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PUBLIC DISCLOSURE COPY

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

r calendar year 2021, or fiscal year beginning	, 2021, and ending	

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

26-4802468

VOTER REGISTRATION PROJECT

Name and title of officer or person subject to tax NELLIE SIRES

EXECUTIVE DIRECTOR

Part I	Type of	Return	and Return	Information
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Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

nan or	ie line in Part I.		
1a	Form 990 check here > X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<u>ы1</u> 7,087,982
2a	Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line	5) 4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part II	II, line 22) 10b
Part	II Declaration and Signati	ure Authorization of Officer or Person Subject to	Гах
Inder	penalties of perjury, I declare that X	I am an officer of the above entity or I am a person subject to	o tax with respect to (name
f entit	y)	, (EIN) a	nd that I have examined a copy of the
omple	te. I further declare that the amount in	edules and statements, and, to the best of my knowledge and bel Part I above is the amount shown on the copy of the electronic re- lectronic return originator (ERO) to send the return to the IRS and	turn. I consent to allow my

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353 -4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

X authorize HAN GROUP LLC	to enter my PIN 00001
ERO firm name	Enter five numbers, bu do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date > 11/14/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

54701100001 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► **JENNIFER S. HAN**

Date > 11/14/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

А	רטו נוו	e 202 i calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Address change VOTER REGISTRATION PROJECT				
	Name chan	Doing business as	26-48024	68	
Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite				E Telephone number	
	Final return			(202) 44	
	terminated City or town, state or province, country, and ZIP or foreign postal code G				17,087,982.
	Amer return	ded WACHINCTON DC 20033		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: NELLIE SIRES		for subordinates	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
T	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$	or 527	1	list. See instructions
J	Websi	te: ▶ N/A		H(c) Group exemption	n number 🕨
K	Form o	forganization: X Corporation Trust Association Other	∟ Year	of formation: 2009 N	State of legal domicile: DC
P	art I				
Φ	1	Briefly describe the organization's mission or most significant activities: TO H	ELP OF	GANIZATIONS	PLAN,
Activities & Governance		MANAGE, AND EVALUATE NONPARTISAN VOT $\overline{\text{ER}}$ R	EGISTE	ATION PROGR.	AMS.
ĸ.	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
ص ص	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	0
ΑĦ	6	Total number of volunteers (estimate if necessary)		6	5
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		48,594,672.	17,061,966.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,101.	1,016.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,930.	25,000.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		48,673,703.	17,087,982.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		45,565,384.	10,392,620.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,833,206.	3,181,366.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	89,965.
xbe	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 426,5	86.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,523,781.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		74,922,371.	17,045,541.
	19	Revenue less expenses. Subtract line 18 from line 12		26,248,668.	42,441.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		7,267,495.	11,195,050.
t As	21	Total liabilities (Part X, line 26)		318,722.	4,203,836.
<u>=====================================</u>	22	Net assets or fund balances. Subtract line 21 from line 20		6,948,773.	6,991,214.
	art II	Signature Block			
Und	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	y knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sig	jn	Signature of officer		Date	
He	re	NELLIE SIRES, EXECUTIVE DIRECTOR			
Type or print name and title					T DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		JENNIFER S. HAN JENNIFER S. HAN		.1/14/22 if self-employe	P00633304
	parer	Firm's name HAN GROUP LLC		Firm's EIN ▶	
Use	Only	Firm's address 1020 19TH STREET, NW, SUITE 800			001 000 700
		WASHINGTON, DC 20036		Phone no. (2	
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	n 990 (2021) VOTER REGISTRATION PROJECT	26-4802468	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	VOTER REGISTRATION PROJECT'S PURPOSE IS TO ASSIST U.S. (TTTZENS WHO	
	ARE PEOPLE OF COLOR THAT ARE ELIGIBLE TO REGISTER TO VOT		
	PARTICIPATE IN DEMOCRACY. VOTER REGISTRATION PROJECT PRO		
	TECHNICAL ASSISTANCE TO NONPARTISAN VOTER REGISTRATION I	DKIAF2 WND	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes [X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes [X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
		13, trie total experises, al	iu
_	revenue, if any, for each program service reported.		
4a	/ / / / / / / / /	e\$)
	VOTER REGISTRATION PROJECT'S PURPOSE IS TO ASSIST U.S. (
	PEOPLE OF COLOR THAT ARE ELIGIBLE TO REGISTER TO VOTE AN		
	IN DEMOCRACY. VOTER REGISTRATION PROJECT PROVIDES TECHNI		CE
	TO NONPARTISAN VOTER REGISTRATION DRIVES AND PARTNERS WI	TH OTHER	
	ORGANIZATIONS TO CONDUCT NONPARTISAN VOTER REGISTRATION	DRIVES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ie\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue.\$)
	/ (Noticinal of the second of		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 15,029,465.		
	<u> </u>	Form 99	0 (2021)

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u> </u>
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		 -
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	X	
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		X
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			١
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	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,"			v
	complete Schedule G, Part III	19		X
20a	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	Х	
	domestic government on Fart IX, column (A), line 1: ii 100, complete ochedule i, i atto i and ii	<u> </u>	-7	

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Form **990** (2021)

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Form 990 (2021) VOTER REGISTRATION PROJECT Part IV Checklist of Required Schedules (continued)

	office factors of the quality of the factors and the factors a			
00	Did the constitution was at accordance of 000 of counts on the constitution of a second in individual and		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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		. v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		x
b	"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
	"Yes," complete Schedule L, Part IV	28c		Х
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			37
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?		_v	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
1 4	Check if Schedule O contains a response or note to any line in this Part V			X
	Chook in Contourie Contains a response of flote to any line in this fait v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			1.0
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form **990** (2021)

