2	1,965,409
	3	Pledges and grants receivable, net				3	203,241
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or forme	officer, director,			
		trustee, key employee, creator or founder, su	bstantial o	ontributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons descri		6			
SI	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			30,132.	9	15,488
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		141,108.			
	b	Less: accumulated depreciation	56,674.	37,330.	10c	84,434	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14	155 000	
	15	Other assets. See Part IV, line 11		0.	15	175,000	
	16	Total assets. Add lines 1 through 15 (must e			1,665,711.	16	2,626,240
	17	Accounts payable and accrued expenses		19,795.	17	52,894	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Liabilities	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on line	ies 17-24	. Complete Part X		25	
	26	of Schedule D			19,795.	26	52,894
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or			10,700.	20	32,034
ş		and complete lines 27, 28, 32, and 33.	TICOK TICI	, <u></u>			
and	27				1,645,916.	27	1,983,719
ga	28	Net assets with donor restrictions			, , .	28	589,627
₽		Organizations that do not follow FASB ASC					,
고		and complete lines 29 through 33.	, 555, 511				
ō	29	Capital stock or trust principal, or current fun	ds			29	
) set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,645,916.	32	2,573,346
-	33	Total liabilities and net assets/fund balances			1,665,711.	33	2,626,240

Form **990** (2022)

Form 990 (2022) VOTERIDERS 45-5081831 Page **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 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 3 2 2 3	,50 ,57	0,8 3,3 7,4	69. 31.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				4 17			
D - 1	column (B))	10 2	,57	3,3	47.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No			
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,							
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
J	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
				990 (2022)			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

 $Employer\ identification\ number \\ 45-5081831$

Name of the organization

VOTERIDERS

Pa	art I	Reason for Public (Charity Status.	(All organizations must o	omplete th	his part.) S	See instructions.					
The	orgar	nization is not a private found	dation because it is: (For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative)(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe	ed in section 170(b) ((1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in conju	unction with a land-grant	college				
		or university or a non-land-g										
		university:					-					
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from (contributio	ons, membership fees, a	nd gross receipts from				
		activities related to its exen										
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Con										
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on				
		lines 12a through 12d that	describes the type of	of supporting organization	n and com	nplete line:	s 12e, 12f, and 12g.					
á	ı 🗆	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
k	, [Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	iving				
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
C	;	$oldsymbol{ol{ol{ol}}}}}}}}}}}}}}}}}}$	egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,				
		_ its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
(ı L		y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organi	zation(s)				
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness				
	_	_ requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
6	. L	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.						
1	Ent	er the number of supported o	organizations									
		vide the following information			(iv) le the erge	unization listed						
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
_												
Tot	al						I	l				

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	778,207.	718,560.	2,043,998.	1,468,848.	3,575,091.	8,584,704.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	778,207.	718,560.	2,043,998.	1,468,848.	3,575,091.	8,584,704.
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)						293,674.
6	Public support. Subtract line 5 from line 4.						8,291,030.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	778,207.	718,560.	2,043,998.	1,468,848.	3,575,091.	8,584,704.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,978.	22,039.	36,987.	13,269.	-74,291.	9,982.
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						8,594,686.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	104,673.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stor	here					
	ction C. Computation of Publ						
14	Public support percentage for 2022 (14	96.47 %
15	Public support percentage from 2021					15	89.74 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circ						
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2022

