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Form	330	

Department of the Treasury Internal Revenue Service

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



AI	For th	e 2023 calendar year, or tax year beginning and	ending		
Β	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name Chang	pe Doing business as		26-30882	83
	Initial	Number and street (of P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final			(855) 58	5-8100
_	termir ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,496,155.
	return	FIOTENCE, MA 01002-0008		H(a) Is this a group re	
	Applie tion pendi			for subordinates	
		same as C above		H(b) Are all subordinates in	
-		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527	• • • • • • • • • • • • • • • • • • • •	list. See instructions
	Nebsi	forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number I State of legal domicile: DC
_	art I	Summary			State of legal dofinicile. DC
	1	Briefly describe the organization's mission or most significant activities: Repre	esentI	s is Americ	a's leading
Governance	'	nonpartisan anti-corruption organization	fight	ing to fix	our broken
nar	2	Check this box if the organization discontinued its operations or disposed			
ver	3			3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
s S	1 .	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		35	
/itie	6	Total number of volunteers (estimate if necessary)		15000	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.	
◄		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		9,799,404.	4,808,826.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	629,055.
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,969.	47,695.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		110,352.	10,579.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,911,725.	5,496,155.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		604,447.	561,110.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,585,439.	3,956,989.
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 781,6		2 000 540	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,808,548.	3,235,530.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,998,434.	7,753,629.
	19	Revenue less expenses. Subtract line 18 from line 12		913,291. ginning of Current Year	-2,257,474.
Net Assets or Fund Balances				7,569,621.	End of Year 6,627,073.
Sse. Bala	20	Total assets (Part X, line 16)		3,894,335.	5,209,261.
let A	21	Total liabilities (Part X, line 26)			
_		Net assets or fund balances. Subtract line 21 from line 20		3,675,286.	1,417,812.
l La	art II	Signature Block			

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

		,		
Sign Here	Signature de officer Joshua G. Lynn, CEO Type or print name and title			Date 8/19/24
Paid Preparer	Print/Type preparer's name Amanda E. Waterhouse Firm's name Rogers & Company			2024 ^{Check} PTIN ^{if} self-employed P02014004 Firm's EIN 58-2676261
Use Only	Firm's address 8300 Boone Boulev Vienna, VA 22182	ard, Suite	600	Phone no. (703) 893-0300
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions.	332001 12-21-23	Form 990 (2023)

See Schedule O for Organization Mission Statement Continuation

	990 (2023) Represent.Us Education Fund	26-3088283	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	RepresentUs is America's leading nonpartisan anti-cor		
	organization fighting to fix our broken and ineffecti		We
	unite people across the political spectrum to pass la		
	corrupt politicians accountable, defeat special inter		
2	Did the organization undertake any significant program services during the year which were not listed on the service form and a service form and a service form.	ne Yes	Y N
	prior Form 990 or 990-EZ?		
2	If "Yes," describe these new services on Schedule O.	ces? Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi		21 NO
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service	a as massured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		hd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,009,432. including grants of \$ 50,000.) (Bevenue \$)
	Education and Communications: Represent.Us Education	Fund elevates t	he
	national dialogue on democratic reform by taking comp		
	presenting them in a way that resonates with diverse	audiences. The	
	Organization works through various mediums to communi		
	democracy reform groups, academics, activists, and in		
	across the political spectrum. The Organization is dr		
	to create a collaborative network for the movement by		
	passionate activists and advocates and creating oppor		.rn,
	share ideas, get inspired, and forge lasting relation	ships.	
4b	(Code:)(Expenses \$ 511,110 · including grants of \$ 511,110 ·) (
40	(Code:) (Expenses \$ SII, IIU. including grants of \$ SII, IIU.) (Grantmaking: RepresentUs Education Fund made grants t		to '
	support public education, research, and cross-partisa		
	activities. Grant funds were used to develop multi-ch		
	public-education campaigns to inform voters about the		
	by our democracy and on viable policy solutions. Fund		
	to promote educational content about popular, smart p		ıs;
	to produce compelling videos; and to provide of-the-m		
	communications on news items impacting our democracy.		SO
	underwrote the recruitment and training of volunteers		
4c	(Code:) (Expenses \$ 11,362. including grants of \$) (Revenue \$	1
70	Research and Planning: Represent.Us Education Fund co		,
	research related to campaign-finance and electoral-sy		
	Ongoing research aims to measure, track, and evaluate		
	public policy on state and local communities.		
4 -	Other program convices (Describe on Schedule O.)		
40	Other program services (Describe on Schedule O.) (Expenses \$ 1,382,912. including grants of \$) (Revenue \$	639,634.)	
40	(Expenses \$ 1,302,912 • including grants of \$) (Revenue \$ Total program service expenses 4,914,816 •		
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Form	990	(2023)