VRP____1

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2 a	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S			.,,
3a	-		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		_		
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
D	If "Yes," enter the name of the foreign country	(FDAD)			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		5a		Х
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		 		
ou	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 contribut				
	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	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7с		Х
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	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	, , , , , , , , , , , , , , , , , , , ,		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_			8		
9					
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10 a	Section 501(c)(7) organizations. Enter: 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:	100			
а	to the second se	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	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 Schedule the experimental of more than \$1,000,000 in require		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4.5		х
	excess parachute payment(s) during the year?		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.		10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
_					

Form **990** (2021) 132005 12-09-21 2021.05000 VOTER REGISTRATION PROJECT VRP____1

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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		Х
	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?			
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Х	
			Х	
b			Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	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 ► NONE			
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.	•		
	Own website 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, as	nd finai	ncial	
=	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RSM - (202) 293-2200			
	2021 L STREET, NW, SUITE 400, WASHINGTON, DC 20036			
			000	(0004)

132006 12-09-21

VRP____1

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	orga	aniza			npe	nsat				
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per week		box, unless person is both ar officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				p		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			en sat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıl trus	nal tr		loyee	Highest compensated employee		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	hest (ploye	Former			organizations
(1) DEMED DAGNOT	line) 37.88	i i	lus	₽	ā.	E E	윤			
(1) PETER BACKOF	37.00	1		x				281,654.	0.	11,891.
INTERIM CAMPAIGN DIRECTOR (2) NELLIE SIRES	37.88			^				201,034.	0.	11,091.
(2) NELLIE SIRES EXECUTIVE DIRECTOR	37.00	1		x				71,058.	0.	570.
(3) ILONA PRUCHA	1.00			^				71,030.	0.	370.
PRESIDENT	1.00	X		x				0.	0.	0.
(4) JOHN YANG	1.00			<u> </u>				0.	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(5) WILLIAM VANDENBERG	1.00							0.	•	0.
SECRETARY	100	x		x				0.	0.	0.
(6) ISAIAH CASTILLA	1.00	 								
BOARD MEMBER		x						0.	0.	0.
(7) MATT SINGER	1.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		1								
		-								
				_		_	<u> </u>			
		1								
		_								
		1								

Form 990 (2021)

Par	t VII Section A. Officers, Directors, Trus	stees, Key Employees, and Highest Compensated Employees (continued)											
	(A)	(B)			(0	•			(D)	(E)		(F)	
	Name and title	Average	(do		Posi		than	one	Reportable	Reportable	Es	stimate	∍d
		hours per	box	, unles	ss pe	rson	is bot or/trus	h an	compensation	compensation		nount	of
		week (list any	_			1 0010	7, 1, 4, 0	100)	from the	from related	l	other	tion
		hours for	direct				p		organization	organizations (W-2/1099-MISC/		pensa om th	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		anizat	
		organizations	l trust	nal tru		oyee	ompe		1099-NEC)		and	d relat	ed
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizati	ons
		line)	pul	lns	0#i	Key	Hig	For					
1b	Subtotal								352,712.	0.	1	2,4	61
	Total from continuation sheets to Part VI								0.	0.			0
	Total (add lines 1b and 1c)								352,712.	0.	1	2,4	61
	Total number of individuals (including but n								eceived more than \$100	,000 of reportable			
	compensation from the organization												
												Yes	No
3	Did the organization list any former officer,		-	•		•		_	· ·	•			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4	For any individual listed on line 1a, is the su	•							•	•			
	and related organizations greater than \$150										4	Х	
5	Did any person listed on line 1a receive or a	•				,		elate	ed organization or indivi	idual for services			77
0-	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .				5		X
	tion B. Independent Contractors									*			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from												

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
POLITECH, 1525 CANYON LEDGE COURT, LAS	CUZTOMIZATION	
VEGAS, NV 89117	SUPPORT SERVICES	400,000.
GRASSROOTS SOLUTIONS, 861 EAST HENNEPIN		
AVENUE, SUITE 350, MINNEAPOLIS, MN 55414	CONSULTING SERVICES	288,000.
SEVEN LETTER, 1140 CONNECTICUT AVENUE NW,	COMMUNICATIONS	
SUITE 800, WASHINGTON, DC 20036	CONSULTING	240,000.
BEEHIVE RESEARCH, INC., 1626 POTOMAC	GENERAL RESEARCH	
AVENUE, SE, WASHINGTON, DC 20003	SERVICES AND SUPPORT	187,022.
RSM US LLP, 331 WEST 3RD STREET, SUITE		
200, DAVENPORT, IA 52801	ACCOUNTING SERVICES	152,394.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 8		

Form **990** (2021)

		1===:)			TR.	ATION PR	OJECT		26-4802	468 Page 9
Pa	rt VI									
		Check if Schedule O	contains	s a respo	nse (or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
S S	1.0	- Fodorated compositions		140						360110113 3 12 - 3 14
ant		Federated campaigns Membership dues								
چ چ چ		Fundraising events								
ifts ar A		Related organizations								
s, G		Government grants (cont								
<u>io</u> is		All other contributions, gifts,								
be t		similar amounts not included				17,061,966.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in		·· —						
a S		Total. Add lines 1a-1f					17,061,966.			
						Business Code				
Se	2 a	l			_					
eZ e	b				_					
Program Service Revenue	С				_					
gra Re	d				_					
Š.	е				_					
_	T	All other program service								
	3	Total. Add lines 2a-2f Investment income (inclu								
	3	other similar amounts)					1,016.			1,016.
	4	Income from investment					, -			, -
	5	Royalties		-	-	t				
		•		(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
		Net rental income or (loss		\ Ot.						
	7 a	Gross amount from sales of	I —) Securiti	es	(ii) Other				
	h	assets other than inventory Less: cost or other basis	7a							
ē	b	and sales expenses								
Je J	c	Gain or (loss)								
Other Revenue		Net gain or (loss)								
Jer		Gross income from fundrais								
₹		including \$		of						
		contributions reported or	line 1c	. See						
		Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from				>				
	9 a	Gross income from gamir			I I	l				
		Part IV, line 19			9a 9b					
		Less: direct expensesNet income or (loss) from			-					
		Gross sales of inventory,			ļΠ					
	a	and allowances			10a	l				
	b	Less: cost of goods sold			10b					
		: Net income or (loss) from								

12 132009 12-09-21

Miscellaneous Revenue

Form **990** (2021)

25,000.

