** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

A I	A For the 2023 calendar year, or tax year beginning and ending						
В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addres	Represent.Us					
	Name change			26-23695	96		
L	Initial return	,	Room/suite	E Telephone number			
	Final return/	P.O. Box 60008		(855) 58	5-8100		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,199,180.		
L	Ameno	Fiorence, MA 01002-0000		H(a) Is this a group re			
	Applic			for subordinates	? Yes X No		
	pendir	g same as C above		H(b) Are all subordinates in	ncluded? Yes No		
<u> 1</u>	Tax-exe	empt status: 501(c)(3) X 501(c)(4) (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions		
	Websit			H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year	of formation: 2008 N	1 State of legal domicile; DC		
Pa		Summary					
a)	1	Briefly describe the organization's mission or most significant activities: Repre	esentU	s is Americ	a's leading		
Governance		nonpartisan anti-corruption organization	fight	ing to fix	our broken		
ž	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	ssets.		
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	9		
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8		
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	0		
Ĭ	6	Total number of volunteers (estimate if necessary)		6	12500		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		2,678,291.	2,189,968.		
en	1	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,840.	9,212.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		2,682,131.	2,199,180.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		136,000.	67,039.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		699,596.	261,778.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ă	1	Total fundraising expenses (Part IX, column (D), line 25) 97,62		1 110 0 0 0 0	1.60		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,649,350.	168,204.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,484,946.	497,021.		
	19	Revenue less expenses. Subtract line 18 from line 12		197,185.	1,702,159.		
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		4,083,593.	5,777,071.		
et A	21	Total liabilities (Part X, line 26)		12,857.	4,176.		
	22	Net assets or fund balances. Subtract line 21 from line 20		4,070,736.	5,772,895.		
	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any knowledge.			
٥.		Signature of officer		I Date			
Sign		Joshua G. Lynn, President		Duto			
Hei	re	Type or print name and title					
			IT	Date Check	II PTIN		
Pai	ч	Print/Type preparer's name Amanda E. Waterhouse Preparer's signature		if			
				self-employe	8-2676261		
	Only	Firm's name Rogers & Company PLLC Firm's address 8300 Boone Boulevard, Suite 600		FIIII S EIN 3	O 20/0201		
USE	Only	Vienna, VA 22182		Dhone no 17	03) 893-0300		
N4=	, +b = !"			Priorie no. (7			
Ma	y tne IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

including grants of \$

205,954.

Total program service expenses

Form 990 (2023) Represent • Us Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
•	If "Yes," complete Schedule A	2	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	, , , , , , , , , , , , , , , , , , , ,			
	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			7.7
	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?	_		v
40	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	40		х
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		Х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
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	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı -t a		
~	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		Х
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		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
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	Х	
		_	000	(0000)

Form 990 (2023) Represent • Us Part IV Checklist of Required Schedules (continued)

