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# PUBLIC DISCLOSURE COPY

c	3879-TE		I	RS e-file Signature Au for a Tax Exempt	uthorization	า	0	MB No. 1545-0047
Form C	DO/9-1C	For colonder vo		or fiscal year beginning , 2022				0000
		FOI Calendar yea	ar 2022,	Do not send to the IRS. Keep for		, 20		2022
	ent of the Treasury Revenue Service		G	to www.irs.gov/Form8879TE for the		<b>).</b>		
Name c	of filer			•		EIN or S	SSN	
	REGIST	ER AMER	ICA			81-	21638	301
Name a	and title of officer or pe	rson subject to t		NELLIE SIRES				
				EXECUTIVE DIRECTOR/P	RESIDENT			
Part	I Type of	Return and	l Ret	urn Information				
Form 5 or <b>10a</b> whiche	5330 filers may ente below, and the am	r dollars and c ount on that lin	ents. I ne for t	using this Form 8879-TE and enter the a For all other forms, enter whole dollars o the return being filed with this form was l ). But, if you entered -0- on the return, th	nly. If you check the blank, then leave line	e box on line <b>1a,</b> : e <b>1b, 2b, 3b, 4b,</b>	2a, 3a, 4a 5b, 6b, 7	a, 5a, 6a, 7a, 8a, 9a, b, 8b, 9b, or 10b,
1a	Form 990 check h	nere	X	b Total revenue, if any (Form 990, Pa	rt VIII, column (A), lir	ne 12)	1b 🛓	2,500,000.
2a	Form 990-EZ che	ck here		<b>b</b> Total revenue, if any (Form 990-EZ,				
3a	Form 1120-POL	check here		<b>b</b> Total tax (Form 1120-POL, line 22)			3b _	
4a	Form 990-PF che			b Tax based on investment income			4b _	
5a	Form 8868 check			<b>b</b> Balance due (Form 8868, line 3c)				
6a	Form 990-T chec	1		<b>b</b> Total tax (Form 990-T, Part III, line 4				
7a	Form 4720 check	1		<b>b</b> Total tax (Form 4720, Part III, line 1)			7b _	
8a	Form 5227 check			<b>b</b> FMV of assets at end of tax year (F			8b _	
9a	Form 5330 check	1		<b>b</b> Tax due (Form 5330, Part II, line 19)			9b _	
_	Form 8038-CP ct			b Amount of credit payment request			10b	
Part				ure Authorization of Officer or				
				I am an officer of the above entity or	-	-	-	-
of enti				, (EIN) , edules and statements, and, to the best				
pavme	ent of taxes to receiv	ve confidential	inform	It (settlement) date. I also authorize the f nation necessary to answer inquiries and nature for the electronic return and, if ap	d resolve issues relat	ted to the payme	ent. I have	e selected a
	heck one box only		<b>.</b>	a			_	00001
Ŀ	X I authorize HA	N GROUP	ىلىل			to enter m	-	00001
				ERO firm name				ter five numbers, but not enter all zeros
	with a state age on the return's o As an officer or	ncy(ies) regula disclosure cons person subject	iting cl sent se t to ta:	2 electronically filed return. If I have indic narities as part of the IRS Fed/State pro- creen. x with respect to the entity, I will enter m return that a copy of the return is being	gram, I also authoriz ny PIN as my signatu	te the aforement	ioned ER( ar 2022 e	O to enter my PIN lectronically filed
Signatur	IRS Fed/State p e of officer or person subje	-	enter n	ny PIN on the return's disclosure consen	nt screen.	[	Date	11/15/23
Part	III Certifica	ation and A	uthe	ntication				
ERO's	EFIN/PIN. Enter yo	our six-digit ele	ctroni	c filing identification				
numbe	er (EFIN) followed by	/ your five-digit	self-s	elected PIN.	5470110 Do not enter			
submi	•	•	-	N, which is my signature on the 2022 ele equirements of <b>Pub. 4163,</b> Modernized o	•			
ERO's s	signature <b>JEN</b>	NIFER S	. н	AN	Date	11/15/2	3	
			E	RO Must Retain This Form - S	See Instructions	5		
		Do No		bmit This Form to the IRS Unle				
LHA I	For Privacy Act and			tion Act Notice, see instructions.			Forn	n <b>8879-TE</b> (2022)
-	,			,				· -/
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Form	9	9	0
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# \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (excent private for dations)

Department of the Treasury Internal Revenue Service

section 50 I(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundation	D
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.	