26,016.

25,000.

25,000

17,087,982.

900099

c Net income or (loss) from sales of inventory

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

0.

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). X 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 expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 10,392,620. 10,392,620. 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, 365,174. 69,383. 124,159. 171,632. 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) 58,255. 2,462,761. 1,973,501. 431,005. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 67,553. 166,967. 98,477. 937. Other employee benefits 9 186,464. 100,375. 80,374. 5,715. Payroll taxes 10 Fees for services (nonemployees): a Management 131,878. 131,878. Legal 156,960. 156,960. Accounting Lobbying 89,965. 89,965. Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 2,872,955. 2,361,649. 412,489. 98,817. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 47,192. 7,119. 38,808. 1,265. Office expenses 13 87,226. 2,726. 84,500. 14 Information technology 15 Royalties 55,432. 55,432. 16 Occupancy 6,855. 5,378. 1,477. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 18,831. 17,953. 878. Conferences, conventions, and meetings 19 33. 33. Interest 20 Payments to affiliates _____ 21 260. 260. Depreciation, depletion, and amortization 22 327. 327. 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), amount, list line 24e expenses on Schedule O.) **BUSINESS EXPENSES** 2,003. 2,003. 1,354. 1,638. 284. All other expenses 17,045,541. 15,029,465. 1,589,490. 426,586. Total functional expenses. Add lines 1 through 24e 25

Form 990 (2021)

Check here

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)

Part X Balance Sheet

ı aı	LA	Balance Sneet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,099,572.	1	7,688,847.
	2	Savings and temporary cash investments				2	2,013,120.
	3	Pledges and grants receivable, net			129,483.	3	1,435,500.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of				5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ϋ́	9	Prepaid expenses and deferred charges			29,454.	9	7,900.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,637.			
	b	Less: accumulated depreciation		260.	0.	10c	8,377.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, li			12		
	13	Investments - program-related. See Part IV, I			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,008,986.	15	41,306.	
	16	Total assets. Add lines 1 through 15 (must e			7,267,495.	16	11,195,050.
	17	Accounts payable and accrued expenses			141,097.	17	36,956.
	18	Grants payable			177,625.	18	4,166,565.
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or	former off	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
iab		controlled entity or family member of any of	these per	ons		22	
_	23	Secured mortgages and notes payable to ur	related th	ird parties		23	
	24	Unsecured notes and loans payable to unrel	ated third	parties		24	
	25	Other liabilities (including federal income tax	, payables	to related third			
		parties, and other liabilities not included on l	ines 17-24). Complete Part X			
		of Schedule D			0.	25	315.
	26	Total liabilities. Add lines 17 through 25			318,722.	26	4,203,836.
G		Organizations that follow FASB ASC 958,	check he	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			-438,058.	27	5,991,214.
Ä	28	Net assets with donor restrictions			7,386,831.	28	1,000,000.
Ĕ		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 📖			
F.		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fur			29		
sse	30	Paid-in or capital surplus, or land, building, o	r equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate		—		31	
Š	32	Total net assets or fund balances			6,948,773.	32	6,991,214.
	33	Total liabilities and net assets/fund balances			7,267,495.	33	11,195,050.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		17,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,04		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,94	8,7	73.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,99	1,2	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		ı l	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

 $Employer\ identification\ number \\ 26-4802468$

VOTER REGISTRATION PROJECT

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

				` •	<u> </u>							
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	check 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	hospital service orga	anization described in se	ection 170)(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	ollege 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 governr	mental 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). (C			ū		· ·					
8		A community trust describe		(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:	3 3	,		,	,,	,				
10		An organization that norma	ıllv 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										
		See section 509(a)(2). (Con		(,,				, ·				
11		An organization organized		sively to test for public sa	afetv. See	section 50	09(a)(4).					
12		An organization organized	·	•	•			e purposes of one or				
		more publicly supported or	•	•	•		•	• •				
		lines 12a through 12d that	•									
а		Type I. A supporting orga	* *			-	· · · · · · · · · · · · · · · · · · ·	/ aivina				
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	•						
		organization. You must o		* *	, ,			11 3				
b		Type II. A supporting org	-		tion with it	ts support	ed organization(s), by ha	avina				
		control or management of	· · · · · · · · · · · · · · · · · · ·					-				
		organization(s). You mus					5 1	·				
С		Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.				
		its supported organizatio	-				• •	,				
d		Type III non-functionally						ization(s)				
		that is not functionally int					• • • • •					
		requirement (see instruct	-		•		•					
е		Check this box if the orga	•	-								
		functionally integrated, or					,					
f	Ente	er the number of supported o										
		vide the following information										
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				above (see instructions))								
Tota	al											

