

Form	990
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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 (except private foundations)

Department of the Treasury Internal Revenue Service

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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.



ΑΙ	For th	e 2022 calendar year, or tax year beginning and	ending		
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	CENTER FOR VOTER INFORMATION			
	Name Chang	pe Doing business as		03-05547	50
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	,	700	202-659-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	19,247,321.
	Amen	WASHINGION, DC 20030		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: I HOMAS LOFACH		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $501(c)(3)$ X 501(c) (4) (insert no.) 4947(a)(1) (or 527	1 '	list. See instructions
	Vebsi			H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	L Year	of formation: 2005 N	State of legal domicile: DC
Г	art I	Summary		<u>тт ттмп 1</u>	
e	1	Briefly describe the organization's mission or most significant activities: SEE 1	PART I	II, LINE I.	
Governance		Check this box if the organization discontinued its operations or discos	ad of more	than 05% of its not as	ata.
/ern	2				7 sets.
ģ	4	Number of independent voting members of the governing body (Part VI, line 1a)			7
<u>م</u>	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
ties	6	Total number of volunteers (estimate if necessary)			0
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,163,522.	19,204,774.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-12.	433.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	39,670.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,163,510.	19,244,877.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,328,750.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		912,784.	1,366,549.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		260,000.	153,875.
xpe	. b	Total fundraising expenses (Part IX, column (D), line 25) 288,92			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,314,664.	15,612,564.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,487,448.	18,461,738.
		Revenue less expenses. Subtract line 18 from line 12		-1,323,938.	783,139.
Assets or A Balances				ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		3,604,211.	5,354,851.
etA		Total liabilities (Part X, line 26)		1,791,477.	2,758,978.
Z Pa	art II	Net assets or fund balances. Subtract line 21 from line 20		1,812,734.	2,595,873.

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		Dat	е				
Here	THOMAS LOPACH, PRESIDENT &	& CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	RICHARD J. LOCASTRO, CPA	Rectard J. Locastro	11/6/23	self-employed P00288314				
Preparer	Firm's name GELMAN, ROSENBERG	& FREEDMAN	Firr	n's EIN 52-1392008				
Use Only	Firm's address 4550 MONTGOMERY A	VE SUITE 800N						
	BETHESDA, MD 20814-2930 Phone no. 301-951-9090							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

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Par		_
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission:	
	TO INCREASE CIVIC ENGAGEMENT AMONG THE NEW AMERICAN MAJORITY	
	(UNMARRIED WOMEN, PEOPLE OF COLOR, YOUNG PEOPLE) AND PEOPLE WHO SHARE	
	THE VALUES OF INCREASING THE PARTICIPATION OF THE NEW AMERICAN	
	MAJORITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	C
	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	כ
	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 others, the total expenses, and	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$17,737,860. including grants of \$1,328,750.) (Revenue \$	_
44	CONDUCTED ADVOCACY AND VOTER TURNOUT PROGRAMS USING DIRECT MAIL AND	.)
	DIGITAL CONTACT, AS WELL AS OTHER MASS MARKETING COMMUNICATIONS FOR THE	—
	PURPOSES OF VOTER EDUCATION. PROVIDED COMPREHENSIVE AND FACTUAL	—
	INFORMATION ABOUT POSITIONS OF CANDIDATES TO ENCOURAGE THE NEW AMERICAN	—
	MAJORITY (UNMARRIED WOMEN, PEOPLE OF COLOR, YOUNG PEOPLE) AND PEOPLE	_
	WHO SHARE THE VALUES OF INCREASING THE PARTICIPATION OF THESE SEGMENTS	_
	OF THE U.S. POPULATION TO PARTICIPATE IN THE DEMOCRATIC PROCESS.	_
		_
		_
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		—
		—
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	$\overline{}$
70		. /
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 17,737,860.	
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Part IV	Checklist of	f Required Sc	hedule	es	

			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	X	├───
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		v	
	public office? If "Yes," complete Schedule C, Part I	3	X	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		NT /	2
-	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		x
e	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> 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			_ <u></u>
Ŭ	Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		X
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	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	├───
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
L	Schedule D, Parts XI and XII	12a	<u></u>	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		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-ra		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(0000)
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 Part IV
 Checklist of Required Schedules (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
20	"Yes," complete Schedule L, Part IV	200	Х	- 23
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	- 11	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	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?		N/	
07	If "Yes," complete Schedule R, Part V, line 2	36	11/	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	х	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
		6b	х	
7	Organizations that may receive deductible contributions under section 170(c). N/A	0.0		
'a	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		
		7b		<u> </u>
b C	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 10		
U		7c		
Ь		10		
		7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
g b				<u> </u>
h o	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		
0		0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-		
a L		9a 0h		<u> </u>
b 10		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a L				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A			
a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40-		
а	•	<u>13a</u>		
•-	Note: See the instructions for additional information the organization must report on Schedule O.			
a	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	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
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? N/A	17		
	If "Yes," complete Form 6069.		000	(0000)
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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 res	nonse or note to any	v line in this Part VI	
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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	1 a		'		
	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		<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?		5		X X
6	Did the organization have members or stockholders?			6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	X	
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 read	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)		-	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				77	
	on Schedule O how this was done			12c	X X	
13	Did the organization have a written whistleblower policy?			13	x X	
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45		v
a	The organization's CEO, Executive Director, or top management official			15a		X X
b	Other officers or key employees of the organization			15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		ith a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			16-		x
L.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16a		Δ
b		-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			16h		
Sec	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an		T (contion 501(c)(2)	e only)	availat	
18	for public inspection. Indicate how you made these available. Check all that apply.	น อฮบ		s only)	avaiidi	10
		0				
10	Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, control of the state of the stat		,	d finan		
19	statements available to the public during the tax year.	mict C	miniterest policy, an	u iiriani	lai	
20		ke one	t records			
20	State the name, address, and telephone number of the person who possesses the organization's boo ELBERT HAIRSTON - 202-659-9570					
	1707 L STREET, NW, 700, WASHINGTON, DC 20036				000	
232006	12-13-22			Form	1 990	(2022)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax	year

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."

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• 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.