23 Did the organization answer "Yes" to Part VII, Section A, Ine 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. 24 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 proceeds of tax-exempt bonds beyond a temporary period exception? 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 50 (b(x)), 50 (b(x)), and 50 (b(x)2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 28 It is organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 29 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 29 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or church and the part of these persons? If "Yes," complete Schedule L, Part II 25b X X X X X X X X X				Yes	No	
23 Dút the organization answer "Ves" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's cument and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," "ormplete Schedule I. Part IV sey." In the value is sued after December 31, 2002 If "Yes," answer lines 24b through 24d and complete Schedule II. If "Yes," or to line 25s and year year or the sist day of the year, that was issued after December 31, 2002 If "Yes," answer lines 24b through 24d and complete Schedule II. If "Yes," or to line 25s and year year year year year year year or the sist day of the year, that was issued after December 31, 2002 If "Yes," answer lines 24b through 24d and complete Schedule II. If "Yes," or to line 25s and year year year year year year year year	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after Plecember 31, 2002? If "Yes,", answer imes 24b through 24d and complete Schedule J. Part II "No." of the ine 25s of the year than a scrow account other than a retinding escrow at any time during the year to defease any tax exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualidate person of the than a retinding escrow at any time during the year to defease any tax exempt bonds? 25b Is the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualidate person in a prior year, and that the transaction with a since the organization provide a grant of the assistance to any current or former officer, director, trustee, key employee. 25c Schedule J. Part I 25d Did the organization provide a grant on other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Z. 27d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV 27d		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
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 stay of the years, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." ye to line 25a. 24b Did the organization maintain an escrew account other than a refunding escrow at any time during the year 10 defease any tax exempt bonds? 25c Did the organization amentain an escrow account other than a refunding escrow any time during the year 10 defease any tax exempt bonds? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year 2 ded 1 did the organization engage in an excess benefit transaction with a disqualified person during the year 11 "Yes," complete Schedule L, Part 1 25a Section 50(1(2)8, 501(4)4, 4nd 501(4)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year 11 "Yes," complete Schedule L, Part 1 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person language and that the transaction with a disqualified person of unity of the organization program in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with and excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or thore officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isat day of the year, that was issued after December 31, 2002? If "Yes," arrayer fines 24b through 24d and complete Schedule K. If "No." go to line 25a. 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest as an "on behalf off issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a I be the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 25a I be the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 25a I be the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part II 25b I be the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity finculary and exceptions; or applicable filing thresholds, conditions, and exceptions; 27c I bid the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions; 27d A current or former officer, director, trustee, key employee, creator or founder,		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
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Schedule K. If "No." on to line 25a	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year" 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) and 501(c)(2) gragnizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year" 1" "yes," complete Schedule L, Part I 25a 25 bits the organization aware that the rangaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25b 2." 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ranking member of any or these persons if "Yes," complete Schedule L, Part II 26 X 200		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
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d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 25a Section 501(52), 501(64), and 501(62) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I., Part I 25a I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sync for more 900 or 909(2-7) If 'Yes,' complete Schedule I., Part I 25 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 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule I., Part II 26 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 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule I., Part III 27 Did the organization a party to a business transaction with one of the following parties? (See the Schedule I., Part IIV, Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule I., Part IV 28a J Ximplete Schedule I., Part IV 28b A family member of any individual described in line 28a? If 'Yes,' complete Schedule II, Part IV 28c J Ximplete Schedule I., Part IV 28c J Ximplete Schedule I., Part IV 28d J Ximplete Schedule I., Part IV Inc. 38d	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part I 25b X8 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Z Z Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable liling thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b Z X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b7lf "Yes," complete Schedule L, Part IV 28b Z X Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Z X Z X Did the organization receive wo more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Z X Z X Z X Z X Z X Z X Z X Z X Z X Z		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	
Schedule L, Part I 25b	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a Z 28b Z 28c C A 35% controlled entity of one or more individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b Z 28c C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Z 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Z 28c Z 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Z 28c Z		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
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27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 A 55% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 30 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 31 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 33 Did the organization or not 100% of an entity disregarded as separate from the organization under Regulations sell-exchange of the part II, III, or IV, and Part V, Iine 1 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedu		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
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instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х	
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b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable				
(gambling) winnings to prize winners?	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
		(gambling) winnings to prize winners?	1c	X		

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

				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 (-				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		77		
			3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b				
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
р	If "Yes," enter the name of the foreign country						
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	•	E-0		Х		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		-21		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30				
ua	any contributions that were not tax deductible as charitable contributions?		6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		- Ou				
~	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a				
			7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?		7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	orm 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
			8				
9	Sponsoring organizations maintaining donor advised funds.		_				
а			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:	40-					
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b	-				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100	-				
'' a	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	114	1				
~	amounts due or received from them.)	11b					
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
		12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c					
			14a	<u> </u>	X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		1				
	excess parachute payment(s) during the year?		15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.	t in a cons 0			Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16				
17	If "Yes," complete Form 4720, Schedule O.	tivition					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action would result in the imposition of an excise tax under section 4951, 4952 or 49532		17				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		1/				
	n rea, compiete roini coca.						