AF	or th	e 2022 calendar year, or tax year beginning and	ending	_	
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre chang				
	Name Chang			81-21638	01
	Initial return		Room/suite	E Telephone number	
	Final			(202) 443	8-4535
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,500,000.
	Amen	WASHINGTON, DC 20033		H(a) Is this a group re	
	Applio tion pendi			for subordinates	
		SAME AS C ABUVE		H(b) Are all subordinates in	cluded? Yes No
11	ax-ex	empt status: 501(c)(3) X 501(c) ( 4 ) (insert no.) 4947(a)(1)	or 🛄 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
	_	forganization: X Corporation Trust Association Other	L Year	of formation: 2016	State of legal domicile: DC
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: ASSI	STING	WITH VOTER	
Activities & Governance		REGISTRATION AND ADVOCATING FOR POLICIES			
ern	2	Check this box if the organization discontinued its operations or dispos		I	-
õ	3				3
<del>م</del>	4	Number of independent voting members of the governing body (Part VI, line 1b)			-
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
tivi		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
		Contributions and events (Dart) (III line 1b)		250,000.	2,500,000.
IUe	8	Contributions and grants (Part VIII, line 1h)		230,000.	2,500,000.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u> </u>	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		250,000.	2,500,000.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	950,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		48,153.	240,751.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		1,235.	0.
per		Total fundraising expenses (Part IX, column (D), line 25) 19, 4	45.		
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		76,936.	425,360.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		126,324.	1,616,111.
	19	Revenue less expenses. Subtract line 18 from line 12		123,676.	883,889.
or			Be	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		154,051.	1,207,817.
dBa		Total liabilities (Part X, line 26)		12,283.	182,160.
Fun		Net assets or fund balances. Subtract line 21 from line 20		141,768.	1,025,657.
		Signature Block		I	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

-				
Sign	Signature of officer		Date	
		IRECTOR/PRESIDENT		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	JENNIFER S. HAN	JENNIFER S. HAN	11/15/23 <sup>if</sup> self-employed	₽00633304
Preparer	Firm's name HAN GROUP LLC		Firm's EIN	
Use Only	Firm's address 1020 19TH STREET,	NW, SUITE 800		
	WASHINGTON, DC 20	036	Phone no. ( 202	293-7000
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-	13-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) REGISTER AMERICA	81-2163801	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		<u></u>
•	THE ORGANIZATION IS FOUNDED FOR SOCIAL WELFARE PURPOSES	TNCLUDING	
	ASSISTING WITH VOTER REGISTRATION AND ADVOCATING FOR POL		<u></u>
			.1
	LEAD TO INCREASED VOTER REGISTRATION IN THE UNITED STAT	-6-	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	<b>Ye</b>	s I 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?		s X No
5			
	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,483,214 · including grants of \$ 950,000 · ) (Reven	ue\$	)
	REGISTER AMERICA SUPPORTS VOTER REGISTRATION PROGRAMS C	ARRIED OUT	BY
	OTHER SOCIAL WELFARE ORGANIZATIONS THROUGH RESEARCH AND	ANALYSIS O	F
	PRIOR EFFORTS AND MOST EFFECTIVE PRACTICES.		
	TATION INTO THE HODE INTO THE THEFTELD.		
4b	(Code:) (Expenses \$) (Revenue	ue \$	)
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	.e \$	)
44	Other program convises (Describe on Schedule $O$ )		
4d			
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,483,214.		
		Form	<b>990</b> (2022)
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Form	990	(2022)

 Form 990 (2022)
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 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		- 23
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10	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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
<b>b</b>	Schedule D, Parts XI and XII	12a	<u>л</u>	
a	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
13 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,	1- <del>1</del> 4		<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<b>1</b>	х	
000000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		(2022)
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Form 990 (2	2022)	REGISTER	AMERICA
Part IV	Checklist o	f Required Schee	dules (continued)

REGISTER AMERICA

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	л	
24a				
	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h	Schedule K. If "No," go to line 25a         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	000		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	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 O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
ı al	Charle if Cabadula Companya and an and to any line in this Dark V			X
	Check if Schedule O contains a response or note to any line in this Part V		Vac	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b	•		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
232004	4 12-13-22			(2022)
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Form Par	990 (2022) REGISTER AMERICA 81-2163 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	801	P	age <b>5</b>
1 01			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		162	NO
Zu	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		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	5 12-13-22	Form	990	(2022)