Form 990 (2022)

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

(A)	(B)			(Pos	C) itior	1		(D)	(E) Reportable	(F)
Name and title	Average hours per week	box	not c , unle:	heck ss pei	more rson i	than o s both r/trus	n an	Reportable compensation from	compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KARUNA KOPPOLA VP OF PROGRAM ADMIN	26.87					x		106 544	0.	0 677
(2) TOM LOPACH	10.43					<u> </u>		106,544.	0.	8,677.
PRESIDENT & CEO	10.13			x				78,282.	0.	5,513.
(3) LIONEL DRIPPS	14.83							, , , 2021		0,0101
VICE PRESIDENT				x				79,088.	0.	0.
(4) ELBERT HAIRSTON	7.17									
CFO				Х				31,123.	0.	2,439.
(5) DENISE JUNEAU (SEE SCHEDULE O)	0.50									
BOARD MEMBER		Х						9,500.	0.	0.
(6) GAIL LEFTWICH KITCH	1.00									-
BOARD CHAIR	1 00	Х		X				0.	0.	0.
(7) LISALYN JACOBS	1.00								0	0
BOARD SECRETARY/TREASURER (8) LISA MINSKY-PRIMUS	0.50	Х		X				0.	0.	0.
(8) LISA MINSKY-PRIMUS BOARD MEMBER	0.50	х						0.	0.	0.
(9) ADEMOLA OYEFESO	0.50	л							0.	0.
BOARD MEMBER	0.50	х						0.	0.	0.
(10) ROB VON BEHREN	0.50									
BOARD MEMBER		х						0.	0.	0.
(11) ROBIN NEFF LORENZINI	0.50									
BOARD MEMBER		Х						0.	0.	0.
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Form 990 (2022) CENTER FC	OR VOTER	I	NF	OR	MA	TI	ΟN	ſ	03-05	5547	750	Page 8
Part VII Section A. Officers, Directors, Trust		oloye	ees,	and	l Hig	ghest	t Co	ompensated Employee	s (continued)			
(A) Name and title	(B) (C) Average hours per week week				than o s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Estir amo	F) nated unt of her	
(list any hours for related organizations below line) Poimer Poim					the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	s	fron organ and r	ensation n the nization elated zations			
										\square		
					-+							
								-+				
1b Subtotal 304,537.							0.	16	,629.			
C Subtotal C Total from continuation sheets to Part VII <u>d Total (add lines 1b and 1c)</u>	, Section A							0.		0.		<u>0.</u> ,629.
 2 Total number of individuals (including but no compensation from the organization 									000 of reportable			1
											Y	es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se	-		-	•	•		Ŭ		•		3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com											5	x
Section B. Independent Contractors												
1 Complete this table for your five highest con the organization. Report compensation for t	-									ensati		
(A) (B) Name and business address Description of services							ervices	Co	(C) ompens	ation		
THE PIVOT GROUP, 1250 HALF ST SE, APT 357, WASHINGTON, DC 20003 PROGRAM SERVICES							8,	,552	,214.			
MISSION CONTROL, INC, 624 HEBRON AVENUE, BLDG 3, SUITE 200, GLASTONBURY, CT 06250 PROGRAM SERVICES							3,	,170	,909.			
INTRVL LLC 41 SCHERMERHORN ST 1095, BROOKLYN, NY 11201 LEGAL SERVICES						ES		350	,000.			
THE BONNER GROUP, 800 MAINE AVE SW, STE FUNDRAISING 450, WASHINGTON, DC 20024 CONSULTING								153	,875.			
BLANK ROME LLP, ONE LOGAN SQUARE, 130 N. 18TH ST, PHILADELPHIA, PA 19103 PROGRAM SERVICES									130	<u>,566.</u>		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization												

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Ра	rt V	/111									
			Check if Schedule O co	ontains	a respo	nse o	or note to any line	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
			Fordemateral assumptions		4-						
ints	י		• • • • •								
Gra											
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events		1						
ilar İlar											
Sins,			Government grants (contrib								
er is		f	All other contributions, gifts, g				10 004 774				
ië 5			similar amounts not included a				19,204,774.				
ont		g	Noncash contributions included in lin		1g \$		113,706.	10 004 774			
0		h	Total. Add lines 1a-1f				During Orde	19,204,774.			
							Business Code				
ice	2	а									
er v		b									
n S n		С									
Rev		d									
Program Service Revenue		е									
٩			All other program service re								
			Total. Add lines 2a-2f								
	3		Investment income (includi	•							
							····· -	281.			281.
	4		Income from investment of				F				
	5		Royalties								
					(i) Real		(ii) Personal				
	6			<u>6a</u>							
			· · · · ·	6b							
				6c							
			Net rental income or (loss)								
	7	а	Gross amount from sales of	(i)	Securiti		(ii) Other				
			assets other than inventory	7a	2,5	96.					
		b	Less: cost or other basis								
IUe				7b	2,4						
Revenue		С	Gain or (loss)	7c	1	52.					
		d	Net gain or (loss)			. <u></u>		152.			152.
her	8	а	Gross income from fundraising	g events	(not						
Othe			including \$		of						
			contributions reported on li	-							
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		с	Net income or (loss) from fu	undraisi	ng even	t <u>s</u>					
	9	а	Gross income from gaming	g activiti	es. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from g	aming a	activities	s <u></u>					
	10	а	Gross sales of inventory, le	ess retu	ms						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from s			y					
							Business Code				
sno	11	а	OVERPAYMENT REFUND				900099	39,670.			39,670.
Miscellaneous Revenue		b						-			
ella		c				_					
S, S			All other revenue			_					
Σ			Total. Add lines 11a-11d				· · · · · · · · · · · · · · · · · · ·	39,670.			
	12		Total revenue. See instruction					19,244,877.	0.	0.	40,103.
23200								· •	-		Form 990 (2022)