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rai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	a IVO	respoi	ise
				X
800	Check if Schedule O contains a response or note to any line in this Part VI			Λ
sec	tion A. Governing Body and Management			·
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
та	= nor the number of realing members of the governing body at the chart of the tark year.	4		
	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. Enter the number of voting members included on line 1a above, who are independent	,		
b	Enter the Hamber of Young Members moladed of the Ta, above, who are madeportable	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			.
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			,,
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			,,
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	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 reached at 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 Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	1 , ,, ,			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С				
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KY, MA	MD,	, MN	, MC
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Mike Dolence VP Finance and Administration - (855) 585-8100			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

Name and title Average hours per week (list any hours for related organizations below line) (1) Joshua Graham Lynn President (2) Michael Dolence VP Finance (3) Heather Gresham VP HR (4) Lauren Bartolozzi VP Development Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organization span light li	
week (list any hours for related organizations below line) 15.00 25.00 25.00	
(list any hours for related organizations below line) (1) Joshua Graham Lynn President (2) Michael Dolence VP Finance (3) Heather Gresham VP HR (4) Lauren Bartolozzi (list any hours for related organizations below line) (list any hours for related organizations below line) a strutt prophylur a systum organization (W-2/1099-MISC/ 1099-NEC) (W-2/1099-MISC/ 1099	
(1) Joshua Graham Lynn 15.00 President 35.00 (2) Michael Dolence 25.00 VP Finance 25.00 (3) Heather Gresham 5.00 VP HR 45.00 (4) Lauren Bartolozzi 20.00 X 0. 241,824. 40,9 0. 209,075. 44,9 0. 210,997. 28,0	
(1) Joshua Graham Lynn 15.00 President 35.00 (2) Michael Dolence 25.00 VP Finance 25.00 (3) Heather Gresham 5.00 VP HR 45.00 (4) Lauren Bartolozzi 20.00 X 0. 241,824. 40,9 0. 209,075. 44,9 0. 210,997. 28,0	
(1) Joshua Graham Lynn 15.00 President 35.00 (2) Michael Dolence 25.00 VP Finance 25.00 (3) Heather Gresham 5.00 VP HR 45.00 (4) Lauren Bartolozzi 20.00 X 0. 241,824. 40,9 0. 209,075. 44,9 0. 210,997. 28,0	
(1) Joshua Graham Lynn 15.00 President 35.00 X X 0. 241,824. 40,9 (2) Michael Dolence 25.00 X 0. 209,075. 44,9 VP Finance 5.00 X 0. 210,997. 28,0 VP HR 45.00 X 0. 210,997. 28,0	
President 35.00 X X X 0. 241,824. 40,9 (2) Michael Dolence 25.00 X X 0. 209,075. 44,5 VP Finance 25.00 X X 0. 209,075. 44,5 (3) Heather Gresham 5.00 X 0. 210,997. 28,6 VP HR 45.00 X 0. 210,997. 28,6	
(2) Michael Dolence 25.00 X 0. 209,075. 44,2 VP Finance 5.00 X 0. 210,997. 28,0 VP HR 45.00 X 0. 210,997. 28,0	
VP Finance 25.00 X 0. 209,075. 44,3 (3) Heather Gresham 5.00 X 0. 210,997. 28,6 VP HR 45.00 X 0. 210,997. 28,6 (4) Lauren Bartolozzi 20.00 X 0. 210,997. 28,6	00.
(3) Heather Gresham VP HR (4) Lauren Bartolozzi (5.00 X 0. 210,997. 28,000	63
VP HR 45.00 X 0. 210,997. 28,00 (4) Lauren Bartolozzi 20.00 0.	.05.
(4) Lauren Bartolozzi 20.00	17.
	267.
(5) Casey Shea 10.00	
	238.
(6) Megan Caska 25.00	
VP Political 25.00 X 0. 151,934. 18,9	<u> 13.</u>
(7) Jon DeVaan 1.00	•
Board Chair X X 0. 0.	0.
(8) Caroline Moon	0
Treasurer X X U. U. U.	0.
Member X X 0.	0.
(10) Jennifer Lawrence 1.00	
Member X 0.	0.
(11) Evan Burfield 1.00	
Member	0.
(12) Raj DeDatta 1.00	
Member X 0.	0.
(13) Alicia Mullen 1.00	•
Member X 0. 0.	0.
(14) Tara Swibel 1.00	0
Member X 0.	0.