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and		, ,	, ,	, ,	. ,	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	8838017.	24092522.	43764481.	48594672.	17061966.	142351658		
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	000001	0400500	10001	10501650	45064066	440054650		
	Total. Add lines 1 through 3	8838017.	24092522.	43764481.	48594672.	17061966.	142351658		
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,						0504054		
	column (f)						8581951.		
	Public support. Subtract line 5 from line 4.						133769707		
	etion B. Total Support				1				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total 142351658		
	Amounts from line 4	0030017.	24092322.	43/04401.	40394074.	1/001900.	142331036		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,			48.	79,025.	1,016.	80,089.		
_	and income from similar sources			40.	19,023.	1,010.	00,009.		
9	Net income from unrelated business								
	activities, whether or not the								
10	business is regularly carried on Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)			3,109.	6.	25,000.	28,115.		
11	Total support. Add lines 7 through 10			3,2031	0.	23,000	142459862		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
	First 5 years. If the Form 990 is for th	•	,						
	organization, check this box and stop						• • • • • • • • • • • • • • • • • • •		
Sec	ction C. Computation of Publ						,		
14	Public support percentage for 2021 (I	ine 6, column (f), a	divided by line 11,	column (f))		14	93.90 %		
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	95.28 %		
	33 1/3% support test - 2021. If the o					nore, check this bo	ox and		
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶ X		
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box		
	and stop here. The organization qualifies as a publicly supported organization								
17a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the fact	s-and-circumstand	ces test, check thi	s box and stop he	ere. Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization		▶□		
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the								
	organization meets the facts-and-circu								
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	ns ▶∟		

Schedule A (Form 990) 2021

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.)

Sec	etion A. Public Support	siow, picace com	piete i uit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			1			
	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)			-		1	
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_							>
	ction C. Computation of Publi					11	
	Public support percentage for 2021 (li					15	<u>%</u>
16	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inves					11	
17	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the	-					1 / is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the	· ·			•	•	
00	line 18 is not more than 33 1/3%, che			•	. ,	•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in	structions	P

132023 01-04-22

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	- Gu		
	OI-		
	3b		
	3с		
	4a		
	4b		
	4-		
	4c		
	5a		
	5b		
	5c		
	_		
	6		
	7		
	8		
	9a		
	9b		
	OD .		
	9с		
	90		
	10a		
	10b		
dula	A (Forr	n aan	2021

132024 01-04-21

Par	t IV S	upporting Organizations _(continued)			
				Yes	No
11	Has the c	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 belov	w, the governing body of a supported organization?	11a		
b	A family r	nember of a person described on line 11a above?	11b		
С	A 35% co	ontrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in F		11c		
Sect	ion B.	Type I Supporting Organizations			
				Yes	No
1		overning body, members of the governing body, officers acting in their official capacity, or membership of one or			
		ported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s), operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		d organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the o	rganization operate for the benefit of any supported organization other than the supported			
	•	ion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI h	ow providing such benefit carried out the purposes of the supported organization(s) that operated,			
		d, or controlled the supporting organization.	2		
Sect	ion C.	Type II Supporting Organizations			
				Yes	No
1		najority of the organization's directors or trustees during the tax year also a majority of the directors			
		es of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	_	ement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		orted organization(s).	1		
Seci	ion D. A	All Type III Supporting Organizations		T	
				Yes	No
1		rganization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•		ion's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ization maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	n of the relationship described on line 2, above, did the organization's supported organizations have a			
3	-	It voice in the organization's investment policies and in directing the use of the organization's			
	U	r assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		d organizations played in this regard.	3		
Sect		Type III Functionally Integrated Supporting Organizations			
1		e box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		e organization satisfied the Activities Test. Complete line 2 below.	-		
b		e organization is the parent of each of its supported organizations. Complete line 3 below.			
С		e organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities	Test. Answer lines 2a and 2b below.		Yes	No
а	Did subst	tantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supp	orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those su	pported 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	e activities constituted substantially all of its activities.	2a		
b	Did the a	ctivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or me	ore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI th	ne reasons for the organization's position that its supported organization(s) would have engaged in			
	these act	ivities but for the organization's involvement.	2b		
3	Parent of	Supported Organizations. Answer lines 3a and 3b below.			
а		rganization have the power to regularly appoint or elect a majority of the officers, directors, or			
		of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the o	rganization 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 | 132025 01-04-22 | Schedule A (Form 990) 2021

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must	st complete	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):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
	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-functional	ally integrat	ed Type III supporting org	anization (see				
	instructions)	, 5	7. 11 3-3	•				

Schedule A (Form 990) 2021

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
<u>i</u> _	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

	line Se	e 1; Part ction D,	t IV, Section	on D, lin	es 2 and 3	3; Part IV	, Section E, lines 1	c, 2a,	2b, 3a,	and 3b; Part	V, line 1; Part V, Section B, line 1e; Pafor any additional information.	art V,
SCHE	DULE	Α,	PART	II,	LINE	10,	EXPLANATI	ON	FOR	OTHER	INCOME:	
MISC	ELLA	NEOU	JS									
2019	AMO	UNT:	; \$	3,1	09.							
2020	AMO	UNT:	: \$	6.								
2021	AMO	UNT:	: \$	25,	000.							