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Doı	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,328,750.	1,328,750.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	205,945.	148,976.	41,253.	15,716.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	945,278.	671,147.	198,508.	75,623.
8	Pension plan accruals and contributions (include	00 000		4 0 6 5	1 605
	section 401(k) and 403(b) employer contributions)	20,309.	14,419.	4,265.	1,625.
9	Other employee benefits	109,187.	77,523.	22,929.	8,735.
10	Payroll taxes	85,830.	60,940.	18,024.	6,866.
11	Fees for services (nonemployees):				
	Management	100 000	100 600		
	Legal	128,628.	128,628.		
	Accounting	104,164.	50,489.	53,675.	
	Lobbying	152 075			152 075
	Professional fundraising services. See Part IV, line 17	153,875.			153,875.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	452 021	452 021		
	column (A), amount, list line 11g expenses on Sch 0.)	453,931.	453,931.		
12	Advertising and promotion	C/E 770	611 050	22 407	11 000
13	Office expenses	645,778.	611,058.	23,487.	11,233.
14	Information technology	12,287.	50,318.	12,287.	
15	Royalties	50,318.	119,815.	35,437.	12 500
16		<u>168,752.</u> 1,600.		35,457.	13,500.
17	Travel	1,000.	1,600.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,200.	1,200.		
19 00	Conferences, conventions, and meetings	1,200.	1,200.		
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization				
22 22	. [9,097.	9,097.		
23 24	Insurance Other expenses. Itemize expenses not covered	5,057•	5,057.		
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 0.) PRODUCTION & PRINTING	6,678,484.	6,678,484.		
a b	MAILING & DELIVERY	6,331,281.	6,331,281.		
0	OTHER PROGRAM FEES	756,702.	756,702.		
d	IVR PROGRAMMATIC CALLS	137,915.	137,915.		
	All other expenses	132,427.	105,587.	25,090.	1,750.
25	Total functional expenses. Add lines 1 through 24e	18,461,738.	17,737,860.	434,955.	288,923.
<u>25</u> 26	Joint costs. Complete this line only if the organization	,,,,	,,		
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00001) 12-13-22		ı I		Form 990 (2022

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s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ąŝ	9			10,878.	9	23,616.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		2,444.	11	0.
	12	Investments - other securities. See Part IV, line 1			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 equ		3,604,211.	16	5,354,851.
	17	Accounts payable and accrued expenses		129,773.	17	169,980.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete		21		
ŝ	22	Loans and other payables to any current or form				
litie		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se persons		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			
		of Schedule D		<u>1,661,704.</u> 1,791,477.	25	2,588,998. 2,758,978.
	26	Total liabilities. Add lines 17 through 25		1,791,477.	26	2,758,978.
		Organizations that follow FASB ASC 958, che	ck here X			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.				
an	27	Net assets without donor restrictions		1,712,734.	27	2,595,873.
Ba	28	Net assets with donor restrictions		100,000.	28	0.
pur		Organizations that do not follow FASB ASC 9	58, check here			
ц		and complete lines 29 through 33.				
S S	29	Capital stock or trust principal, or current funds		29		
set	30	Paid-in or capital surplus, or land, building, or ec	uipment fund		30	
: As	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
Nei	32	Total net assets or fund balances	1,812,734.	32	2,595,873.	
	33	Total liabilities and net assets/fund balances .		3,604,211.	33	5,354,851.
						Form 990 (2022)

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disqualified persons (as defined

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

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(A) Beginning of year

3,584,738.

2,196.

3,955.

1

2

3

4

5

6

(B) End of year

5,111,355.

21,410.

198,470.

Form 990 (2022) Part X | Balance Sheet

1

2

3

4

5

6

	990 (2022) CENTER FOR VOTER INFORMATION	03-	0554750	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,244	1,8	<u>77.</u>		
2							
3	Revenue less expenses. Subtract line 2 from line 1	3	783	3,1	<u>39.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,812	2,7	34.		
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	2,595	5,8	<u>73.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			x		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
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:						
	X 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,					
	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 Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	:		1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1		

Form **990** (2022)

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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

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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

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

General Rule

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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

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)



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Name of organization

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Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

03-0554750

(c)

Total contributions

1 X Person Payroll 7,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 3,165,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 2,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 4 Person Payroll 1,100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 400,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

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Schedule	В	(Form	990)	(2022)	

Name of organization

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 350,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 300,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 266,056. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 250,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

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Employer identification number

03-0554750

Part I

Contributors (see	instructions). Us	se duplicate co	pies of Part I if	f additional space	e is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u> </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
14		\$ <u>123,093.</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
15		\$ <u>113,031.</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
16		\$ <u>109,066.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
<u>No.</u>		Total contributions \$ 100,000.	Type of contribution Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c)	(d) Turne of contribution
<u>No.</u> <u>18</u> 223452 11-18		Total contributions	Type of contribution Person X Payroll

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Name of organization

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

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_		\$ <u>100,000.</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
20_		\$ <u> </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
		\$ <u>75,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$68,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

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Part I

<u>25</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>28</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
<u>29</u>		\$35,500.	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
30		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

(c)

Total contributions

Employer identification number

(d)

Type of contribution

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Schedule B (Form 990) (2022)

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Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Name of organization

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				(Complete Part II for noncash contributions.)	
(b) Name, address, and ZIP + 4		Total	(c) contributions	(d) Type of contribution	
		\$	25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(b)			(c)	(d)	
Name, address, and ZIP + 4		Total	contributions	Type of contribution	
		\$	25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
	20			Schedule B (Form 990) (2022)	
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No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 32 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 33 Person X Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 X Person Payroll 27,636. \$ Noncash .) (a) No. n 35 s.) (a) No. n 36 223452 11-15-22 2022)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Part I

(a)

Employer identification number

(d)

03-0554750

(c)

Name of organization

Schedule B (Form 990) (2022)

Employer identification number

03-0554750

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 37 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 38 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 40 X Person Payroll Noncash 24,612. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 22,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 42 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

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(a)

No.

Part I

(a)

No.

43

		\$ <u>20,000.</u>	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$19,000.	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
46		\$ <u>16,000.</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
47		\$15,746.	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
48		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	5-22 ? ?		Schedule B (Form 990) (2022)

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Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) Name, address, and ZIP + 4 **Total contributions**

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022
Name of organization	

Page 2 Employer identification number

(d)

Type of contribution

X

X

03-0554750

Person Payroll

Noncash

Person

(Complete Part II for noncash contributions.)

(d)

Type of contribution

20,000.

(c)

Total contributions

\$

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Name of organization

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$15,000.	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
50		\$15,000.	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
		\$15,000.	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
52		\$15,000.	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
53		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>54</u> 223452 11-15		\$13,712.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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

Employer identification number

03-0554750

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
55		\$ 12,500. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
56		\$ 12,500. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
57		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
58		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
59		\$ 10,000. Person X Payroll Noncash Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
60		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

	\$10,000.	Noncash
		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions \$ 10,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions \$ 10,000.	Type of contribution Person X Payroll
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions \$ 10,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(b)

Name, address, and ZIP + 4

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I

(a)

No.

61

(a)

No.

62

(a) No.