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Form 990 (2022)	Form	990	(2022)
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REGISTER AMERICA

Section A. Governing Body and Management

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

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o 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 th	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form §	90 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?	opoint	one or	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			14		
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
		-	-	8a	x	
	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
				00	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
00				9		21
eu	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Coue.)		Yes	Na
02	Did the organization have local chapters, branches, or affiliates?			10a	165	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl			104		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
4					x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	у рего	re ming the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	x	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	<u>^</u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y on Schedule O how this was done			12c	x	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•			
	exempt status with respect to such arrangements?		<u></u>	16b		
Sec	tion C. Disclosure				-	-
7	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	)-T (section 501(c)(	3)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	on Sc	hedule (0)	-		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	ind fina	ncial	
	statements available to the public during the tax year.		e. morest policy, a	and initia		
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records			
	RSM - (202) 293-2200					
	2021 L STREET, NW, SUITE 400, WASHINGTON, DC 2003	6				
2006	j 12-13-22			Form	1 <b>990</b>	(2022)
	6					. ,
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Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Compensa	ted
	Employees, and Independe	ent Contractors			

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

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

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

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box	. unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week (list any						,	. from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	In stitutional trustee	er	Key employee	lest c	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) NELLIE SIRES	2.40								_	_
EXECUTIVE DIRECTOR/PRESIDENT				х				0.	0.	0.
(2) DESMOND SERRETTE	1.00									_
CHAIR		х		Х				0.	0.	0.
(3) GENE KARPINSKI	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) JESSICA FLOYD	1.00									
SECRETARY		Х		Х				0.	0.	0.
			<u> </u>							
		-								
		<u> </u>								
		-								
232007 12-13-22										Form <b>990</b> (2022)

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Form 990 (2022) REGISTER	AMERICA	ł							81-21	L63801 Page <b>8</b>
Part VII Section A. Officers, Directors, True		ploy	ees,			ghe	st C	Compensated Employe	es (continued)	
(A) Name and title	<b>(B)</b> Average hours per week	box,	not cl , unle:	heck ss pe	ition <sup>more</sup> rson i	than o is boti pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	
	(list any hours for is related as the construction of the construc			the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)					
1b Subtotal c Total from continuation sheets to Part V								0.		0. 0. 0. 0.
d       Total (add lines 1b and 1c)         2       Total number of individuals (including but in the second								0.	),000 of reportabl	0. 0.
<ul><li>compensation from the organization</li><li>3 Did the organization list any former officer</li></ul>	. director. trust	ee. k	kev e	emp	love	e. or	hic	nhest compensated em	blovee on	0 Yes No
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for <b>4</b> For any individual listed on line 1a, is the s	such individual um of reportabl	le cc	ompe	ensa	ation	n and	d ot	her compensation from	the organization	
<ul> <li>and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," con</i></li> </ul>	accrue comper	nsati	ion f	rom	any	unr	elat	ted organization or indiv	idual for services	
Section B. Independent Contractors     Complete this table for your five highest contractors     the organization. Report compensation for	-	-								pensation from
(A) Name and business	s address							(B) Description of s	services	<b>(C)</b> Compensation
NEW GROUND STRATEGIES, L 458 ALVARDO STREET, SAN THE OUTREACH TEAM, 407 C	FRANCISC					111		ORGANIZING S - ADVOCACY P		141,509.
SUITE 349, ITHACA, NY 14	850							QUALITY CONT	ROL	133,800.
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lir	nite	d to	-	se lis 2	stec	d above) who received r	nore than	
<b></b>										Form <b>990</b> (2022)