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 Su	ıpport	, I	,				
Calendar year (or fiscal year	beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contribu	itions, and						
membership fees rece	eived. (Do not						
include any "unusual	grants.")						
2 Gross receipts from a	dmissions,						
merchandise sold or s							
formed, or facilities fu any activity that is rela							
organization's tax-exe							
3 Gross receipts from a	ctivities that						
are not an unrelated t	rade or bus-						
iness under section 5	13						
4 Tax revenues levied for	or the organ-						
ization's benefit and e	either paid to						
or expended on its be	ehalf						
5 The value of services	or facilities						
furnished by a govern	mental unit to			1			
the organization with	out charge						
6 Total. Add lines 1 thre	ough 5						
7a Amounts included on	lines 1, 2, and						
3 received from disqu	alified persons						
b Amounts included on lines 2 from other than disqualified p							
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. (Subtra							
Section B. Total Sup	· -		г	1	1	1	1
Calendar year (or fiscal year	· · · · ·	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6							
10a Gross income from in dividends, payments							
securities loans, rents	s, royalties,						
and income from simi	Г						
b Unrelated business taxal							
(less section 511 taxes)	I						
acquired after June 30,							
c Add lines 10a and 10							
11 Net income from unre activities not included							
whether or not the bu							
regularly carried on							
12 Other income. Do not or loss from the sale of							
assets (Explain in Par	t VI.)						
13 Total support. (Add lines	· · · · · · · · · · · · · · · · · · ·		<u> </u>			504()(2)	<u> </u>
14 First 5 years. If the F		· ·		,		. , . ,	ion,
check this box and st Section C. Computa							<u></u>
15 Public support percei				column (f))		15	%
16 Public support percei						16	
Section D. Computa						1 10 1	70
17 Investment income po						17	%
18 Investment income po						18	
19a 33 1/3% support tes							
more than 33 1/3%, o							
b 33 1/3% support tes							
line 18 is not more that		•			•	•	
20 Private foundation I							

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

_		Yes	No
	1		
	2		
L	3a		
	3b		
-	3с		
	4a		
	44		
	41-		
	4b		
	4c		
	5a		
	5b		
L	5c		
	6		
	7		
	8		
	9a		
	9b		
L	9с		
-	10a		
	104		
	10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 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	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	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	t de la companya de			
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			
800	supported organizations played in this regard.	3		
	tion 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).	1		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structioi	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
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.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orga	nizations	5
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

e Excess from 2022

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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

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

VOTERIDERS

Employer identification number

45-5081831

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust 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					
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) contributor, during	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 g requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022) Page **2**

Name of organization

VOTERIDERS

Employer identification number

45-5081831

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 80,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 200,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll IN Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Name of organization

Employer identification number

VOTERIDER	٢
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45-5081831

	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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022) Name of organization **Employer identification number** VOTERIDERS 45-5081831 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

VOTERIDERS

Employer identification number 45-5081831

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring			
	impermissible private benefit?		Yes No			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a h	nistorically important land area			
	Protection of natural habitat	Preservation of a c	certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a				
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re					
	year					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements i	it holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conser	vation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes			
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	atement and			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	ts that describes the			
_	organization's accounting for conservation easements.					
Pai			er Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	I balance sheet works			
	of art, historical treasures, or other similar assets held for pul		nerance 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 95					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
	(ii) Assets included in Form 990, Part X		\$			
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		\$			
b	Assets included in Form 990, Part X		\$			
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022			

Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, or	Other	Similar As	sets(cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	make sigi	nificant use o	f its		
	collection items (check all that apply):									
а	Public exhibition	c	. L	Loan or exc	hange progran	n				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how tl	hey further t	he organizatior	n's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or other	similar a	ssets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?			Yes		□No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered "Y	es" on F	orm 990, Part	IV, line 9, c	or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other asse	ets not in	cluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amou	nt	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial accou	nt liability	?	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanati	on has been	provided on P	art XIII .			<u>. L</u>	
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo						
		(a) Current year	(b) F	Prior year	(c) Two years	back (d)) Three years b	ack (e) Fou	ır years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	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 baland	ce (line 1	g, column (a	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%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administere	ed for the				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on S	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990,	Part X, lir	ne 10.			
	Description of property	(a) Cost or o		(b) Cost	or other		umulated	(d) Bo	ok valu	ıe
		basis (investr	ment)	basis	(other)	depre	eciation			
1a	Land									
	Buildings									
С	Leasehold improvements									
	Equipment		100							2.4
	Other					5	66,674.			34.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	Oc.)			8	4,4	34.
							Sched	dule D (For	m 990) 2022

Schedule D (Form 990) 2022 VOTERIDERS		45	-5081831 Page 3
Part VII Investments - Other Securities.	on Form 000 Port IV line	11h Coo Form 000 Port V line 12	
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	d-of-vear market value
(4) Financial desiratives	(b) Book value	(c) Wethod of Valuation. Cost of one	d of year market value
(O) Olean by both and the data was to			
(2) Closely neid equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. Oce Form 550, Fare X, line To.	(b) Book value
(1) CONTRIBUTIONS RECEIVABLE		ENT PORTION	175,000.
(2)	1,21 01 00111		2737333
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		175,000.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		