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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) (B) (C) (D) (E) Name and title Average Position Reportable Reportable								(F)				
Name and title	(do not check more than one neportable neportable			Reportable			timate						
	week					is bot or/trus		compensation from	compensation from related			nount o other	of
	(list any	tor						the	organization			pensa	tion
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MI			om the	
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	org	anizati	ion
	organizations	al trus	Institutional trustee		key employee	Highest compensated employee		1099-NEC)				d relate	
	below line)	lividu	stitutio	Officer	y emp	jhest i ploye	Former				orga	anizatio	ons
	11110)	Ĕ	Ë	5	ā.	三声	요						
									4 4 0 0 6	-	4.5	- 4	
1b Subtotal								0.	1,128,6		17	5,1	
c Total from continuation sheets to Part V								0.	1 100 6	0.	1 17	F 1	0.
d Total (add lines 1b and 1c)								0.	1,128,6		1/	5,1	98.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportab	ole			0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee. I	kev e	ame	love	e. o	hia	hest compensated emp	olovee on	ľ			
line 1a? If "Yes," complete Schedule J for s		-	•		-		_	•	•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or a										s			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mnoncotod in	done	ando	nt o	onti	roote	oro t	hat received more than	\$100,000 of oor		ation f	rom	
Complete this table for your five highest co the organization. Report compensation for	-	-								liperis	alioni	TOTT	
(A) Name and business							n						
		-11	<u> </u>										
							_						
2 Total number of independent contractors (i		ot li	mite	d to	tho	se lis	sted	l above) who received m	nore than				
\$100,000 of compensation from the organi	zation					<u> </u>							

		(2023) Represent.Us		26-2369596 Page 9
Ра	rt V			
		Check if Schedule O contains a response or note to any line		
				Unrelated Siness revenue From tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	Business Code a b c d	2,189,968.	
or _		e		
ш.		f All other program service revenue		
		g Total. Add lines 2a-2f		
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal	9,212.	9,212.
		a Gross rents 6a 6b 6c Rental income or (loss) 6c Net rental income or (loss)		
enne	7	a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		
Вè		d Net gain or (loss)		
Other Rev		a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See		
		Part IV, line 18 8a 8b 8b		
		c Net income or (loss) from fundraising events		
		a Gross income from gaming activities. See Part IV, line 19 9a		
		b Less: direct expenses 9b		
		c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances 10a		
		b Less: cost of goods sold 10b		
		Less. Cost of goods sold		

Business Code

2,199,180.

0.