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1 0	π		Check if Schedule O c		معمممعم	or note to any lir	e in this Part VIII			
					caponac	of fiote to arry in	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
nts its	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
S, G			Fundraising events		1c					
Gift lar			Related organizations		1d					
imi		е	Government grants (contri	ibutions)	1e					
rior ≊r S		f	All other contributions, gifts, g	grants, and						
the			similar amounts not included			500,000.				
ud of		-	Noncash contributions included in		1g \$					
aŭ		h	Total. Add lines 1a-1f			1	2,500,000.			
						Business Code				
ice	2	а								
erv ue		b								
n S /en		С								
Be		d								
Program Service Revenue		e								
			All other program service							
			Total. Add lines 2a-2f							
	3		Investment income (includ	•		•				
			other similar amounts)							
	4 5		Income from investment o							
	5		Royalties		Real	(ii) Personal				
	6	2	Gross rents	6a						
	0		Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)							
	7		Gross amount from sales of		curities	(ii) Other				
	•		assets other than inventory	7a						
		b	Less: cost or other basis							
en			and sales expenses	7b						
Revenue		с		7c						
Re			Net gain or (loss)	·····		•				
ler	8		Gross income from fundraisin							
đ			including \$	-	of					
			contributions reported on		e					
			Part IV, line 18		8a					
		b	Less: direct expenses							
		С	Net income or (loss) from t	fundraising	events					
	9	а	Gross income from gaming	g activities.	See					
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from							
	10	а	Gross sales of inventory, le							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from s	sales of inve	entory					
sņ						Business Code				
oer ue	11									
ven		b								
Miscellaneous Revenue		C								
ΪΣ			All other revenue							
	12		Total. Add lines 11a-11d Total revenue. See instructio				2,500,000.	0.	0.	0.
		2-13-					_,,			Form <b>990</b> (2022

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Form 990 (2022)

		REGISTER	AMERICA
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REGISTER AMERICA

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).

Don	Check if Schedule O contains a response	(A)	(B)	(C)	X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	950,000.	950,000.		
	Grants and other assistance to domestic	550,000.	550,000.		
	ndividuals. See Part IV, line 22 Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	14,517.	10,364.	3,597.	556
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	183,246.	132,104.	43,833.	7,309
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	26,741.	17,829.	8,220.	692
	Payroll taxes	16,247.	11,580.	4,003.	664
	Fees for services (nonemployees):		-		
	Management				
	_egal	6,341.		6,341.	
	Accounting	19,526.		19,526.	
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
- (	column (A), amount, list line 11g expenses on Sch 0.)	349,115.	324,086.	15,500.	9,529
12	Advertising and promotion				
13 (	Office expenses	39,359.	35,528.	3,819.	12.
	nformation technology	5,594.	1,723.	3,329.	542
	Royalties				
16 (	Dccupancy	593.		593.	
17 -	Travel	3,172.		3,031.	141.
18	Payments of travel or entertainment expenses				
1	or any federal, state, or local public officials				
19 (	Conferences, conventions, and meetings	53.		53.	
	nterest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	210.		210.	
	nsurance	426.		426.	
 	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	BUSINESS EXPENSES	971.		971.	
b					
c					
d					
e /	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,616,111.	1,483,214.	113,452.	19,445
	Joint costs. Complete this line only if the organization		-		-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (		1	REGISTER	AMERICA
Part X	Ba	lance Sheet		

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to a	any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		154,051.	1	1,207,817.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantia	l contributor, or 35%			
		controlled entity or family member of any of these pe	rsons		5	
	6	Loans and other receivables from other disqualified p	ersons (as defined			
		under section 4958(f)(1)), and persons described in s	ection 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
◄	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	1			
	b	Less: accumulated depreciation 10k			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	154,051.	16	1,207,817.
	17	Accounts payable and accrued expenses		2,060.	17	0.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part I	V of Schedule D		21	
es	22	Loans and other payables to any current or former of	ficer, director,			
Liabilities		trustee, key employee, creator or founder, substantia	l contributor, or 35%			
iab.		controlled entity or family member of any of these pe			22	
-	23	Secured mortgages and notes payable to unrelated t	hird parties		23	
	24	Unsecured notes and loans payable to unrelated thin	d parties		24	
	25	Other liabilities (including federal income tax, payable	s to related third			
		parties, and other liabilities not included on lines 17-2	4). Complete Part X	10 000		100 100
		of Schedule D		10,223.	25	182,160.
	26			12,283.	26	182,160.
ŝ		Organizations that follow FASB ASC 958, check he	ere X			
nce		and complete lines 27, 28, 32, and 33.		141 700		
ala	27	Net assets without donor restrictions		141,768.	27	1,025,657.
dВ	28	Net assets with donor restrictions			28	
'n		Organizations that do not follow FASB ASC 958, c	heck here			
ъ		and complete lines 29 through 33.				
its (	29	Capital stock or trust principal, or current funds			29	
SSG	30	Paid-in or capital surplus, or land, building, or equipm			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income			31	
ž	32	Total net assets or fund balances		141,768.	32	1,025,657.
	33	Total liabilities and net assets/fund balances		154,051.	33	1,207,817. Form <b>990</b> (2022)