63

(a)

No.

64

(a) No.

65

(a) No.

66

Employer identification number

(d)

Type of contribution

X

03-0554750

Person Payroll

Schedule B (Form 990) (2022)

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(c)

Total contributions

Schedule B (Form 990) (2022)

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Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions \$10,000.	Type of contribution 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
68		\$10,000.	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
69		\$10,000.	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
70		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>72</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Schedule B (Form 990) (2022)

Employer identification number

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03-0554750 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 73 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 74 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 75 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 76 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 78 X Person Payroll 9,900. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Employer identification number

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 79 X Person Payroll 9,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 80 X Person Payroll 8,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 81 X Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 X Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 84 X Person Payroll 6,468. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

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Name of organization		Emp	oloyer identification numbe
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Part I	Contributors (see instructions). Use duplicate copies of Part I is	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$6,167.	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
86		\$6,000.	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
87		\$6,000.	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
88		\$6,000.	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
89		\$5,000.	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
90			Person X

fication number

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

X

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\$

5,000.

16.5	(-)	(4)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	\$5,000.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person X Payroll

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Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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Schedule B (Form 990) (2022)

Noncash

(Complete Part II for noncash contributions.)

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\$

5,000.

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Name of organization

Part I

(a)

No.

91

(a)

No.

92

(a)

No.

93

(a)

No.

94

(a)

No.

95

(a)

No.

96

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97		\$ <u> </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
98		\$ <u> </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
99		\$ <u>5,000.</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
100		\$ <u> </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
_101		\$5,000 .	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
_102		\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions**

Schedule B (Form 990) (2022)

Employer identification number

(d)

Type of contribution

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Employer identification number

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03-0554750 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 103 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 104X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 105 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 106 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 107 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 108 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>110</u>		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

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Name of organization

Employer identification number

CENTER FOR VOTER INFORMATION 03-0554750 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 115 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 116 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 117 Person Payroll 10,029. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 118 Person Payroll 6,176. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 119 Person Payroll X 97,501. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 120 X Person Payroll 50,000. Noncash \$ (Complete Part II for

Schedule B (Form 990) (2022)

noncash contributions.)

Page 2

223452 11-15-22

2022.05000 CENTER FOR VOTER INFORMAT 39514_1

Faiti			
117	146 SHARES DUPONT DE NEMOURS INC (DD)		
			04/18/22
(-)			
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
110	22 SHARES HOME DEPOT INC (HD)		
L18_			
		\$6,176.	10/24/22
(a) No.	<i>a</i> .	(c)	())
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I	438 SHARES TESLA INC. (TSLA)		
19			
		\$97,501.	10/28/22
(-)			
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(2)			
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	

CENTER FOR VOTER INFORMATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

Name of organization

(a)

No.

from

Part I

(c)

FMV (or estimate)

(See instructions.)

03-0554750

Employer identification number

(d)

Date received

Page 3

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2022.05000 CENTER FOR VOTER INFORMAT 39514__1

Schedule	B (Form 990) (2022)		Page 4	
Name of o	organization		Employer identification number	
CENTE	R FOR VOTER INFORMATION		03-0554750	
Part III			ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	less for the year. (Enter this info. once.)	
(a) No.	Use duplicate copies of Part III if additional s	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift	t	
	Transferee's name, address, a	nd 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 gifl	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from				
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, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
<u> </u>				
			<u> </u>	
F	(e) Transfer of gift			
	Transferee's name, address, a		Relationship of transferor to transferee	
223454 11-15	5-22		Schedule B (Form 990) (2022)	