0.

d All other revenuee Total. Add lines 11a-11d

12 Total revenue. See instructions

Miscellaneous Revenue

Form 990 (2023) Represent.Us Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	ехрепзез
	and domestic governments. See Part IV, line 21	67,039.	67,039.		
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				
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	224,692.	45,262.	132,047.	47,383.
8	Pension plan accruals and contributions (include	-	-	•	<u> </u>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,484.	3,925.	11,450.	4,109.
10	Payroll taxes	17,602.	3,546.	10,344.	4,109. 3,712.
11	Fees for services (nonemployees):				
а	Management				
	Legal	15,016.		15,016.	
	Accounting	9,314.		9,314.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	98,861.	82,536.	217.	16,108.
12	Advertising and promotion				
13	Office expenses	41,212.	201.	14,821.	26,190.
14	Information technology				
15	Royalties				
16	Occupancy	3,293.	3,293.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	508.	152.	236.	120.
24	Other expenses. Itemize expenses not covered				
	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.)				
а					
b					
С					_
d					
е	All other expenses	105 005		100 115	AF 446
25	Total functional expenses. Add lines 1 through 24e	497,021.	205,954.	193,445.	97,622.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (2022)

Form 990 (2023)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,017,446.	1	1,294,603.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	511,110.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	I I	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,484,700.	15	3,971,358.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,083,593.	16	5,777,071.
	17	Accounts payable and accrued expenses	12,857.	17	4,176.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1000	25	1 176
	26	Total liabilities. Add lines 17 through 25	12,857.	26	4,176.
S		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.	4,060,736.		E 422 90E
ala	27	Net assets without donor restrictions		27	5,422,895.
D B	28	Net assets with donor restrictions	10,000.	28	330,000.
Ē		Organizations that do not follow FASB ASC 958, check here			
卢		and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds		29	
\ss	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	5,772,895.
Ž	32	Total net assets or fund balances	··· 4 000 F00	32	5,777,071.
	33	Total liabilities and net assets/fund balances	4,003,393.	33	J, 111, U11.

Par	t 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	2,19				
2	Total expenses (must equal Part IX, column (A), line 25)	2	49 1,70	7,0			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,07	0,7	36.		
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	5,77	2,8	95.		
Par	t 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 Schedul	e O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	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?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				

Form **990** (2023)

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

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Employer identification number

Represent.Us 26-2369596 Organization type (check one): Filers of: Section: X = 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 _______\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
4	Name, address, and ZIP + 4	\$\$00,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$67,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		_ \$\$	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
8			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$25,000.	Person X Payroll
(a) No.	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions - \$ 24,955.	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
11			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
12		\$11,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$10,001.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 15	Name, address, and ZIP + 4	\$ 6,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	\$ 511,110.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	ivaine, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Schedule B (Form 990) (2023) Employer identification number Name of organization 26-2369596 Represent.Us Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Represent.Us

Employer identification number 26-2369596

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ımaı ı unus Ul <i>F</i>	Accounts. Complete if the
		(a) Donor advised f	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v			
	are the organization's property, subject to the organization's	exclusive legal control? \dots		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor of	•		
	impermissible private benefit?			
Pa			on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat			orically important land area
	Protection of natural habitat	∟ F	Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contributi	ion in the form of a c	
	day of the tax year.			Held at the End of the Tax Yea
а				2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui	•		
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ter	minated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation eas		 _	
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	rcina conservation e	asements during the year
•	, thouse of expenses mounted in monitoring, mopeeting, name	ing or violations, and onto	roing conservation c	ascinionts daring the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	of section 170(h)(4)(B	e)(i)
	and section 170(h)(4)(B)(ii)?	•		Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, o	r research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
h	Assets included in Form 990. Part X			\$