Form 990 (2023) Represent.Us Education Fund
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Δ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	-77	
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~~	1

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		77	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
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%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-	х	
	(שמווושוווש) יאווווושט נט אווב אוווופוט:	1c	47	

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Form	990 (2023) Represent.Us Education Fund 26-3088	283	P	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 35						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f							
g							
-	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 						
8							
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b						
с	Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x			
.0	If "Yes," complete Form 4720, Schedule O.	10					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.	17					

Form	990	(2023)	
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Represent.Us Education Fund

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X X	
b	Other officers or key employees of the organization	15b	Δ	
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		х
Ŀ	taxable entity during the year?	16a		
a	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	166		
Sec	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY	.MA	. MD	.MT
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			
10	for public inspection. Indicate how you made these available. Check all that apply.	S Only	avalle	2010
	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, ar	d finar	ncial	
	statements available to the public during the tax year.	ama	.5.41	
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			
	P.O. Box 60008 Florence MA 01062-0008			

See Schedule O for full list of states

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	d ual t	nstitutional trustee	L	mploy	est col	L.	10001120)		organizations
	line)	Indivi	In stitu	Officer	Key employee	Highest compensated employee	Form			C C
(1) Joshua Graham Lynn	35.00									
CEO	15.00	Х		X				241,824.	0.	40,900.
(2) Michael Dolence	25.00									
VP Finance	25.00					X		209,075.	0.	44,263.
(3) Heather Gresham	45.00									
VP HR	5.00					X		210,997.	0.	28,617.
(4) Lauren Bartolozzi	30.00									
VP Development	20.00					X		165,986.	0.	18,267.
(5) Casey Shea	40.00									
Director Marketing	10.00					Х		148,852.	0.	24,238.
(6) Megan Caska	25.00									
VP Political	25.00					Х		151,934.	0.	18,913.
(7) YuChiang Cheng	1.00									
Board Chair		Х		Х				0.	0.	0.
(8) Elisa Jagerson	1.00									
Treasurer		Х		Х				0.	0.	0.
(9) Ramsey Homsany	1.00									
Secretary		Х		х				0.	0.	0.
(10) Todd Dipaola	1.00									_
Member		х						0.	0.	0.
(11) Ed Helms	1.00									_
Member		х						0.	0.	0.
(12) Desmond Meade	1.00									
Member		Х						0.	0.	0.
										- 000 (2000)

Form 990 (2023)

Form 990 (2023) Represen	t.Us Edu	108	ati	lor	ı I	Fur	ıđ		26-30	88283	Pa	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) (C) Average hours per week week (C) (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	C/ f org ar	(F) Estimated amount of other compensation from the organization and related organization	e ion ed
1b Subtotal c Total from continuation sheets to Part V	II, Section A							1,128,668.		0.	-	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but r 								1,128,668. eceived more than \$100			<u>э,</u> т;	98. 15
compensation from the organization3 Did the organization list any former officer,	director trust			mnl			bic	thest compensated emi			Yes	No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su 	such individual									3		X
and related organizations greater than \$15 5 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual	-	4	X	
rendered to the organization? If "Yes," corr	nplete Schedule	e J f	or su	ich	pers	son .				5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co										pensation	from	
the organization. Report compensation for (A) Name and business		ear (enai	ng v	VITN	or w	Itnir	n the organization's tax (B) Description of s				n
Glow Global Events, 12 East 49th 11th Floor, New York, NY 10017				ee	et,	,		Event Planner/Cont	ractor	68	8,2	79.
Sockeye Red Services LLC PO Box 772693, Eagle Rive	er, AK 🤉	995	577	7				Video Produc	tion	12	2,6	98.
2 Total number of independent contractors (\$100,000 of compensation from the organi	•	ot lii	mite	d to	tho	se lis 2	stec	d above) who received r	nore than			