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Name of the organization

VOTER REGISTRATION PROJECT

26-4802468

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) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\bigsim \frac{1}{2} \frac{1}{2} \frac{1}{2}					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization Employer identification number

VOTER REGISTRATION PROJECT

26-4802468

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>4,465,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 2,528,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,000,000</u> .	Person X Payroll

Schedule B (Form 990) (2021) Page **2**

Name of organization	Employer identification number
VOTER REGISTRATION PROJECT	26-4802468

VOTER	REGISTRATION PROJECT		26-4802468
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
7		\$501,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

VOTER REGISTRATION PROJECT

26-4802468

Part II	Noncash Property (see instructions). Use duplicate copies of 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
		 \$	

Employer identification number

Name of organization

26-4802468 VOTER REGISTRATION PROJECT 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. `fŕom 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

VOTER REGISTRATION PROJECT

Employer identification number 26-4802468

Par	t I Organizations Maintaining Donor Advise	d Funds or Other S	imilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 $\boldsymbol{\nu}$	writing that the assets hel	d in donor advised fun	
	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	dvisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any	y other purpose confer	ring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea			orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	ition in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a			
_	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or to	erminated by the orgar	nization during the tax
	year -			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		d onforcing concervati	
6	Starr and volunteer flours devoted to florintoning, inspecting,	manuling of violations, and	d emorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enf	orcina conservation ea	esements during the year
•	\$ \$ \$	aning of violations, and on	ording conscivation ca	decine its during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4)(F	3)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr		•	
	organization's accounting for conservation easements.	· ·		
Par	t III Organizations Maintaining Collections of	f Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treatment			
	the following amounts required to be reported under FASB A	SC 958 relating to these i	tems:	
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			. ▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Other	Similar As	sets (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	following tha	t make sig	gnificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	c	ı 🗌	Loan or excl	hange progra	ım				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how th	ney further th	he organizatio	on's exem	pt purpose in l	Part XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m							Yes		□No
Par	t IV Escrow and Custodial Arran							IV, line 9, o	r	
	reported an amount on Form 990, Pa			· ·			•	, ,		
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	s or other as	sets not ir	ncluded			
	on Form 990, Part X?							Yes		□No
b	If "Yes," explain the arrangement in Part XIII									
	, .	•	Ü					Amoun	nt	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII									
	t V Endowment Funds. Complete									
	· ·	(a) Current year		rior year			1) Three years ba	ick (e) Fou	r years	back
1a	Beginning of year balance	-		-						
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1	a column (s	a)) held as:	I				
	Board designated or quasi-endowment	Torre your orra bararre	%	9, 00,01,111 (0	,,, rioid do.					
	Permanent endowment	 %								
	· · · · · · · · · · · · · · · · · · ·	<u></u>								
Ŭ	The percentages on lines 2a, 2b, and 2c sho	· -								
3a	Are there endowment funds not in the posse	=	ation tha	at are held a	nd administe	red for the	organization			
-	by:	scolori or the organiz	acion cne	at are freid a	ria darriiriioto		o gamzanom		Yes	No
	(i) Unrelated organizations							3a(i)		\vdash
	(ii) Related organizations									\vdash
h	If "Yes" on line 3a(ii), are the related organization									\vdash
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm		SWITIOTIC	idildo.						
	Complete if the organization answere		0. Part I\	/. line 11a. S	See Form 990	. Part X. li	ne 10.			
	Description of property	(a) Cost or o			or other		cumulated	(d) Boo	k valı	
	bescription of property	basis (investr		basis			eciation	(u) Doo	n vaic	10
12	Land	,		220.0	/	2.5/51				
	LandBuildings									
	Leasehold improvements						+			
					8,637.		260.		8 3	377.
	Equipment								5,5	
	Other		Y colum	nn (P) lina 1	(Oc.)				8 3	377.
iotal	- Add lines ta through te. (Column (d) must e	quai i Oiiii 330, Pail	A, COIUI	ווווe ז, ווווe ז	<i>uu.)</i>				J , J	, , , .

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.	TRATION PROJE	SCT 26	-4802468 Page 3
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-vear market value
(1)	(D) Doon value	(c) meaned of randament cool of circ	,
(1)			
(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	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			215
(2) DUE TO RELATED PARTIES			315.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 05)		315.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	; ∠3.)		213.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 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) 2021

	dale B (1 01111 000) 2021	REGISTRATION				4802468	Page
Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	1 Total revenue, gains, and other support per audited financial statements			1	17,087,	,982	
2	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:						

Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 17,087,982. Subtract line 2e from line 1

2a

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a Net unrealized gains (losses) on investments

a Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.)

c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

087 5

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements				17,045,541
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		_		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			

3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:

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

c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 4c

17,045,541

2e

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

e Add lines 2a through 2d

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

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR

Part XIII Supplemental Information (continued)								
THE YEAR ENDED DECEMBER 31, 2021 AND DETERMINED THAT THERE WERE NO MATTERS								
THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY								
HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. THE STATUTE OF LIMITATIONS								
GENERALLY REMAINS OPEN FOR THREE TAX YEARS WITH THE U.S. FEDERAL								
JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS WHICH THE								
ORGANIZATION FILES TAX RETURNS.								

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

VOTER RECTSTRATION DROTECT

Employer identification number

VOTER R	EGISTRATION PROJEC)T			26-4802	468			
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
BLUE WAVE - 137 NEWBURY	Yes No								
STREET, 6TH FLOOR, BOSTON, MA	FUNDRAISING		Х	0.	14,205.	-14,205.			
MKZ STRATEGIES & EVENTS -	I SADAMESTAG			· .	11,203.	11,200.			
	EINDD AT GING		v	0	75 760	75 760			
718 7TH ST NW, WASHINGTON, DC	FUNDRAISING		Х	0.	75,760.	-75,760.			
Гotal					89,965.	-89,965.			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration			