Form **990** (2022)

Form	1990 (2022) REGISTER AMERICA	81-	2163801	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3	2,500 1,610 883	6,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14:	1,7	68.
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	1,02	5,6	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No X
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
C	review, or compilation of its financial statements and selection of an independent accountant?			х	1
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		J.		
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au			 
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	<u> </u>

Form **990** (2022)

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

# Schedule of Contributors

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

2022

Employer identification number

81-2163801

# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

# REGISTER AMERICA

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 4) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Schedule B (Form 990) (2022)

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

Page **2** 

REGISTER AMERICA

Employer identification number

81-2163801

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-		\$	Person Payroll Occupied Part II for noncash contributions.) Schedule B (Form 990) (2022)
220402 11-15-	14		Schedule & (Form 990) (2022)

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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
223453 11-15	5-22 1 E	`	Schedule B (Form 990) (2022

REGISTER AMERICA

Name of organization

Employer identification number

81-2163801

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RA\_\_\_\_1

Schedule	B (Form 990) (2022)			Page 4					
Name of o	rganization			Employer identification number					
REGIS	TER AMERICA			81-2163801					
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, o Use duplicate copies of Part III if additional	through (e) and the following line entry haritable, etc., contributions of \$1,000 or let	For organizations	·					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee					
(a) No		[							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held					
	(e) Transfer of gift								
	Transformale news address a		Relationship of transferor to transferee						
	Transferee's name, address, a		Relationship of tran						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						

223454 11-15-22

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16 2022.05000 REGISTER AMERICA Schedule B (Form 990) (2022)

RA\_\_\_\_1

Department of the Treasury Internal Revenue Service

(Form 9	990)
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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.



Name of the organization

Employer identification number

	REGISTER AMERICA		81-2163801
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 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	writing that the assets held in donor adv	ised funds
-	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor of		
Pa			
1	Purpose(s) of conservation easements held by the organizat	-	
•	Preservation of land for public use (for example, recrea	· · · · ·	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		a certified historic structure
2	· ·	fied concernation contribution in the form	of a concernation accompant on the last
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.	ned conservation contribution in the form	Held at the End of the Tax Year
_			
a L	Total number of conservation easements		
a			
с	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
-	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
_			
8	Does each conservation easement reported on line 2(d) above		
	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 foot	note to the organization's financial stater	nents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections o		Sther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	, 1	
	of art, historical treasures, or other similar assets held for pul		•
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	I balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	···· · · · · · · · · · · · · · · · · ·		•
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022

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Sche		R AMERICA						81-21			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, or O	ther \$	Simila	ar Asse	<b>ts</b> (contil	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	following that mak	ke sign	ificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange program						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		7
Der	to be sold to raise funds rather than to be m								Yes		_ No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes"	on Fo	rm 990	), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
та	Is the organization an agent, trustee, custod										7
<b>b</b>	on Form 990, Part X?							L	Yes		_ No
a	In res, explain the arrangement in Part XIII	and complete the id	nowing t	lable.					Amoun	+	
~	Reginning balance						1c		/ arriodin		
	Beginning balance Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII					-					]
Par											
	·	(a) Current year	<b>(b)</b> P	rior year	(c) Two years bac	k (d)	Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с		<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administered for	or the					
	organization by:									Yes	No
	(i) Unrelated organizations										
	(ii) Related organizations										
	If "Yes" on line 3a(ii), are the related organiza								3b		<u> </u>
	t VI Land, Buildings, and Equipn		owment	tunas.							
1 0	Complete if the organization answere		0 Part IV	/ line 11a S	See Form 990 Par	t X line	10				
	Description of property	(a) Cost or c				) Accu		d	(d) Roo	k volu	
	Description of property	basis (investr		• •		depred			( <b>d</b> ) Boo	ix valu	ں ا
1a	Land		,	2000							
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line 1	0c)	<u></u>	<u></u>				0.
									-		