Pa	rt III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures,	or Othe	er Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	on, and other record	ls, check	any of the	following that	at make s	ignificant	use of its			
	collection items (check all that apply).										
а	a Public exhibition d Loan or exchange program										
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further t	he organizat	ion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	-		-	-						
	to be sold to raise funds rather than to be m		•		•				Yes		No
Pa	rt IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa	-		J				,	,		
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for d	contributio	ns or other a	ssets not	tincluded	I			
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, ,	·	ŭ						Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
	rt V Endowment Funds Complete if										
	·	(a) Current year		ior year	(c) Two yea			ears back	(e) Fou	r years	back
1a	Beginning of year balance	-		-							
	Contributions										
С											
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1a	column (a)) held as:						
	Board designated or quasi-endowment		%	,,	۵,, ۱۱۵،۵ ۵۵،						
	Permanent endowment	%									
		<u></u> ,,									
·	The percentages on lines 2a, 2b, and 2c sho	ř =									
За	Are there endowment funds not in the posse	•	ation that	are held a	and administe	ered for tl	he				
	organization by:								1	Yes	No
	(i) Unrelated organizations?										
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Sc	hedule R?)				3b		
4	Describe in Part XIII the intended uses of the										
Ė	rt VI Land, Buildings, and Equipm		, will of it	arrao.							
	Complete if the organization answere), Part IV,	line 11a. 9	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o			t or other		ccumulate	ed	(d) Boo	k valu	<u> </u>
	Becomplian or property	basis (investn			(other)		oreciation		(u) 200	rt valu	•
12	Land	- ` ` 			. ,						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	I. Add lines 1a through 1e. (Column (d) must e		X, line 10	c, column	n (B))						0.

Schedule D (Form 990) 2023

Part VII	Investments -	Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	I.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)	. ,	, ,	•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line of Description	11d. See Form 990, Part X, line 15.	
	rescription		(b) Book value
(1) Due from affiliate	rescription		
(1) Due from affiliate (2)	езоприон		
(1) Due from affiliate (2) (3)	езсприон		
(1) Due from affiliate (2)	езсприон		
(1) Due from affiliate (2) (3)	езсприон		
(1) Due from affiliate (2) (3) (4)	rescription		
(1) Due from affiliate (2) (3) (4) (5)	rescription		
(1) Due from affiliate (2) (3) (4) (5) (6)	rescription		
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8)			3,971,358
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.			
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.			3,971,358
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of	(B))	11e or 11f. See Form 990, Part X, line 25	3,971,358
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column 1	(B))	11e or 11f. See Form 990, Part X, line 25	3,971,358
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column 1	(B))	11e or 11f. See Form 990, Part X, line 25	3,971,358
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability	(B))	11e or 11f. See Form 990, Part X, line 25	3,971,358
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes	(B))	11e or 11f. See Form 990, Part X, line 25	3,971,358
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)	(B))	11e or 11f. See Form 990, Part X, line 25	3,971,358
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3)	(B))	11e or 11f. See Form 990, Part X, line 25	3,971,358
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	(B))	11e or 11f. See Form 990, Part X, line 25	3,971,358
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column 1	(B))	11e or 11f. See Form 990, Part X, line 25	3,971,358
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(B))	11e or 11f. See Form 990, Part X, line 25	3,971,358
(1) Due from affiliate (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(B))	11e or 11f. See Form 990, Part X, line 25	3,971,358

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Represent	Us						Employer identification number 26-2369596
Part I General Information on Grants							20 200,000
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pi 	istance? rocedures for mon	itoring the use of gran	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Election Reformers Network 3630 Brell Drive	00.4540500						
Kinston, NC 28504	83-1612600	501C3	27,539.	0.			General support
Latino Community Fund of Washington - PO Box 30669 - Seattle, WA 98103	20-5987399	501C3	10,000.	0.			Lobbying around Democracy Vouchers
Protect Maine Elections 47 Tenny Hill Road Raymond, ME 04071	87-2536881	501c4	25,000.	0.			Signature Collection
2 Enter total number of section 501(c)(3)	and government o	rganizations listed in t	he line 1 table				2.

(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 informat	tion required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
Part I, Line 2:					
The Organization maintains all	records to	substantia	ate all gra	nts awarded.	
Specifically, all grant related	d expenses a	nd progra	m charges a	re	
cransactionally codified in the	_				
grant. Monthly, all grants are	reviewed and	d reconci.	led to ensu	re grant	
palance accuracy internally as	well as to	our grante	ors, if req	uested.	