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

Schedule G (Form 990) 2021

			EGISTRATION			4802468 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gro				
		3	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts				
_	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Š	5	Noncash prizes				
sued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	O in a share (d)			
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lin				
Dr			, ()			
ГС	ırt I		inswered "Yes" on Forr	n 990, Part IV, line 19, or	reported more than	
	irt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	nswered "Yes" on Forr	n 990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	irt I	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	•	
	1			(b) Pull tabs/instant	•	
Revenue	1 2	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	•	
xpenses Revenue	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue		(b) Pull tabs/instant	•	
Revenue	1 2	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes		(b) Pull tabs/instant	•	
xpenses Revenue	1 2 3	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes		(b) Pull tabs/instant	•	
xpenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs		(b) Pull tabs/instant	•	
xpenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo Yes% No	(b) Pull tabs/instant bingo/progressive bingo Yes%	(c) Other gaming Yes % No	
xpenses Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo Yes % No 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	
Direct Expenses Revenue	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo Yes % No 5 in column (d) from line 1, column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Entils t	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo Yes % No 5 in column (d) from line 1, column (d) cts gaming activities:	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	col. (a) through col. (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Entils t	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming according to the state of the sta	(a) Bingo Yes % No 5 in column (d) from line 1, column (d) cts gaming activities:	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	col. (a) through col. (c))

Schedule G (Form 990) 2021

132082 10-21-21

Sch	nedule G (Form 990) 2021	VOTER	REGISTRATION	PROJECT	26-4	8024	468	Page 3
11	Does the organization conduct						′ es	☐ No
12	Is the organization a grantor, be							
	to administer charitable gaming					□ 1	′ es	└── No
	Indicate the percentage of gam							
	The organization's facility							<u>%</u>
	An outside facility					13b		%
14	Enter the name and address of	tne person wno	prepares the organization	n's gaming/special events boo	iks and records:			
	Name							
	Address							
15a	a Does the organization have a co	ontract with a th	nird party from whom the	organization receives gaming r	evenue?	. 🗆 ነ	′ es	☐ No
k	o If "Yes," enter the amount of ga			on ▶\$	and the amount			
	of gaming revenue retained by t							
	If "Yes," enter name and addres	ss of the third p	arty:					
	Name							
	Address							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation	ı ▶ \$						
	Description of services provided	→						
	Director/officer	Employ	ee Inde _l	pendent contractor				
17	Mandatory distributions:							
	a Is the organization required und	er state law to	make charitable distribution	ons from the gaming proceeds	s to			
	retain the state gaming license?						′ es	☐ No
k	Enter the amount of distribution							
_	organization's own exempt activ							
Pa			•	quired by Part I, line 2b, columr Il information. See instructions		rt III, lin	es 9,	9b, 10b,
	150, 150, 16, and 170,	as applicable. F	NSO provide any additiona	il illioffiation. See ilistructions				
SC	HEDULE G, PART I	, LINE 2	B, LIST OF T	EN HIGHEST PAID	FUNDRAISER	S:		
(I) NAME OF FUNDRA	TCFP. BI	.IIF WAVE					
<u>\</u>	. , NAME OF FONDIA	IDER. DI	IOE WAVE					
<u>(I</u>) ADDRESS OF FUN	DRAISER:	137 NEWBURY	STREET, 6TH FLO	OOR, BOSTON	, M2	A	02116
(I) NAME OF FUNDRA	ISER: MK	Z STRATEGIES	& EVENTS				
<u>(I</u>) ADDRESS OF FUN	DRAISER:	718 7TH ST 1	NW, WASHINGTON,	DC 20001			

Schedule G	G (Form 990) Supplemental Infor	VOTER	REGISTRATION	PROJECT	26-4802468 Pa	age 4
raitiv	Supplemental linor	mation (co.	minuea)			

Schedule G (Form 990)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization VOTER REGISTRATION PROJECT 26-4802468 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) ACCELERATE CHANGE, INC. 294 WASHINGTON ST STE 500 BOSTON, MA 02108 82-3400062 501C3 REMOTE PROGRAM 150,000 0 LEAGUE OF CONSERVATION VOTERS EDUCATION FUND - 740 15 ST. NW REMOTE PROGRAM SUITE 700 - WASHINGTON, DC 20005 52-1379661 501C3 76,490 TIDES FOUNDATION 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129 51-0198509 501C3 70,069 0 REMOTE PROGRAM COUNCIL ON AMERICAN-ISLAMIC RELATIONS PENNSYLVANIA - 1501 CHERRY STREET - PHILADELPHIA, PA 501C3 19102 54-2174614 48 301 REMOTE PROGRAM HISPANIC FEDERATION 55 EXCHANGE PLACE, 5TH FLOOR 13-3573852 501C3 REMOTE PROGRAM NEW YORK, NY 10005 46,000 0 ALLIANCE FOR CLIMATE EDUCATION 4696 BROADWAY BOULDER, CO 80304 26-3106566 501C3 43 367 0 REMOTE PROGRAM 36. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2021

Schedule I (Form 990) VOTER REG	ISTRATION	PROJECT				2	6-4802468 Page 1			
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ASIAN COMMUNITY DEVELOPMENT COUNCIL - 2610 S. JONES BLVD #3 - LAS VEGAS, NV 89146	47-2438087	501C3	15,958.	0.			REMOTE PROGRAM			
VOTO LATINO FOUNDATION 1300 L STREET NW, NO 975 WASHINGTON, DC 20005	80-0732126	501C3	150,000.	0.			DIGITAL PROGRAM			
VVN INC. 1155 CONNECTICUT AVE. NW SUITE 600 WASHINGTON, DC 20036	46-1801360		52,178.	0.			NATIONAL PARTNERSHIP			
STATE VOICES 1625 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	20-1115618	501C3	1,297,369.	0.			NATIONAL PARTNERSHIP			
STATE VOICES 1625 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	20-1115618	501C3	4,915,322.	0.			QUALITY CONTROL			
ACTIONN 627 SUNNYSIDE DRIVE RENO, NV 89503	80-0732126	501C3	51,082.	0.			VOTER REGISTRATION			
ARIZONA COALITION FOR CHANGE 1241 E. WASHINGTON ST., SUITE 103 PHOENIZ, AZ 85034	82-2534431	501C3	55,870.	0.			VOTER REGISTRATION			
ASIAN COMMUNITY DEVELOPMENT COUNCIL - 2610 S. JONES BLVD #3 - LAS VEGAS, NV 89146	47-2438087	501C3	58,859.	0.			VOTER REGISTRATION			
BLUEPRINT NORTH CAROLINA 3125 POPLARWOOD COURT SUITE 300 RALEIGH, NC 27604	27-2459538	501C3	21,613.	0.			VOTER REGISTRATION			