Schedule D (Form 990) 2022

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes"	on Form 000 Dart IV line	11a Saa Farm 000 Dart V lina 12	
(a) Description of investment		(c) Method of valuation: Cost or er	ad of year market yelue
., .	(b) Book value	(c) Method of Valuation. Cost of ef	id-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a)		11d. See Form 990, Part X, line 15.	(b) Book value
(a)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) ( (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) ( (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		5.
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes	Description		5. <b>(b)</b> Book value
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability	Description		5.
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes	Description		5. <b>(b)</b> Book value
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) DUE TO VOTER REGISTRATION	Description		5. <b>(b)</b> Book value
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) DUE TO VOTER REGISTRATION (3) (4)	Description		5. <b>(b)</b> Book value
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) DUE TO VOTER REGISTRATION (3) (4) (5)	Description		5. <b>(b)</b> Book value
(a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) DUE TO VOTER REGISTRATION (3) (4) (5) (6)	Description		5. <b>(b)</b> Book value
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) DUE TO VOTER REGISTRATION (3) (4) (5) (6) (7)	Description		5. <b>(b)</b> Book value
(a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) DUE TO VOTER REGISTRATION (3) (4) (5) (6)	Description		5. <b>(b)</b> Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 REGISTER AMERICA		81-2	2163801 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Returr	. <u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,500,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line 2e from line 1			2,500,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			2,500,000.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements With Expe	enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	1,616,111.
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.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,616,111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1,616,111.
<u> </u>	rt XIII Supplemental Information.			

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

# PART X, LINE 2:

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
OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE
ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO
UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSES.

5	THE ORGANIZATION	PERFORMED	AN	EVALUATION	OF	UNCERTAIN	TAX	POSITIONS	FOR
2	32054 09-01-22			_				Schedule D (F	orm 990) 2022

ra\_\_\_\_1

Schedule D (Form 990) 2022       REGISTER AMERICA         Part XIII       Supplemental Information (continued)	81-2163801 Page 5
THE YEAR ENDED DECEMBER 31, 2022 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 L	IMITATIONS
GENERALLY REMAINS OPEN FOR THREE TAX YEARS WITH THE U.S. F	EDERAL
JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS	WHICH THE
ORGANIZATION FILES TAX RETURNS.	

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service							
		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization REGISTER	AMERICA						Employer identification number $81 - 2163801$
Part I General Information on Grants							
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's p</li> </ol>	istance? rocedures for mon	itoring the use of gran	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "	res" on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VOTER REGISTRATION PROJECT EDUCATION FUND - P.O. BOX 33436 - WASHINGTON, DC 20033	81-2169516	501(C)(3)	950,000.	0.	FMV		GENERAL OPERATING SUPPORT
<ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> </ul>						1	<u>1.</u>

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

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

Schedule I (Form 990) 2022

REGISTER AMERICA

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> 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, line 2; Part III, column (b); and any other additional information.

SC	HEDULE J   Compensation Information	1	OMB No.	1545-00	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	)
			2022		
Depa	tment of the Treasury Attach to Form 990.		Open to Inspe		
Intern	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				
Nam	C C C C C C C C C C C C C C C C C C C	Employer ic			mber
	REGISTER AMERICA	81-7	16380	1	
Pa	rt I Questions Regarding Compensation				
4-		000		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form s	990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel       Housing allowance or residence for person         Travel for companions       Payments for business use of personal res				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur				
		r, cherj			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
D	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				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations	ommittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or receive payment from an equity-based compensation arrangement?		4c		X
	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	'n			
	contingent on the revenues of:				
	The organization?				X
	Any related organization?				X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the net earnings of:				
а	The organization?		6a		X
b	Any related organization?		6b		X
_	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				v
-	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				v
_	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)?				
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forr	n 990	) 2022

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# 81-2163801

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(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	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
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(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.

FORM 990, PART VII, SECTION A, LINE 5

REGISTER AMERICA SHARES EMPLOYEES WITH ANOTHER NONPROFIT ORGANIZATION,

VOTER REGISTRATION PROJECT (VRP). IN 2022, VRP ALLOCATED \$12,188 OF

NELLIE SIRES'S COMPENSATION TO THE ORGANIZATION.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2022
Open to Public
Inspection
Employer identification number

81-2163801

REGISTER AMERICA

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VOTER REGISTRATION IN THE UNITED STATES.

FORM 990, PART V, LINE 2A

REGISTER AMERICA (RA) DOES NOT HAVE ANY EMPLOYEES OF ITS OWN. THE

ORGANIZATION SHARES EMPLOYEES WITH ANOTHER NONPROFIT ORGANIZATION,

VOTER REGISTRATION PROJECT (VRP). RA REIMBURSES VRP FOR ITS EMPLOYEES'

TIME SPENT ON RA WORK.