	n 990 (s Educatio	n Fund		26-3088	283 Page 9
Pa	rt VII			noo or noto to ony li	aa in thia Dart \////			
		Check if Schedule O c	contains a respo	nse or note to any in	(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded
vice Contributions, Gifts, Grants and Other Similar Amounts	b c d f f h	Membership dues Fundraising events	ibutions) 1e grants, and above 1f lines 1a-1f 1g \$		4,808,826. 535,000. 94,055.	94,055.		535,000.
Program Service Revenue	c d e f	All other program service i Total. Add lines 2a-2f	revenue		629,055.			
Other Revenue	3 4 5 6 a b c d 7 a b c d	Investment income (includ other similar amounts) Income from investment of Royalties	ting dividends, ir of tax-exempt boo (i) Real 6a 6b 6c (i) Securiti 7a 7b 7c 9 events (not	es (ii) Other	47,695.			47,695.
δ	с 9а b с 10а b	including \$ contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from 1 Gross income from gamin Part IV, line 19 Less: direct expenses Net income or (loss) from 9 Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from 9	fundraising even g activities. See gaming activities ess returns	9a 9b 10a 10b				
Miscellaneous Revenue	11 a b c d	Other income All other revenue Total. Add lines 11a-11d		Business Code 900099	10,579.	10,579.		
	12	Total revenue. See instructio			5,496,155.		0.	582,695.

Represent.Us Education Fund Part IX Statement of Functional Expenses

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

~	Check if Schedule O contains a response	(A)	(B)	(C)	X (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	561,110.	561,110.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	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,				
Ŭ	trustees, and key employees	282,724.	146,171.	97,804.	38,749
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	nerve and described in section $40\Gamma0(s)(0)(D)$				
7	Other salaries and wages	2,904,573.	1,501,697.	1,004,792.	398,084
8	Pension plan accruals and contributions (include	, , • · • •	,	,	,
-	section 401(k) and 403(b) employer contributions)	175,580.	90,777.	60,739.	24,064
9	Other employee benefits	343,975.	177,839.	118,993.	47,143
10	Payroll taxes	250,137.	131,265.	79,530.	39,342
1	Fees for services (nonemployees):				00,012
	Management				
b		27,550.		27,550.	
	Accounting	20,265.		20,265.	
		2072031		2072031	
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	1,784,655.	1,566,876.	75,057.	142,722
12	Advertising and promotion	75,989.	73,459.		2,530
13	Office expenses	282,163.	63,685.	154,780.	63,698
13 14	Information technology				
15					
16	Royalties	155,519.	40,414.	115,068.	37
17		257,832.	167,384.	68,874.	21,574
18	Travel Payments of travel or entertainment expenses	23770321	10775011		21/3/1
0	,				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	380,669.	379,894.	775.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,878.		32,878.	
23	F	213,585.	12,515.	200,067.	1,003
23 24	Insurance 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	Communication costs	4,425.	1,730.		2,695
b		-,	_,		_,
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,753,629.	4,914,816.	2,057,172.	781,641
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)				