26-4802468 VOTER REGISTRATION PROJECT Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) FAITH ORGANIZING ALLIANCE 940 WEST OWENS AVENUE LAS VEGAS, NV 89106 90-0454010 501C3 86,227 0 VOTER REGISTRATION FLORIDA IMMIGRANT COALITION, INC. 2800 BISCAYNE BLVD SUITE 800 MIAMI, FL 33137 20-2123833 501C3 88,085 0 VOTER REGISTRATION GEORGIA COALITION FOR THE PEOPLE'S AGENDA - 501 PULLIAM ST. SUITE 410 - ATLANTA, GA 30312 31-1770856 501C4 140,177 0 VOTER REGISTRATION GEORGIA STAND UP 501 PULLIAM ST. SUITE 100 ATLANTA, GA 30312 20-0984437 501C3 86,086 0 VOTER REGISTRATION LEAGUE OF CONSERVATION VOTERS EDUCATION FUND - 740 15 ST. NW 501C3 VOTER REGISTRATION SUITE 700 - WASHINGTON, DC 20005 52-1379661 269,293 0 MAKE THE ROAD NY 301 GROVE ST BROOKLYN, NY 11237 11-3344389 501C3 VOTER REGISTRATION 143,374 0 MI FAMILIA VOTA EDUCATION FUND 1710 E. INDIAN SCHOOL RD SUITE 100 501C3 PHOENIX AZ 85016 20-0182824 167 824 0 VOTER REGISTRATION NC A. PHILIP RANDOLPH INSTITUTE INC. - 1408 HILLSBOROUGH STREET -RALEIGH, NC 27605 56-1500282 501C3 224,154 0 VOTER REGISTRATION NEIGHBORHOOD MINISTRIES, INC

VOTER REGISTRATION

1918 W. VAN BUREN ST. PHOENIX, AZ 85009

86-0809052

501C3

13,984

0

Schedule I (Form 990) VOTER REC	GISTRATION		s and Domestic G	overnments (Sch	edule I (Form 990) Pa		6-4802468 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEO PHILANTHROPY, INC. 45 WEST 36TH STREET 6TH FLOOR NEW YORK, NY 10018	13-3191113	501C3	275,703.	0.			VOTER REGISTRATION
NORTH CAROLINA ASIAN AMERICANS TOGETHER - 711 HILLSBOROUGH ST. SUITE 102 - RALEIGH, NC 27603	81-3125435	501C3	34,183.	0.			VOTER REGISTRATION
OHIO ORGANIZING COLLABORATIVE 25 E. BOARDMAN ST. SUITE 230 YOUNGSTOWN, OH 44503	26-1601472	501C3	100,000.	0.			VOTER REGISTRATION
ONE ARIZONA 530 E. MCDOWELL RD SUITE 107-448 PHOENIX, AZ 85004	37-1782220	501C3	58,986.	0.			VOTER REGISTRATION
ONE PENNSYLVANIA 1414 BRIGHTON RD 1ST FLOOR PITTSBURGH, PA 15212	87-0887261	501C3	184,930.	0.			VOTER REGISTRATION
PENNSYLVANIA VOICE 123 SOUTH BROAD STREET STE 630 PHILADELPHIA, PA 19109	81-1141418	501C3	93,747.	0.			VOTER REGISTRATION
PROGEORGIA 1530 DEKALB AVENUE SUITE A ATLANTA, GA 30307	46-1064042	501C3	76,910.	0.			VOTER REGISTRATION
REAL WOMEN RADIO FOUNDATION 945 W MICHIGAN AVE 5C PENSACOLA, FL 32505	82-4836878	501C3	108,784.	0.			VOTER REGISTRATION
RURAL ARIZONA ENGAGEMENT							

VOTER REGISTRATION

381 WEST CENTRAL AVENUE

COOLIDGE, AZ 85128

51,906.

83-3114207 501C3

0.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE VOICES							
1625 MASSACHUSETTS AVE NW							
WASHINGTON, DC 20036	20-1115618	501C3	443,143.	0.			VOTER REGISTRATION
THE FIRST COAST LEADERSHIP							
FOUNDATION JACKSONVILLE - 2049							
NORTH PEARL ST - JACKSONVILLE, FL							
32206	59-3694394	501C3	192,883.	0.			VOTER REGISTRATION
			, -	-			
TIDES CENTER							
P.O. BOX 889385							
LOS ANGELES, CA 90088-9385	94-3213100	501C3	64,542.	0.			VOTER REGISTRATION
·			·				
TIDES FOUNDATION							
1014 TORNEY AVENUE							
SAN FRANCISCO, CA 94129	51-0198509	501C3	89,425.	0.			VOTER REGISTRATION
UNIFOUR ONE							
4801 LONITA ST							
GREENSBORO, NC 27408	03-0437078	501C3	141,388.	0.			VOTER REGISTRATION

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	,				
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE EXECUTIVE DIRECTOR WILL ENTER	R INTO "JO:	INT EFFOR	r agreement	S" WITH	
DRGANIZATIONS TO RUN PROGRAMS (MA	AIL. FIELD	. AND BLEN	NDED ACTIVI	TIES) IN THE	
		-			
PARGET STATES. INCLUDED IN THESE	AGREEMENT	2 MITT RE	CLEAR STAN	DARDS AND	
QUALITY CONTROL AND ACCOUNTABILIT	TY MEASURE:	S BEYOND V	WHAT CAN BE	DONE THROUGH	
TRADITIONAL GRANT AGREEMENTS, INC	CLUDING IN	STALLMENT	FUNDING BA	SED UPON	
PROGRESS TO GOAL.					