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 IS DISTRIBUTED ANNUALLY TO ALL DIRECTORS, OFFICERS, MEMBERS OF BOARD COMMITTEES, AND STAFF. DIRECTORS, OFFICERS, AND SENIOR STAFF 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 15:

REGISTER AMERICA (RA) DOES NOT HAVE ANY EMPLOYEES OF ITS OWN. THE

ORGANIZATION SHARES EMPLOYEES WITH ANOTHER NONPROFIT ORGANIZATION, VOTER

REGISTRATION PROJECT (VRP). RA REIMBURSES VRP FOR ITS EMPLOYEES' TIME SPENT

ON RA WORK, AND SALARIES ARE DETERMINED UNDER VRP'S PROCESS: VOTER

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

Schedule O (Form 990) 2022	Page <b>2</b>			
Name of the organization REGISTER AMERICA	Employer identification number 81-2163801			
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 APPOINTS A TEM	IPORARY TASK FORCE			
OF THREE BOARD MEMBERS TO STUDY THE ISSUE AND MAKE A RECO	MMENDATION TO THE			
FULL BOARD OF DIRECTORS. THE TASK FORCE REPORTS THAT IT E	XAMINES SALARIES			
AT COMPARABLE ORGANIZATIONS, ASSESSES THE ORGANIZATION'S	FINANCIAL			
RESOURCES AND COMPENSATION CULTURE, AND BRINGS A RECOMMEN	DATION TO THE FULL			
BOARD OF DIRECTORS. THE FULL BOARD OF DIRECTORS MEETS IN	AN EXECUTIVE			
SESSION, DISCUSSES THE TASK FORCE'S RECOMMENDATION, AND V	OTES ON A SPECIFIC			
SALARY. CONTEMPORANEOUS MINUTES ARE RECORDED. THE PROCESS	FOR THE EXECUTIVE			
DIRECTOR WAS LAST CONDUCTED IN 2021, AND THE PROCESS FOR	TOP MANAGEMENT WAS			
LAST CONDUCTED IN DECEMBER 2022.				

FORM 990, PART VI, SECTION C, LINE 19:	
REGISTER AMERICA COMPLIES WITH APPLICABLE RULES REQUIRING THAT	IT MAKE ITS
FEDERAL FORM 990 AND RELATED SCHEDULES AVAILABLE TO THE PUBLIC	FOR
INSPECTION. REGISTER AMERICA DOES NOT MAKE ITS GOVERNING DOCUM	ENTS,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE	E TO THE
PUBLIC.	

FORM 990, PART IX, LINE 11G, OTHER FEES:LICENSE AND SERVICE AGREEMENTS:PROGRAM SERVICE EXPENSES10,128.MANAGEMENT AND GENERAL EXPENSESFUNDRAISING EXPENSES3,187.TOTAL EXPENSES18,500.

OTHER CONSULTANTS:

232212 10-28-22

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization REGISTER AMERICA	Employer identification number 81-2163801
PROGRAM SERVICE EXPENSES	38,649.
MANAGEMENT AND GENERAL EXPENSES	10,315.
FUNDRAISING EXPENSES	6,342.
TOTAL EXPENSES	55,306.
ORGANIZING SERVICES:	
PROGRAM SERVICE EXPENSES	141,509.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	141,509.
QUALITY CONTROL:	
PROGRAM SERVICE EXPENSES	133,800.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	133,800.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	349,115.
FORM 990, PART XII, LINE 2C	
THE AUDIT OVERSIGHT PROCESS OR SELECTION PROCESS OF AN IN	IDEPENDENT
AUDITORS HAS NOT CHANGED FROM THE PRIOR YEAR. THE MANAGEM	IENT TEAM
REVIEWS THE PROPOSALS RECEIVED FROM THE INDEPENDENT ACCOU	INTANTS AND
AUDITORS. THE MANAGEMENT TEAM MAKES AN INTERNAL RECOMMEND	DATION ON THE
SELECTION OF INDEPENDENT ACCOUNTANT AND AUDITORS, WHICH I	IS THEN
REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE MANA	AGEMENT TEAM
ALSO REVIEWS THE ENGAGEMENT AGREEMENTS FROM THE ACCOUNTIN	NG AND AUDIT
FIRMS ANNUALLY.	

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