26-3088283 Page 11

3 Pledges and grants receivable, net 3,749,442.3 3,074, 4 Accounts receivable, net 3,749,442.3 3,074, 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 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 10 Lans and other receivables from any current or former officer, director, trustee, key employee, creator or other basis. Complete Part V of Schedule D 6 11 Investments - publicity traded securities 77,515.9 43, 12 Investments - publicity traded securities 11 11 13 Investments - publicity traded securities 14 16, 627, 14 Intrastest. Sce Part IV, line 11 13 14 15 Other assets. See Part IV, line 11 14 6, 627, 16 Total assets. Add lines 1 through 15 (must equal line 3) 7, 569, 621.1 6, 627, 17 Accounts payable and accrued expenses 200 21 22 21 Loans an	
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14 Intangible assets 14 15 Other assets. See Part IV, line 11 1, 638, 436. 15 679, 16 Total assets. Add lines 1 through 15 (must equal line 33) 7, 569, 621. 16 6, 627, 17 Accounts payable and accrued expenses 480, 876. 17 479, 18 Grants payable 19 20 20 21 Escrow or custodial account liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 3, 413, 459. 25 4, 729, 3, 894, 335. 26 26 Total liabilities. Add lines 17 through 25 3, 894, 335. 26 5, 209, 0 Organizations that follow FASB ASC 958. check here X X	
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Organizations that follow FASB ASC 958, check here	,420.
Solution Organizations that follow FASB ASC 958, check here Image: Complete lines 27, 28, 32, and 33. and complete lines 27, 28, 32, and 33. -1, 258, 214. 27 27 Net assets without donor restrictions -1, 258, 214. 27 28 Net assets with donor restrictions 4, 933, 500. 28 4, 504, Organizations that do not follow FASB ASC 958, check here Image: Complete lines 27, 28, 32, and 33. Image: Complete lines 27, 28, 32, and 33.	,201.
27 Net assets without donor restrictions -1,258,214.27 -3,086, 28 Net assets with donor restrictions 4,933,500.28 4,504, 0rganizations that do not follow FASB ASC 958, check here	
27 Net assets with donor restrictions 28 Net assets with donor restrictions 0rganizations that do not follow FASB ASC 958, check here	639
Organizations that do not follow FASB ASC 958, check here	
	, 1910
and complete lines 29 through 23	
and complete lines 29 through 33. g 29 Capital stock or trust principal, or current funds	
30 Paid-in or capital surplus, or land, building, or equipment fund 30	
30 Paid-in or capital surplus, or land, building, or equipment fund 30 4 31 Retained earnings, endowment, accumulated income, or other funds 31	
31 Retained earlings, endowment, accumulated income, or other hinds 32 Total net assets or fund balances	.812.
33 Total liabilities and net assets/fund balances 7,569,621.33 6,627,	

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

Form	1990 (2023) Represent.Us Education Fund	26-30	88283	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,496	5,1	55.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,753	3,6	29.
3	Revenue less expenses. Subtract line 2 from line 1		-2,257		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,675	5,2	86.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,417	7,8	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	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	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		3b		

Form **990** (2023)

Department of the Treasury

Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2023	
Open to Public	

Name of the	organization
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Nai		Ronr	agant IIg F	ducation Fun	đ				6-3088283				
Pa	nrt I	Reason for Public (nis nart) S	ee instruction		0 3000203				
		ization is not a private found		-				13.					
1		A church, convention of ch											
2	F	A school described in secti					·// ~ //י/·						
2	H					V6V1VAVi	;;)						
4	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
-		city, and state:											
5			or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental	unit descrit	ned in				
Ŭ		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X												
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An agricultural research org				ed in coniu	inction with a	land-grant	college				
		or university or a non-land-g											
		university:	, , ,	,		· ·	, ,	0					
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from				
		activities related to its exem											
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4) .						
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform t	the functio	ons of, or to c	arry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section a	509(a)(2).	See section	509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	<i>r</i> giving				
		the supported organization			a majority (of the dire	ctors or trust	ees of the s	supporting				
	_	organization. You must c	-										
b		Type II. A supporting org	-				-		-				
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported				
_		organization(s). You mus	-						a alith				
C		☐ Type III functionally inte						any integration	ed with,				
d		its supported organization Type III non-functionally						rtod organi	(a)				
U		that is not functionally int						-					
		requirement (see instruction	•	c ,			•	u an allem	IVEIIE33				
е		Check this box if the orga						ell Type III					
		functionally integrated, or					, po ., . , po	, i, i jpo iii					
f	Ente	er the number of supported of											
g		vide the following informatior											
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed na document?	(v) Amount o	-	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)				
Tota	al												
	-												