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Represent.Us

Inspection
Employer identification number

26-2369596

Open to Public

OMB No. 1545-0047

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

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

Regulations section 53.4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 Represent. Us 26-2369596 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	benefits (B)(i)-(D) in column (E		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Joshua Graham Lynn	(i)	0.	0.	0.	0.	0.	0.	0.	
President	(ii)	211,824.	30,000.	0.	13,130.	27,770.	282,724.	0.	
(2) Michael Dolence	(i)	0.	0.	0.	0.	0.	0.	0.	
VP Finance	(ii)	209,075.	0.	0.	13,024.	31,239.	253,338.	0.	
(3) Heather Gresham	(i)	0.	0.	0.	0.	0.	0.	0.	
VP HR	(ii)	210,997.	0.	0.	13,073.	15,544.	239,614.	0.	
(4) Lauren Bartolozzi	(i)	0.	0.	0.	0.	0.	0.	0.	
VP Development	(ii)	165,986.	0.	0.	9,137.	9,130.	184,253.	0.	
(5) Casey Shea	(i)	0.	0.	0.	0.	0.	0.	0.	
Director Marketing	(ii)	148,852.	0.	0.	9,336.	14,902.	173,090.	0.	
(6) Megan Caska	(i)	0.	0.	0.	0.	0.	0.	0.	
VP Political	(ii)	151,934.	0.	0.	9,134.	9,779.	170,847.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

26-2369596 Represent.Us

Schedule J (Form 990) 2023 Represent.Us	26-2369596	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also com-	nplete this part for any additional informa	ation.
Part I, Line 3:		
Although there are no employees, Represent.Us (RU) shares expenses with		
related organization Represent.Us Education Fund (RUEF).		
All compensation is paid by RUEF.		
RUEF allocates payroll costs to RU based upon allocated time spent by		
staff. RU reimburses all allocated costs to RUEF.		
RU relies on the RUEF's methods for establishing the organization's		
compensation of the CEO/ Executive Director. These methods include a		
compensation committee, a written employment contract, and approval by		
the board.		

SCHEDULE O (Form 990)

Department of the Treasury

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
2023
Open to Public Inspection

Internal Revenue Service

Name of the organization

Represent.Us

Employer identification number 26-2369596

Form 990, Part I, Line 1, Description of Organization Mission:

and ineffective government.

Form 990, Part I, Line 1, Description of Organization Mission:

The Organization is a national, nonpartisan, nonprofit 501(c)(4)

organization with a vision to make America the world's strongest

democracy by 2050. The Organization champions political

accountability, integrity, representation and fairness through

structural policy reforms. The Organization unites unlikely allies

from across the political spectrum to pass powerful anti-corruption

laws that fight corruption and make government represent the people.

Form 990, Part III, Line 1, Description of Organization Mission: the government to meet the needs of the American people.

Form 990, Part III, Line 4a Public Education and Communications:

The Organization content shows new supporters that winning is not only possible but actually happening, and by doing so, empowers social media supporters to take higher-level actions. The Organization content advances the national conversation about comprehensive political reform, and changes American political culture by increasing the demand for transformative democratic reform.

During 2021, the Organization published original videos to social platforms, accruing more than 32 million views. The Organization's social media channels hit 148 million impressions, and mobilized 20,000

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** Represent.Us 26-2369596 people to contact their legislators via a phone call or other volunteer shift in the period. The Organization's social media communities continue to grow, and their engagement levels remain among the highest in the advocacy field. Form 990, Part III, Line 4b, Program Service Accomplishments: leaders. It provides opportunities for volunteers to become leaders. More than 13,241 volunteers activists joined the community during the year. Form 990, Part III, Line 4b Organizing, Advocacy, and Lobbying: This platform facilitates invaluable connections between activists, organizers, and leaders. It provides opportunities for volunteers to become leaders. More than 13,000 volunteers' activists joined the community in 2021. Form 990, Part VI, Section B, line 11b: The Federal Form 990 is drafted by the Organization's independent accountants and reviewed by the Chief Operating Officer. The 990 is then submitted to the Finance Committee for approval prior to filing with the IRS.