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

Schedule D (Form 990) 2022

Par	TXI Reconciliation of Revenue per Audited Financial State		th Revenue per R	eturn).
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			5 0 10 151
	Total revenue, gains, and other support per audited financial statements			1	5,040,474.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains (losses) on investments		1 520 674		
	Donated services and use of facilities		1,539,674.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				1,539,674
	Add lines 2a through 2d			2e 3	3,500,800
	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			•	3,300,000
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,500,800
Par	t XII Reconciliation of Expenses per Audited Financial Sta	tements W	ith Expenses per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	4,113,042.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,539,673.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	1,539,673.
3	Subtract line 2e from line 1			3	2,573,369.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c	0. 2,573,369.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	.)		5	2,373,309
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	· Dort IV lines	Ib and 2b: Dort V line	1. Dort	V line 2: Dort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			4, Fait	A, IIIIe 2, Part AI,
111100 2	and 45, and 1 are All, lines 2d and 45. Also complete this part to provide an	y additional line	ornation.		
PAR	T X, LINE 2:				
	•				
THE	ORGANIZATION IS A NONPROFIT ORGANIZAT	ION UNDE	R SECTION 5	01(C)(3) OF
THE	INTERNAL REVENUE CODE AND IS EXEMPT FI	ROM FEDE	RAL INCOME	TAX1	ES ON
REL	ATED INCOME PURSUANT TO SECTION 501(A)	OF THE	CODE. IN AD	DIT:	ION, THE
ORG	ANIZATION DOES NOT HAVE ANY INCOME WHIC	CH MANAG	EMENT BELIE	VES	WOULD
attn	THOSE SUIT ORGANIZATION SO INVESTIGATION DISC			3.00	2000 11101 17
SUB	JECT THE ORGANIZATION TO UNRELATED BUSE	LNESS IN	COME TAXES.	ACC	CORDINGLY,
mii	GE EINANGIAI GEARDHEADHG DO NOE DEELEGE	7 DD017T	CTON HOD IN		
THE	SE FINANCIAL STATEMENTS DO NOT REFLECT	A PROVI	SION FOR IN	COM	E TAXES AND
mue	DE ADE NO OMUED MAY DOCTMIONS WUTCH MIS	מת ספי ממ	MCTDEDED EO	ם ם.	T CCT OCTIDE
TUE	RE ARE NO OTHER TAX POSITIONS WHICH MUS	DI DE CC	TOT TOTAL FO	K D.	TOCHODOKE.

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

e organization

VOTERIDERS

VOTERIDERS

45-5081831

Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Decidations section 52 4059 6(a)2	0		

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

Schedule J (Form 990) 2022

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	J-2 and/or 1099-MISe compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROY SPECKHARDT	(i)	105,672.	0.	2,041.	0.	0.	107,713.	0.
DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAMELA PEARSON	(i)	100,875.	0.	1,102.	0.	0.	101,977.	0.
NATL VOTER ID ASSISTANCE DIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

VOTERIDERS

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

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

Inspection **Employer identification number**

45-5081831

Par	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		nina	
		applicable	contributions or	amounts reported on	noncash contribu		_	S
	Ast Made of set		items contributed	Form 990, Part VIII, line	<u>1g</u>			
	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	Other (RIDE CREDITS)	X	2	35,00	0.FAIR VALUE			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organize	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	oorted in Part I, lines 1 th	rough 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and wh	ich isn't required to be u	sed for			
	exempt purposes for the entire holding period?)		·		30a		X
b	If "Yes," describe the arrangement in Part II.							
	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard con	tributions?	31	Х	
	Does the organization hire or use third parties of							
	contributions?		_			32a		Х
b	If "Yes," describe in Part II.							
	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is	checked,			
	describe in Part II.	()	,, , , , , , , , , , , , , , , , , , ,	, (-7)	,			
_HA		the Instruc	tions for Form 99	0.	Schedule N	/I (Form	n 990)	2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number 45-5081831

VOTERIDERS FORM 990, PART VI, SECTION A, LINE 2: KATHLEEN UNGER, PRESIDENT, AND STEPHEN A. UNGER ARE MARRIED. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT FOR THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED IN DETAIL BY THE PRESIDENT, A COPY IS DISTRIBUTED TO THE BOARD FOR ADDITIONAL REVIEW BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: DISCLOSURE FORMS ARE REQUIRED FROM BOARD MEMBERS ON AN ANNUAL BASIS. ANY CONFLICTS, OR POTENTIAL CONFLICTS, MUST BE REPORTED TO THE BOARD. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS TAX RETURNS AVAILABLE ON ITS WEBSITE, GUIDESTAR WEBSITE, AND AT ITS OFFICES ON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND RELEVENT POLICIES AVAILABLE AT ITS OFFICES ON REQUEST.