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,209,607.	6,629,492.	9,141,795.	9,799,404.	4,808,826.	36,589,124.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,209,607.	6,629,492.	9,141,795.	9,799,404.	4,808,826.	36,589,124.
	The portion of total contributions	, , , , ,	, _ ,	, , · · ·	, , , ,	_, _,	, , , ,
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						7 502 016
~	· · · · · · · · · · · · · · · · · · ·						7,502,016.
	Public support. Subtract line 5 from line 4. ction B. Total Support						29,007,100.
-		(-) 0010	(1-) 0000	(-) 0001	(4) 0000	(-) 0000	
	ndar year (or fiscal year beginning in)	(a) 2019 6,209,607.	(b) 2020	(c)2021 9,141,795.	(d) 2022	(e) 2023 4,808,826.	(f) Total 36,589,124.
	Amounts from line 4	0,209,007.	6,629,492.	9,141,795.	9,799,404.	4,000,020.	30,309,124.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			313.	1,969.	47,695.	49,977.
_	and income from similar sources			513.	1,909.	47,095.	49,977.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	100 000	1 6 0 0 0		110 250		201 501
	assets (Explain in Part VI.)	176,930.	16,002.	/,658.	110,352.	10,579.	321,521.
	Total support. Add lines 7 through 10						36,960,622.
	Gross receipts from related activities,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	629,055.
13	First 5 years. If the Form 990 is for the	•	st, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor						
-	ction C. Computation of Publ		-				
	Public support percentage for 2023 (14	78.70 %
	Public support percentage from 2022					15	76.80 %
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•	• •		•		
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	s

Schedule A (Form 990) 2023

Represent.Us Education Fund

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Section A. Public Support		i							
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	023 (f) Total			
1 Gifts, grants, contributions, and									
membership fees received. (Do not									
include any "unusual grants.")									
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3 Gross receipts from activities that									
are not an unrelated trade or bus-									
iness under section 513									
4 Tax revenues levied for the organ-									
ization's benefit and either paid to									
or expended on its behalf									
5 The value of services or facilities									
furnished by a governmental unit to									
the organization without charge									
6 Total. Add lines 1 through 5									
7a Amounts included on lines 1, 2, and									
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
c Add lines 7a and 7b									
8 Public support. (Subtract line 7c from line 6.)									
Section B. Total Support	-								
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	023 (f) Total			
9 Amounts from line 6									
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
c Add lines 10a and 10b							—		
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 									
12 Other income. Do not include gain or loss from the sale of capital									
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>			1					
14 First 5 years. If the Form 990 is for t		I irst second third	fourth or fifth tax	Vear as a section	1 501(c)(3) or	I			
	0			•					
Section C. Computation of Pub	lic Support Pe					L	_		
15 Public support percentage for 2023			column (f))		15		%		
16 Public support percentage from 2023	16		%						
							/0		
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %									
19a 33 1/3% support tests - 2023. If the						nd line 17 is not	%		
more than 33 1/3%, check this box							٦		
b 33 1/3% support tests - 2022. If the						∟ 1/3%, and			
line 18 is not more than 33 1/3%, ch							٦		
20 Private foundation. If the organizati							Ē		
			,, 51100101				<u> </u>		

Represent.Us Education Fund

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990) 2023	Represent.Us	Education	Fund
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1

2

		Yes	i No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above?		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 110		
Sec	tion B. Type I Supporting Organizations		
		Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

benefit of any supported organ organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C	. Type I	I Supporting	Organizations	

Part IV Supporting Organizations (continued)

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

) 0)	2023	Represent.0	i

present.Us Education Fund Schedule A (Form 990) 2023 Represent.Us Education Fund Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

		(-)(-)		JEU)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	Represent.Us	Education	Fund	26-3088283	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the exp , 2, 3b, 3c, 4b, 4c, 5a, 6, 9 lines 2 and 3; Part IV, Sect	lanations required by a, 9b, 9c, 11a, 11b, a ion E, lines 1c, 2a, 2t	/ Part II, line 10; Part II, line 17a o ind 11c; Part IV, Section B, lines o, 3a, and 3b; Part V, line 1; Part complete this part for any additio	or 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Represent.Us Ed

ucation Fund 26-308			
	ucation	Fund	26-308

5-3088283

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

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

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

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

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

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

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.

(b)	
Name, address, and ZIP	+ 4

<u> 1</u>		\$ <u>750,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$ 250,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Represent.Us Education Fund

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

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

26-3088283

(c)

Total contributions

(d)

Type of contribution

Page 2

(a)

No.