36 2022.05000 CENTER FOR VOTER INFORMAT 39514_1

SCHEDULE C (Form 390) For Organizations Exempt From Income Tax Under section 501(e) and section 527 Complete 11 the organization is described betwown. Attach to Form 990 or Form 990 II. Denote the time and the time organization is described betwown. Attach to Form 990 or Form 990 II. Denote the organization and the latest information. If the organization and the latest information. If the organization and the latest information. If the organization scored texts: or form 990, Part IV, line 40 Folduca Campaign Activities, then Section 501(e)(3) organizations: Complete Part IA. Une 40 Folduca Campaign Activities, then Section 501(e)(3) organizations: Complete Part IA. In et a. Or form 990-EZ, Part V, line 47 (Lobbying Activities), then Section 501(e)(3) organizations and the latest inform 5786 (election under section 501(f)): Complete Part IA. B. Do not complete Part IA. Section 501(e)(4) (Sp) organizations that have NIDE for 5786 (election under section 501(f)): Complete Part II. B. Do not complete Part II. Section 501(e)(4), (Sp) or (B) organizations: Complete Part II. The organization answered "Yes." on Form 990, Part IV, line 50 Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 50 Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 50 Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 50 Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 50 Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 50 Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 50 Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 50 Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 50 Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 50 Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 50 Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 50 Proxy Tax) (See separate instructions) or Form 900-EZ, Part V (Ince 50 Proxy Tax) (See separate Section 501(c) (S)	SCHEDULE C	OMB No. 1545-0047					
Department Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c) (other than section 501(c)(3) organizations: Complete Parts IA and B. Do not complete Part IC. Section 501(c) (other than section 501(c)(3) organizations: Complete Parts IA and C below. Do not complete Part IB. Section 501(c) (other than section 501(c)(3) organizations that have filed form 5768 (election under section 501(b)): Complete Part IIA. Do not complete Part IIB. Section 501(c)(3) organizations that have filed form 5768 (election under section 501(b)): Complete Part IIA. Do not complete Part IIB. Section 501(c)(4), (6), or (6) organizations: Complete Part III. Section 501(c)(4), (6), or (6) organizations: Complete Part III. Name of organization Employer identification number 03 - 0554750 Part I-B Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization managers under section 505(c)(3). 1 Enter the amount of any excise tax incurred by organization managers under section 501(c)(3). 1 Inter the amount of any excise tax incurred by organization managers under section 501(c)(3).	(Form 990)			-	-	27	2022
Mature Revee Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then edition 501(c)(3) organizations: Complete Parts IA and B. Do not complete Part IA. edition 507 compatitions: Complete Parts IA and B. Do not complete Part IA. edition 507 complete Part IA only. the organization: Complete Part IA only. the organization site have Not filed Form 5768 (election under section 501(h); Complete Part IIA. Do not complete Part IIA. edition 501(c)(3) organizations that have Not Filed Form 5768 (election under section 501(h); Complete Part IIA. Do not complete Part IIA. edition 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number 03 - 0554750 escion 501(c)(4), (5), or (6) organization is exempt under section 501(c) or is a section 527 organization. Centre Part IIA. Provide a description of the organization is exempt under section 501(c)(3). Employer identification number 03 - 0554750 Part I-B Complete if the organization is exempt under section 501(c)(3). Employer identification number	Department of the Treasury	Complete i	f the organization is described b	elow. Attach to Fo	orm 990 or Form 990)-Е Z .	Open to Public
 Section 501(c)(3) organizations: Complete Parts IA and B. Do not complete Part IC. Section 501(c)(1) (other than section 501(c)(3) organizations: Complete Part IA and C. Delow. Do not complete Part IB. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part IB. Do not complete Part IB. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part IB. Do not complete Part IB. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part IB. Do not complete Part IB. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part IB. Do not complete Part IIA. If the organization answered 'Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Entre FOR VOTER INFORMATION Complete If the organization is exempt under section 501(c) or is a section 527 organization. Part I-B Complete If the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization managers under section 4955 I thre organization incurred a section 4955 tax, did tille Form 4720 for this year? Wa Was a correction made? Ves No tay Was a correction made? S - 932, 607. S - 932, 607. S - 932, 607. Complete If the organization is exempt under section 501(c)(a). I Enter the amount of any excise tax incurred by the organization managers under section 4955 I thre organization is exempt under section 501(c)(b, except section 501(c)(3). I Enter the amount of the filling organization is exempt under section 501(c)(c), except section 5		Go	to www.irs.gov/Form990 for ins	structions and the lat	test information.		Inspection
 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A onjy. If the organization answered 'Ves,' on 670 m 990. Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have 100 Titled Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have 100 Titled Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organization answered 'Ves,' on 670 m 990. Part IV, line 36 (Proxy Tax) (See separate instructions) or Form 990. Part IV, line 36 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization CENTER FOR VOTER INFORMATION CENTER FOR VOTER INFORMATION Portvide a description of the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization number section 4955 Section 501(c)(3). I Enter the amount of any excise tax incurred by the organization number section 501(c)(3). I Enter the amount of any excise tax incurred by the organization managers under section 501(c)(a). I Free the amount of any excise tax incurred by the organization managers under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization managers under section 501(c)(a). I Enter the amount of any excise tax incurred by the organization managers under section 501(c), except section 501(c)(3). I Enter the amount of any excise tax incurred by the organization	If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Camp	aign Activ	rities), then
• Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have INOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. • Section 501(c)(3) organizations that have INOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. • Section 501(c)(4), (5), or (6) organizations: Complete Part II. • Section 501(c)(4), (5), or (6) organizations: Complete Part III. • Name of organization • CENTER FOR VOTER INFORMATION • Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. • Provide a description of the organization is direct and indirect political campaign activities in Part IV. • Political campaign activity expenditures • Volumeter hours for political campaign activities • There the amount of any excise tax incurred by the organization under section 501(c)(3). • Enter the amount of any excise tax incurred by regnazization managers under section 501(c)(3). • Enter the amount of any excise tax incurred by organization under section 501(c), except section 501(c)(3). • If the organization incurred a section 4955 tax, did it file Form 4720 for this year? • Yes • No • But Yes • Organization for section 501(c), except section 501(c)(3). • Enter the amount of any excise tax incurred by organization for section 502 (c), except section 501(c)(3). • There the amount of the ingo organization is exempt under section 5	.,.,		•				
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then	. , .			arts I-A and C below.	Do not complete Par	t I-B.	
 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "ves," on Form 990, Part IV, line 5(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization CENTER FOR VOTER INFORMATION COmplete if the organization is exempt under section 501(c) or is a section 527 organization. Porvide a description of the organization is exempt under section 501(c) or is a section 527 organization. Porvide a description of the organization is exempt under section 501(c)(3). Fart I-B Complete if the organization managers under section 4955 Enter the amount of any excise tax incurred by organization managers under section 501(c), except section 501(c)(3). I enter the amount of any excise tax incurred by organization managers under section 501(c), except section 501(c)(3). I enter the amount of any excise tax incurred by organization for section 501(c), except section 501(c)(3). I enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). I enter the amount directly expended by the filing organization for section 527 exempt function activities 5, 932, 607. Wes brid bif Yees, describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I enter the amount directly expended by the filing organization for section 527 exempt function activities 5, 932, 607. S total exempt function exti	•	•	•		4 - / 1 1 1 4 1		
• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number 0.3 - 0554750 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 1 2 2 Political campaign activity expenditures 3 3 3 1 2 Political campaign activities 2 2 3 1 2 2 3 4 4 4 4 4 3 4 4 4 4 4 4 5 5 5 5 6 6 6 7 7 7 7 8 5 9 9 7 9 9 1 1 1 1 1 1 2 2 3 3	-					-	
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Fart Part Part Part Part Part Part Part P	.,.,		,		•	•	
Tax) (See separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization CENTER FOR VOTER INFORMATION 03-0554750 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities 9 O. Part I-B Complete if the organization is exempt under section 4955 2 Enter the amount of any excise tax incurred by organization numer section 4955 3 If the organization incurred a section 4955 tax, did if file Form 4720 for this year? 4 Was a correction made? b If 'Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 5 5, 932, 607. 2 Enter the amount of the filing organization's funds contributed to other organization's for section 527 exempt function activities 1 5, 932, 607.		•	•	. ,	<i>,</i> ,		•
Name of organization Employer identification number 03-0554750 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. \$ 5,932,607. 2 Political campaign activity expenditures \$ 5,932,607. 3 Volunteer hours for political campaign activities 0. Part I-B Complete if the organization is exempt under section 501(c)(3).	-					1000 LL, 1	
CENTER FOR VOTER INFORMATION 03-0554750 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities 0. O. Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 3 If the organization incurred a section 4955 tax, did if file Form 4720 for this year? 4 Was a correction made? bif "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 5 5,932,607. 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 5 5,932,607. 1 Did the filing organization is leac	 Section 501(c)(4), (5) 	, or (6) organizat	ions: Complete Part III.				
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. \$	Name of organization					Employe	r identification number
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2 Political campaign activity expenditures \$ 5,932,607. 3 Volunteer hours for political campaign activities 0. Part I-B Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization managers under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? bif "Yes; 'describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 5, 932, 607. 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 5, 932, 607. 2 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 5, 932, 607. 4 Did the filing organization file Form 1120-POL for this year? 4 Did the filing organization lised, enter the amount paid from the filing organization is enter the amount of political organization s funds contributed to a separate political organization's funds. Also enter the amount of political organization is under cell political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization. (e) EIN (d) Amount paid from filing organization. (e) Amount of political organization. (e) Amount of political organization. (f) Amount paid from filing organization. (e) EIN (d) Amount paid from filing organization. (e)	Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	or is a section 52	27 organ	ization.
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3 Volunteer hours for political campaign activities 0. Part I-B Complete if the organization is exempt under section 501(c)(3). 1 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$				campaign activities in	Part IV.		
Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? \$ Yes No 4a Was a correction made? bif "Yes," describe in Part IV. Yes No Yes No 9 f "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 5, 932, 607. 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 \$ 5, 932, 607. 4 Did the filing organization file Form 1120-POL for this year? \$ 5, 932, 607. 5 Enter the ames, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. If none, enter -0. (e) Amount of political						\$	5,932,607.
1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Yes No Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 5,932,607. 2 Enter the amount of the filing organization 's funds contributed to other organizations for section 527 \$	3 Volunteer hours for	political campai	gn activities				υ.
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2 Enter the amount of any excise tax incurred by organization managers under section 4955					-	¢	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 5,932,607. 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 5,932,607. 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 5,932,607. 4 Did the filing organization file Form 1120-POL for this year? \$ 5,932,607. 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. (e) Amount of political organization's funds. If none, enter -0. political organization.			, ,				
4a Was a correction made? Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 5,932,607. 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 5,932,607. 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 5,932,607. 4 Did the filing organization file Form 1120-POL for this year? \$ 2,932,607. 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization organization promptly and directly delivered to a separate political organization's funds. If none, enter -0. (e) Amount of political contributions received and promptly and directly delivered to a separate political organ							
b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 5,932,607. 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 5,932,607. 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 5,932,607. 4 Did the filing organization file Form 1120-POL for this year? \$ 2,932,607. 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0. (e) Amount of a political organization.							
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 5,932,607. 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$	b If "Yes," describe ir	n Part IV.					
 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	Part I-C Comple	ete if the org	anization is exempt under	r section 501(c), e	except section 5	501(c)(3)	
exempt function activities \$	1 Enter the amount d	irectly expended	by the filing organization for secti	on 527 exempt function	on activities	\$	5,932,607.
 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	2 Enter the amount o	f the filing organi	zation's funds contributed to othe	r organizations for sec	ction 527		
 line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. 	exempt function ac	tivities				\$	
 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 untiput of political organization. 		-					
 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 unstant of political organization. 							
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contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.							
political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		-					-
(a) Name(b) Address(c) EIN(d) Amount paid from filing organization's funds. If none, enter -0(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.						sparato oo	grogatod rand or a
	(a) Name	3	(b) Address	(c) EIN	filing organizatio	on's co er -0	ntributions received and promptly and directly lelivered to a separate political organization.