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

Schedule O (Form 990) 2022

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	WEBSITE RE-DESIGN	09/30/20		36M	HY43	56,588.				56,588.	23,579.		18,863.	42,442.
3	ADDITIONAL WEBSITE COSTS	10/29/21		36M	ну43	3,910.				3,910.	217.		1,303.	1,520.
4	ADDITIONAL WEBSITE COSTS	12/20/21		36M	НУ43	637.				637.			212.	212.
5	ADDITIONAL WEBSITE COSTS	01/26/22		36M	HY42	3,995.				3,995.			0.	
6	ADDITIONAL WEBSITE COSTS	04/03/22		36M	HY42	978.				978.			0.	
7	LIST ACQUISITION	09/14/22		24M	HY42	35,000.				35,000.			5,833.	5,833.
8	LIST ACQUISITION	09/14/22		24M	HY42	40,000.				40,000.			6,667.	6,667.
	* TOTAL 990 PAGE 10 DEPR & AMORT					141,108.				141,108.	23,796.		32,878.	56,674.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					61,135.			0.	61,135.	23,796.			44,174.
	ACQUISITIONS					79,973.			0.	79,973.	0.			12,500.
	DISPOSITIONS/RETIRED					0.			0.	0.	0.			0.
	ENDING BALANCE					141,108.			0.	141,108.	23,796.			56,674.
	ENDING ACCUM DEPR										56,674.			
	ENDING BOOK VALUE										84,434.			

228111 04-01-22

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

990

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

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

rov	ERIDERS			FORM	990 I	PAGE 10		45-5081831
Par	t Election To Expense Certain Proper	ty Under Section 1	79 Note: If you	have any listed	d property,	, complete Part	V before y	ou complete Part I.
1 N	laximum amount (see instructions)						1	1,080,000.
2 T	otal cost of section 179 property place							
	hreshold cost of section 179 property							2,700,000.
	eduction in limitation. Subtract line 3 f							
	ollar limitation for tax year. Subtract line 4 from line							
6	(a) Description of pro	perty		(b) Cost (business	use only)	(c) Elected	cost	
7 L	isted property. Enter the amount from	line 29			7			
8 T	otal elected cost of section 179 prope						8	
9 T	entative deduction. Enter the smaller	of line 5 or line 8					9	
	arryover of disallowed deduction from							
11 B	usiness income limitation. Enter the sr	naller of business	income (not l	ess than zero)	or line 5		11	
12 S	ection 179 expense deduction. Add lir	nes 9 and 10, but	don't enter m	ore than line 1	1 <u></u>		12	
	arryover of disallowed deduction to 20				13			
Note	Don't use Part II or Part III below for I	isted property. In	stead, use Pa	t V.				
Par	Operation 2 operation 7 metros.							
14 S	pecial depreciation allowance for quali	fied property (oth	ner than listed	property) place	ed in servic	ce during		
tł	ne tax year						14	
	roperty subject to section 168(f)(1) ele	ction					15	
							16	
Par	t III MACRS Depreciation (Don't	nclude listed pro	•					
			Sec	tion A				
	IACRS deductions for assets placed in	•					<u></u> 17	
18 If	you are electing to group any assets placed in servi							
	Section B - Assets				ing the Ge	neral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for d (business/inve only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
	Pacidontial rontal property	/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
	Names idential real presents.	/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets P	aced in Service	During 2022	Tax Year Usin	g the Alte	rnative Depred	iation Sys	tem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)							
21 L	isted property. Enter amount from line	28					21	
22 T	otal. Add amounts from line 12, lines 1	4 through 17, lin	es 19 and 20 i	n column (g), a	and line 21.			
Е	nter here and on the appropriate lines	of your return. Pa	artnerships an	d S corporation	ns - <u>see</u> ins	str	22	0.
	or assets shown above and placed in :							

portion of the basis attributable to section 263A costs

45-5081831 Page 2 VOTERIDERS Form 4562 (2022)