No.	Name, address, and ZIP + 4	Total contributions
7		
		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
8		
		\$150,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
9		\$ <u>150,000</u> .
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
10		
		\$150,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
11		

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

Employer identification number

(d)

Type of contribution

(d)

Type of contribution

(d) Type of contribution

(d) Type of contribution

X

X

X

26-3088283

(c)

noncash contributions.) Schedule B (Form 990) (2023)

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

Person Payroll Noncash

\$

X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) c) (d) tributions Type of contribution X Person Payroll 125,000. Noncash (Complete Part II for

(c)

Total contributions

(b) Name, address, and ZIP + 4 **Total contributions**

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

Represent.Us Education Fund

Page 2

from Part I	(b) Description of noncash property given	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
202452 10 0		\$	Sabadula B (Earm 000) (2022)

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

(b)

Represent.Us Education Fund

Name of organization

Part II

(a)

No.

Employer identification number

(d)

26-3088283

(c)

Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)		Page 4			
Name of c	organization		Employer identification number			
Repre	sent.Us Education Fund		26-3088283			
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations so for the year. (Enter this info. once.) \$			
(a) No.	Use duplicate copies of Part III if additional					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	Ind 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

 Section 501(c)(3) organizations: Cor 	•	•		
• Section 501(c) (other than section 5		Parts I-A and C below.	Do not complete Part	I-B.
Section 527 organizations: Complet	•		- 47 () - b b - in - A - ti - ii	K
 If the organization answered "Yes" or Section 501(c)(3) organizations that 				••
 Section 501(c)(3) organizations that Section 501(c)(3) organizations that 				-
If the organization answered "Yes" or				
Tax) (see separate instructions), then				
 Section 501(c)(4), (5), or (6) organiza 				
Name of organization	-		E	mployer identification number
Represe	nt.Us Education F	'und		26-3088283
Part I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 52	7 organization.
1 Provide a description of the organi	zation's direct and indirect politica	l campaign activities ir	Part IV.	
2 Political campaign activity expendi	•			\$
3 Volunteer hours for political campa				
· · ·	-			
Part I-B Complete if the org	ganization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise tax	incurred by the organization unde	r section 4955		. \$
2 Enter the amount of any excise tax				
3 If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.	······			04(-)(0)
	ganization is exempt unde	• •	•	
1 Enter the amount directly expende				\$
2 Enter the amount of the filing organ exempt function activities		-		¢
3 Total exempt function expenditures				Ψ
line 17b		,		\$
4 Did the filing organization file Form				
5 Enter the names, addresses, and e				
made payments. For each organiza	ation listed, enter the amount paid	from the filing organiza	ation's funds. Also ente	er the amount of political
contributions received that were p		· · · •		parate segregated fund or a
political action committee (PAC). If	additional space is needed, provid	le information in Part I	V.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	s contributions received and

Political Campaign and Lobbying Activities

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

_ ... _ . .

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

3 Ľ **Open to Public** . Inspection

Schedule C (Form 990) 2023			,		088283 Page 2
Part II-A Complete		Cor	nplete if the organization is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
		sec	tion 501(h)).		
A	Check		if the filing organization belongs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
			expenses, and share of excess lobbying expenditures).		
В	Check		if the filing organization checked box A and "limited control" provisions apply.		
			Limits on Lobbying Expenditures	(a) Filing organization's	(b) Affiliated group totals

	(The term "expenditures" m	totals		
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a lea	gislative body (direct lobbying)	511,110.	
с	Total lobbying expenditures (add lines 1a and	d 1b)	511,110.	
			7,222,195.	
е		s 1c and 1d)	7,733,305.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	536,665.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	134,166.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
2a Lobbying nontaxable amount	434,495.	623,342.	599,922.	536,665.	2,194,424.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					3,291,636.		
c Total lobbying expenditures	408,203.	615,999.	571,447.	511,110.	2,106,759.		
d Grassroots nontaxable amount	108,624.	155,836.	149,981.	134,166.	548,607.		
e Grassroots ceiling amount (150% of line 2d, column (e))					822,911.		
f Grassroots lobbying expenditures		12,500.			12,500.		