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022 CE	NTER FOR	VOTER INFOR	MATION		554750 Page 2
Part II-A Complete if the organized	zation is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
A Check if the filing organization	belongs to an aff	iliated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of	excess lobbying	expenditures).			
B Check if the filing organization	checked box A a	nd "limited control" pro	ovisions apply.		1
Limits or (The term "expenditur	n Lobbying Expe es" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influenc	e public opinion (grassroots lobbying)			
b Total lobbying expenditures to influenc	• • •				
c Total lobbying expenditures (add lines	1a and 1b)				
e Total exempt purpose expenditures (ad	Id lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter the	e amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b)	is: The lot	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,0	00 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,	000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter 2	5% of line 1f)				
h Subtract line 1g from line 1a. If zero or	less, enter -0				
i Subtract line 1f from line 1c. If zero or l					
j If there is an amount other than zero or	n either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year	?				Yes No
		eraging Period Under	.,		
(Some organizations that n		01(h) election do not ate instructions for lin		f the five columns b	elow.
		nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures				0.1	ula C (Form 000) 2022

Schedule C (Form 990) 2022

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(t)
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a h	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
	50 I(C)(0).			Yes	No
	More as he had the W (000) as seen as the second standard as the hear second second			165	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the tIII-B Complete if the organization is exempt under section 501(c)(4), section			tion	
. ai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

CVI SENT POTENTIAL VOTERS INFORMATIVE MAILINGS REGARDING CANDIDATE

POSITIONS.

Schedule C (Form 990) 2022

	HEDULE D		I Financial Statemen ization answered "Yes" on Form 990			OMB No. 1	545-0047 DD
(Form	990)	Part IV, line 6, 7, 8, 9, 10,	11a, 11b, 11c, 11d, 11e, 11f, 12a, or	, 12b.		204	
	ment of the Treasury Revenue Service		tach to Form 990. for instructions and the latest inform	nation.		Open to Inspect	
Nam	e of the organizati				Employe	r identificatio	n number
		CENTER FOR VOTER IN				03-05547	
Par		ations Maintaining Donor Advised		s or Ac	counts.	Complete if the	ne
	organizatio	n answered "Yes" on Form 990, Part IV, line					
			(a) Donor advised funds		(b) Funds ar	nd other accou	ints
1		nd of year		_			
2		f contributions to (during year)		-			
3		f grants from (during year)					
4		t end of year			1-		
5	-	on inform all donors and donor advisors in w	-				
6		on's property, subject to the organization's e on inform all grantees, donors, and donor ad				. L Yes	L No
6		poses and not for the benefit of the donor or					
	impermissible priv				0	Yes	No
Par		ation Easements. Complete if the orga					
2	Protection of Preservation Complete lines 2a day of the tax yea		Preservation ed conservation contribution in the form	of a certi n of a co	fied historic		ne last
а					2a		
b	-				2b		
C L		vation easements on a certified historic struct			2c		
d		vation easements included in (c) acquired af isted in the National Register			2d		
3		vation easements modified, transferred, release	ased extinguished or terminated by th			n the tax	
U	year			ie organi	Zation dann	ig the tax	
4		where property subject to conservation ease	ment is located				
5		tion have a written policy regarding the perio		f			
	violations, and en	forcement of the conservation easements it h	nolds?			Yes	No No
6		r hours devoted to monitoring, inspecting, h		nservatio	n easement	ts during the y	ear
7	Amount of expens	es incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserv	vation eas	sements du	ring the year	
8	Does each conser and section 170(h	vation easement reported on line 2(d) above)(4)(B)(ii)?	satisfy the requirements of section 17			Yes	🗌 No
9		be how the organization reports conservation					
		d include, if applicable, the text of the footno	-			the	
		ounting for conservation easements.	-				
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or C	Other S	imilar As	sets.	
	Complete i	f the organization answered "Yes" on Form §	990, Part IV, line 8.				