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

VOTER REGISTRATION PROJECT

Employer identification number 26-4802468

Pa	art I 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 X Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year did any parago listed on Form 000 Part VII. Section A. line 1s, with respect to the filling						
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		4a		Х			
h	 a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? 						
c	c Participate in or receive payment from an equity-based compensation arrangement?						
•	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		Х			
	Any related organization?	5b		Х			
	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			
b	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			37			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		37			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9		<u> </u>			

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

Schedule J (Form 990) 2021

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 V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PETER BACKOF	(i)	281,654.	0.	0.	0.	11,891.		0.
INTERIM CAMPAIGN DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VOTER REGISTRATION PROJECT

Employer identification number 26-4802468

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTNERS WITH OTHER ORGANIZATIONS TO CONDUCT NONPARTISAN VOTER
REGISTRATION DRIVES.
FORM 990, PART V, LINE 2A
VRP ENTERED INTO A SERVICE AGREEMENT WITH VVN. VVN IS THE EMPLOYER OF
RECORD FOR THE PURPOSES OF PAYING WAGES. VVN REMITS ALL TAXES AND FILES
ALL RETURNS UNDER THE VVN EIN 46-1801360. VVN IS A PROFESSIONAL
EMPLOYER ORGANIZATION (PEO) AND PROVIDES HUMAN RESOURCE SERVICES TO
THEIR CLIENTS.
FORM 990, PART V, LINE 13A:
VOTER REGISTRATION PROJECT COMPLIES WITH APPLICABLE RULES REQUIRING THAT IT
MAKE ITS FEDERAL FORM 990 AND RELATED SCHEDULES AVAILABLE TO THE PUBLIC FOR
INSPECTION. VOTER REGISTRATION PROJECT DOES NOT MAKE ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE
TO THE PUBLIC.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS. UPON
APPROVAL, THE FINAL COPY OF THE 990 IS SIGNED BY THE CAMPAIGN DIRECTOR AND
FILED WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY SHALL BE DISTRIBUTED ANNUALLY TO ALL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

132211 11-11-21

Schedule O (Form 990) 2021

VOTER REGISTRATION PROJECT

Employer identification number 26-4802468

DIRECTORS, OFFICERS, MEMBERS OF BOARD COMMITTEES, AND STAFF. DIRECTORS,

OFFICERS, AND SENIOR STAFF SHALL SIGN AN ANNUAL ACKNOWLEDGEMENT THAT THEY

HAVE RECEIVED A COPY OF THIS POLICY, UNDERSTAND IT, AND AGREE TO ABIDE BY

ITS TERMS.

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

VOTER REGISTRATION PROJECT'S BOARD OF DIRECTORS RECEIVES NO COMPENSATION

FOR THEIR SERVICES. THE BOARD OF DIRECTORS SETS THE CAMPAIGN DIRECTOR'S

SALARY. TO ACCOMPLISH THIS, THE BOARD OF DIRECTORS APPOINTED A TEMPORARY

TASK FORCE OF THREE BOARD MEMBERS TO STUDY THE ISSUE AND MAKE A

RECOMMENDATION TO THE FULL BOARD OF DIRECTORS. THE TASK FORCE REPORTED THAT

IT EXAMINED SALARIES AT COMPARABLE ORGANIZATIONS, ASSESSED THE

ORGANIZATIONS FINANCIAL RESOURCES AND COMPENSATION CULTURE, AND BROUGHT A

RECOMMENDATION TO THE FULL BOARD OF DIRECTORS. THE FULL BOARD OF DIRECTORS

MET IN AN EXECUTIVE SESSION, DISCUSSED THE TASK FORCE'S RECOMMENDATION, AND

VOTED ON A SPECIFIC SALARY. CONTEMPORANEOUS MINUTES WERE RECORDED.

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

VOTER REGISTRATION PROJECT COMPLIES WITH APPLICABLE RULES REQUIRING THAT IT

MAKES ITS FEDERAL FORM 990 AND RELATED SCHEDULES AVAILABLE TO THE PUBLIC

FOR INSPECTION. VOTER REGISTRIAION PROJECT DOES NOT MAKE ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE

TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES

2,361,649.

MANAGEMENT AND GENERAL EXPENSES

412,489.

Schedule O (Form 990) 2021 Page **2**

Name of the organization VOTER REGISTRATION PROJECT	Employer identification number 26-4802468
FUNDRAISING EXPENSES	98,817.
TOTAL EXPENSES	2,872,955.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,872,955.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM LAST YEAR	. THE
MANAGEMENT TEAM REVIEWS THE PROPOSALS RECEIVED FROM THE I	NDEPENDENT
ACCOUNTANTS. THE MANAGEMENT TEAM MAKES AN INTERNAL RECOM	MENDATION ON
THE SELECTION OF INDEPENDENT ACCOUNTANT AND AUDITORS, WHI	CH IS THEN
REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE MAN	AGEMENT TEAM
ALSO REVIEWS THE ENGAGEMENT AGREEMENTS FROM THE ACCOUNTIN	G AND AUDIT
FIRMS ANNUALLY.	