Form 990, Part V, Lines 2a and 2b, Part IX Lines 7-10:

All compensation is paid by a related organization, Represent.Us

Schedule O (Form 990) 2023 Page **2**

Name of the organization Represent.Us

Employer identification number 26-2369596

Education Fund. The organization reimburses allocated payroll and other expenses to the related organization.

Form 990, Part VI, Section B, Line 12c:

Board Members are required to annually disclose in writing any potential conflicts. If a member of the Board is deemed to have a potential conflict they are required to recuse themselves from voting on such matters.

Form 990, Part VI, Section B, Line 15:

Although there are no employees, the organization shares expenses with the Represent.Us Education Fund (RUEF).

The Board will negotiate with the CEO with respect to the appropriate salary. The salary is based on annual performance review, and benchmarks of other similar organizations.

Other key employees salaries are reviewed by the CEO based on a work plan subject to approval of the Board. The process is driven by the budget and approved by the Board.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL,AR,CA,FL,GA,HI,IL,KY,MA,MD,MN,MO,MS,NC,NJ,NY,OR,PA,RI,SC,TN,UT,VA,WI,WV

KS

Form 990, Part VI, Section C, Line 19:

Financial statements and other documents are made available to the public upon request on a case by case basis.

Schedule O (Form 990) 2023 Page **2**

Name of the organization Represent.Us	Employer identification number 26-2369596
Form 990, Part IX, Line 11g, Other Fees:	
Consultants:	
Program service expenses	82,536.
Management and general expenses	217.
Fundraising expenses	16,108.
Total expenses	98,861.
Total Other Fees on Form 990, Part IX, line 11g, Col A	98,861.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Attach to Form 990.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Represent.Us

Employer identification number 26-2369596

Part I Identification of Disregarded Entities. Comple	-			1 ,			(6)	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	ome End-of-yea		s Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34,	because it had on	e or more	e related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section			(g) Section 512(b)(controlled entity?	
				501(c)(3))			Yes	No
Represent.Us Education Fund - 26-3088283 P.O. Box 60008	Charitable- Education and							
Florence, MA 01062-0008	Research	District of Columbia	501(c)(3)	Line 7	n/a			Х

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34,	because it had one or r	nore related
art III	organizations treated as a partnership during the tax year.					

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)		(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		1		Disproportionate		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	JBI General of managin partner		Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr enti	tion b)(13) rolled ity?
		country)		J. 1.25.4		4553.5		Yes	No
									<u> </u>
								 	
									<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

26-2369596

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or m	nore related organizations listed	d in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х
b				1b		Х
С				1c	Х	
d	Loans or loan guarantees to or for related organization(s)			1d		Х
е	Loans or loan guarantees by related organization(s)			1e		Х
f	Dividends from related organization(s)			1f		Х
g				1g		Х
h	Purchase of assets from related organization(s)			1h		Х
i	Exchange of assets with related organization(s)			1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		Х
_						
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			11		Х
m	n Performance of services or membership or fundraising solicitations by related organization(s)			1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Х	
	Sharing of paid employees with related organization(s)			10	Х	
р	Reimbursement paid to related organization(s) for expenses			1 p		Х
q				1q		Х
•						
r	Other transfer of cash or property to related organization(s)			1r	Х	
	Other transfer of cash or property from related organization(s)			1s		Х
	(a) (b) Name of related organization Transactio type (a-s)		(d) Method of determining amount inv	olved		
<u>(1)</u>						
(2)						
(3)						
(0)						
(4)						
(5)						
(6)						
33216	63 09-28-23	•	Schedule F	R (Fori	n 990)	2023

26-2369596

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Dispro	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	0
										\sqcup	
										Ш	
										1	