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$

232051	2051 09-01-22							
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022						
b	Assets included in Form 990, Part X	\$						
а	Revenue included on Form 990, Part VIII, line 1	\$						
	the following amounts required to be reported under FASB ASC 958 relating to these items:							
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e						
	(ii) Assets included in Form 990, Part X	\$						
		*						

	40						
•	2	Δ	F	Δ	Δ	Λ	

Sche		FOR VOTER						03-05			age 2
Par	t III Organizations Maintaining C	ollections of Ar	rt, Hist	orical Tre	easures, o	r Other	Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	t make sig	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	(d 🗌	Loan or exc	hange progra	am					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Compl	lete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not ir	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fe						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								() 5		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organization	ation tha	it are held ar	nd administer	red for the	Э		r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Par	t VI Land, Buildings, and Equipm			/ line 11 - C							
	Complete if the organization answere							.			
	Description of property	(a) Cost or o			t or other		cumulate	ed	(d) Book	valu	е
	Land	basis (investi	menty	Dasis	(other)	uep	preciation				
-	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other		. ·		a)						0.
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	X, colun	nn (B), line 1	UC.)					000	-
								Schedule	rorm) ש	aan)	2022

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of-vear market value
			or 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"		1	· · · ·
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		110 or 11f Soo Form 000, Dart V, line 05	
(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" (11e or 11f. See Form 990, Part X, line 25.	
(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" of 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(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" of 1. (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	
(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" of 1. (a) Description of liability (1) Federal income taxes (2) INCOME TAX PAYABLE		11e or 11f. See Form 990, Part X, line 25.	24,571.
(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" of 1. (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	24,571.
(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" of 1. (a) Description of liability (1) Federal income taxes (2) INCOME TAX PAYABLE		11e or 11f. See Form 990, Part X, line 25.	24,571.
(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" of 1. (a) Description of liability (1) Federal income taxes (2) INCOME TAX PAYABLE (3) DUE TO RELATED ENTITY		11e or 11f. See Form 990, Part X, line 25.	24,571.
(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" of 1. (a) Description of liability (1) Federal income taxes (2) INCOME TAX PAYABLE (3) DUE TO RELATED ENTITY (4)		11e or 11f. See Form 990, Part X, line 25.	24,571.
(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" of 1. (a) Description of liability (1) Federal income taxes (2) INCOME TAX PAYABLE (3) DUE TO RELATED ENTITY (4) (5)		11e or 11f. See Form 990, Part X, line 25.	24,571.
(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" of 1. (a) Description of liability (1) Federal income taxes (2) INCOME TAX PAYABLE (3) DUE TO RELATED ENTITY (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.	24,571.
(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" of 1. (a) Description of liability (1) Federal income taxes (2) INCOME TAX PAYABLE (3) DUE TO RELATED ENTITY (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value 24,571. 2,564,427.

Schedule D (Form 990) 2022 CENTER FOR VOTER INFORMATION

Part VII Investments - Other Securities.

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Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 CENTER FOR VOTER INFORMAT	ION	03-	0554750 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	19,244,877.
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	2 b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			19,244,877.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		19,244,877.	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		enses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			10 461 800
1	Total expenses and losses per audited financial statements		1	18,461,738.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	, , , , , , , , , , , , , , , , , , , ,			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			18,461,738.
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			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			18,461,738.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2022, CVI HAS DOCUMENTED ITS CONSIDERATION

OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING

UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN

TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS.

232054 09-01-22

(Form 990)					aioi	ng or Gaming A		lues	OMB No. 1545-0047
(Form 990) 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.									2022
Department of the Treasury		Atta	ch to Form 990 c	or Forn	n 990-	-EZ.			Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Fo	rm990 for instruc	ctions	and th	ne latest informatio	n.		Inspection
Name of the organization									entification number
		FOR VOTER						03-0554	
	complete this part		ganization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not
c X Phone solici d X In-person so 2 a Did the organization	tions email solicitations tations dicitations on have a written o red in Form 990, P) highest paid indiv	or oral agreement w art VII) or entity in c viduals or entities (f	e X Solicitat f Solicitat g Special ith any individual connection with p	tion of tion of fundra (includ	non-g gover iising d ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
(i) Name and addres or entity (fund		(ii) Ac	tivity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
BONNER GROUP - 800	MAINE			Yes	No				
AVENUE SW, SUITE 4	50,	FUNDRAISING			Х	1,231,000.		153,875	1,077,125.
Total 3 List all states in wh	ich the organizatio	n is registered or li	censed to solicit o	l contribu		1,231,000.	it is e	153,875	

CA, CO, DC, FL, GA, KS, KY, MD, MA, MN, MO, NJ, NM, NY, NC, PA, VA, WA, WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

CENTER FOR VOTER INFORMATION

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
es	5	Noncash prizes				
zpens	6	Rent/facility costs				
Direct Expense:	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			
D		Net income summary. Subtract line 10 from li				
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(1) Dull take (instant	1	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
	•					
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	Ū	Hot garning moorne summary. Subtract me r				I
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	lf "	Yes," explain:				
23208	32 10)-27-22			Sche	dule G (Form 990) 2022