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

	Note: For any 24b, columns	vehicle for w (a) through (c	hich you are u c) of Section A	sing the , all of S	e standa Section E	rd mileag 3, and Se	ge rate ection	or ded C if app	ucting leas licable.	e expe	nse, com	nplete o n	ily 24a,		
			on and Other			aution: S	See the	e instruc	tions for li	mits for	passenç	ger autoi	nobiles.)	
24a	a Do you have evidence to	support the bu	siness/investme	nt use cl	aimed?	Y	es	No	24b If "Y	es," is t	the evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	je ^{O1}	(d) Cost or ther basis	/hus		preciation vestment	(f) Recovery period	M	(g) ethod/ evention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation all							•	•						
	used more than 50% in	a qualified b	ousiness use								25				
26	Property used more that	ın 50% in a c	ualified busine	ess use:											
		1 1	9/	6											
		1 1	9/	6											
		1 1	9/	6											
27	Property used 50% or l	ess in a quali	ified business	use:								_			
		: :	9/	6						S/L -					
		1 1	9/	6						S/L -					
		1 1	9/	6						S/L -					
28	Add amounts in column	n (h), lines 25	through 27. E	nter her	e and or	n line 21,	, page	1			28				
29	Add amounts in column	ı (i), line 26. E	Enter here and	on line	7, page	1							. 29		
			s	ection	B - Infor	mation	on Us	e of Ve	hicles						
Co	mplete this section for ve	ehicles used	by a sole prop	rietor, p	artner, c	or other "	'more	than 5%	6 owner," o	or relate	ed persor	n. If you	provided	d vehicle	S
	your employees, first ans														
	• •	·			-			-		-					
				(a)	(1	b)		(c)		(d)	(e)	(1	f)
30	Total business/investment	miles driven d	uring the	Vel	hicle	Veh	nicle	\	/ehicle	Ve	ehicle	Vel	nicle	Veh	icle
	year (don't include commu														
31	Total commuting miles														
	Total other personal (no		-												
	driven	-													
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate														
36	Is another vehicle availa														
	use?	·													
			- Questions f	or Emp	lovers V	Vho Pro	vide V	ehicles	for Use b	v Their	Employ	ees			
Ans	swer these questions to			-	-								ren't		
	re than 5% owners or re	•	•			. 0				,	. ,				
37	Do you maintain a writte	en policy stat	tement that pro	ohibits a	all perso	nal use c	of vehi	cles, inc	cluding cor	nmutin	g, by you	ır		Yes	No
	employees?														
38	Do you maintain a writte														
	employees? See the ins	structions for	vehicles used	by corp	oorate of	fficers, d	lirecto	rs, or 19	6 or more	owners					
39	Do you treat all use of v													·	
	Do you provide more th													·	
	the use of the vehicles,		•					-							
41	Do you meet the require														
	Note: If your answer to														
P	art VI Amortization	, , , ,	,	,										_	
	(a) Description o	f costs		(b) amortization begins		(c) Amortizab amount	ole		(d) Code section		(e) Amortiza period or per	ation	A fo	(f) mortization or this year	
42	Amortization of costs th	at begins du		-	ar:			•		•	,				
		-		<u> </u>											
- 5	SEE STATEMENT	1 1		: :										12,	500
43	Amortization of costs th	at began be	fore your 2022	tax yea	ar .					STI	MT 2	43		20,	378
	Total. Add amounts in											44		32,	878

216252 12-08-22

FORM 4562	PA	RT VI - AMORTI		STATEMENT 1		
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR	
ADDITIONAL WEBSITE	01/26/22	3,995.		36M		
ADDITIONAL WEBSITE	04/03/22	978.		36 M		
LIST ACQUISITION LIST ACQUISITION	09/14/22 09/14/22	35,000. 40,000.		24M 24M	5,833. 6,667.	
TOTAL TO FORM 4562, L	INE 42				12,500.	

FORM 4562	PART VI	STA	TATEMENT 2			
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
WEBSITE RE-DESIGN ADDITIONAL WEBSITE COS ADDITIONAL WEBSITE COS	09/30/20 10/29/21 12/20/21	56,588. 3,910. 637.		36M 36M 36M	23,579. 217. 0.	18,863. 1,303. 212.
TOTAL TO FORM 4562, LINE	43					20,378.