Schedule G (Form 990) 2022	CENTER F	OR VOTER	INFORMATION	03-0554750 Page 3
11 Does the organization conduct ga	ming activities wit	h nonmembers)	
			ember of a partnership or other entity formed	
13 Indicate the percentage of gaming				
				13a %
			zation's gaming/special events books and rec	
		C C		
Name				
Address				
15. Doos the experimetion have a cont	treat with a third r	arty from whom		Yes No
15a Does the organization have a com	tract with a third p	arty from whom	the organization receives gaming revenue?	
b If "Yes," enter the amount of gam	ina revenue receiv	red by the organ	ization \$ and the	amount
of gaming revenue retained by the				
c If "Yes," enter name and address				
	or the third party.			
Name				
Address				
16 Gaming manager information:				
Name				
Gaming manager compensation	\$			
Description of convises provided				
Description of services provided				
Director/officer	Employee		Independent contractor	
			•	
17 Mandatory distributions:				
	state law to make	e charitable distr	ibutions from the gaming proceeds to	
retain the state gaming license?				Yes No
			ributed to other exempt organizations or sper	
organization's own exempt activiti				
			ns required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as	applicable. Also p	provide any addi	tional information. See instructions.	
SCHEDOLE G, PART I,	LINE 28,	TTPI. OL	TEN HIGHEST PAID FUNDR	HIDERD:
(I) NAME OF FUNDRAIS	SER: BONNI	ER GROUP		
(I) ADDRESS OF FUNDE	AISER:			
800 MAINE AVENUE SW,	, SUITE 4:	50, WASH.	INGTON, DC 20024	
232083 10-27-22				Schedule G (Form 990) 2022

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Schedule G	(Form	990
D		

Part IV	Supplemental Information	(continued)
		Schedule G (Form 990)

SCHEDULE I (Form 990)	Go	rants and Oth vernments, an	nd Individual	s in the Uni	ted States		OMB No. 1545-0047	
	Compl	ete if the organizatio			rt IV, line 21 or 22.			
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form s.gov/Form990 for		ation.		Open to Public Inspection	
Name of the organization		NFORMATION	5				Employer identification number 03-0554750	
Part I General Information on Grants a							05 0554750	
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro- 	stance?				for the grants or assis		on X Yes No	
Part II Grants and Other Assistance to	•			1 0	anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organization or government								
NATURAL MEDICINE COLORADO 191 UNIVERSITY BLVD, SUITE 118 DENVER, CO 80206	88-0529919		1,322,500.	0.			2022 GRANT TO SUPPORT 2022 GET OUT THE VOTE PROGRAMS	
THE CAMPAIGN LEGAL CENTER, INC. 1101 14TH STREET, NW, SUITE 400 WASHINGTON, DC 20005	101 14TH STREET, NW, SUITE 400 VOTER PROTECTION LEGAL							
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 		·	l e line 1 table				<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.

CENTER FOR VOTER INFORMATION

Part III 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	(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, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) 2022

CVI'S GRANT MAKING CONSISTS OF UNRESTRICTED OPERATING GRANTS. CVI ENSURES

THAT FUNDS ARE GRANTED TO APPROPRIATE NONPROFIT ENTITIES.

03-0554750

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022 Open to Public

. Inspection

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information.	

Employer identification number 03-0554750

Name of the organization

CENTER FOR VOTER INFORMATION

Pal	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini		5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	3	113,706.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
23 24	Archeological artifacts							
2 4 25								
	/ /							
26 07	Other ()							
27	Other ()							
28	Other () Number of Forms 8283 received by the organiz	ation during	the tex year for a					
29	for which the organization completed Form 828		, ,				0	
	for which the organization completed Form 828	o, Part V, D	onee Acknowledge	ement 29			<u> </u>	Ne
20-	During the year did the exception receive to	oontribut:-	n onu proportu	orted in Dort L lines 1 through	h 29 that it		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the					20-		Х
	exempt purposes for the entire holding period?					<u>30a</u>	_	<u></u>
	If "Yes," describe the arrangement in Part II.	oliov that	quiros the review of	of any populard contribut	tions?	24	x	
31	Does the organization have a gift acceptance p	•	-	-	lions ?	31	~	
32a	Does the organization hire or use third parties o							v
	contributions?					32a		X
		h			-ld			
33	If the organization didn't report an amount in co	numn (C) for	a type of property	r for which column (a) is che	cked,			
	describe in Part II.				<u> </u>		000	0000
LHA	For Paperwork Reduction Act Notice, see t	ne Instruct	ions for Form 990).	Schedule N	/I (Form	i 990)	2022

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

SCHEDUEL M, PART 1

THE NUMBER REPROTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

RECEIVED,

Schedule M (Form 990) 2022

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51 2022.05000 CENTER FOR VOTER INFORMAT 39514_1 SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Employer identification number 03-0554750

CENTER FOR VOTER INFORMATION

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED AND RESTATED ITS BYLAWS TO INCREASE THE LENGTH OF

BOARD MEMBER TERMS FROM TWO YEAR TERMS TO THREE YEARS TERMS AS WELL AS

IMPLEMENTING STAGGERED TERMS FOR BOARD MEMBERS.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS WITH THE ASSISTANCE OF

THE CFO. THE FORM WAS REVIEWED BY THE CFO AND THE PRESIDENT. THE FINAL FORM

990 WAS DISTRIBUTED ELECTRONICALLY TO THE BOARD FOR REVIEW BEFORE FILING

WITH THE IRS.

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH

PERSON:

A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,

B. HAS READ AND UNDERSTANDS THE POLICY,

C. HAS AGREED TO COMPLY WITH THE POLICY, AND

D. UNDERSTANDS THE ORGANIZATION IS A SOCIAL WELFARE ORGANIZATION AND, IN

ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN

ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE LEAVES THE

GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT

 OF
 INTEREST IS
 DISCUSSED
 AND
 VOTED
 UPON.
 THE
 REMAINING
 BOARD
 OR
 COMMITTEE

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

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Name of the organization CENTER FOR VOTER INFORMATION	Employer identification number 03-0554750
MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS.	
IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUS	SE TO BELIEVE A
MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLI	ICTS OF INTEREST, IT
INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFE	FORDS THE MEMBER AN
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.	. IF, AFTER HEARING
THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIG	GATION AS WARRANTED
BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE	DETERMINES THE

MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST,

IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

Schedule O (Form 990) 2022

A PERIODIC REVIEW BY OUTSIDE COUNSEL USING GUIDESTAR DATA IS CONDUCTED AND PRESENTED TO THE BOARD OF DIRECTORS. THE LAST COMPENSATION REVIEW WAS HELD IN DECEMBER 2022.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, FL, GA, KS, KY, MD, MA, MN, NJ, NM, NY, NC, PA, VA, WI

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, BOARD COMPENSATION:

DENISE JUNEAU RECEIVED COMPENSATION FOR PROVIDING STRATEGIC CONSULTING

SERVICES TO THE ORGANIZATION. THESE SERVICES WERE UNRELATED TO HER

DUTIES AS A BOARD MEMBER.

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