Schedule C (Form 990) 2023

🗌 No

___ Yes

reporting section 4911 tax for this year?

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	Νο	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)(5) or se	ction	
1 41	501(c)(6).		5, 01 30		
	001(0)(0).			Yes	No
	Mare substantially all (000/ as more) dues resained readed with a by more bare?			103	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			otion	
rai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				le 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
_	t IV Supplemental Information				
Drovi	do the descriptions required for Part I.A. line 1: Part I.P. line 4: Part I.C. line 5: Part II.A. (affiliated group	lict): Dort II	A lines 1	and 2 (soo	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Department of the Treasury Internal Revenue Service

(Form	990)
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332051 09-28-23

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.



Employer identification number

26-3088283

Name of the organization

Represent.Us Education Fund

Par			ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		
		(a) Donor advised funds (I	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 write	-	
	are the organization's property, subject to the organization's ex-		
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be used c	only
	for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other purpose confer	
Par			line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreatio		rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic struct		2c
d	Number of conservation easements included on line 2c acquire	-	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the organ	ization during the tax
	year		
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period		Yes No
e	violations, and enforcement of the conservation easements it he		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	inding of violations, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	a of violations, and enforcing conservation ea	sements during the year
•			sements during the year
8	Does each conservation easement reported on line 2d above sa	atisfy the requirements of section $170(h)(4)(B)(h)$	(i)
U	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footnot	-	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its financia	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasu		
	the following amounts required to be reported under FASB ASC	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
	For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2023

	Schedule D (Form 990) 2023 Represent.Us Education Fund 26-3088283 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)									
					-					ued)
3	Using the organization's acquisition, access	ion, and other record	ds, checł	any of the	following that	at make s	ignificant	use of its		
	collection items (check all that apply).		. —.							
a		c			hange progra					
b	Scholarly research	e		Other						
	c Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII.	
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
Der	to be sold to raise funds rather than to be m								Yes	No No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the o	organization	answered "	Yes" on F	-orm 990	, Part IV, I	ne 9, or	
			dia m s fa u							
та	Is the organization an agent, trustee, custod		•						7.	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bliowing t	able:					Amount	
									Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F						ity?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds Complete if	-	1						() [
		(a) Current year	(b) P	rior year	(c) Two yea	rs back ((d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur		ce (line 1)	a. column (a	a)) held as:	I				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
		%								
•	The percentages on lines 2a, 2b, and 2c sho	-								
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	ered for th	ne			
04	organization by:						10		Г	Yes No
	(i) Unrelated organizations?								3a(i)	
									<u> </u>	
h	(ii) Related organizations?	ationa listad on ragui	rad on C	abadula D2					Sa(II)	
									3b	
	t VI Land, Buildings, and Equipn	V	Jwment	unus.						
1 41	Complete if the organization answere		0 Part IV	/ line 112 S	See Form 900) Dart X	line 10			
					1					
	Description of property	(a) Cost or c basis (investr		(b) Cost			cumulate preciation		(d) Bool	value
	Level		neng	basis (uep	Clation			
	Land									
	Buildings									
	Leasehold improvements			1 0	1 400					
	Equipment				1,482.		45,4			5,023.
	Other				1,722.		86,2	//.		5,445.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 1	0c, column	<i>(B)</i>)				151	L,468.

Schedule D (Form 990) 2023

|--|

Part VII Investments - Other Securities		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
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-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))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Employee retention credit receivable	469,707.
₍₂₎ Right-of-use asset - operating lease	210,012.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	679,719.
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Due to affiliate	4,482,468.
(3)	Lease liability - operating lease	246,960.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,729,428.

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

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 Represent.Us Education	Fund		26-	3088283 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,497,415.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,260.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,260.
3	Subtract line 2e from line 1			3	5,496,155.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,496,155.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per	Retu	rn
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	· · ·		
Pa 1		e 12a.	· · ·	Retu 1	rn 7,754,889.
	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	e 12a.	· · ·		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a. 			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			7,754,889.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1,260.	1 2e	7,754,889.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1,260.	1	7,754,889.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1,260.	1 2e	7,754,889.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1,260.	1 2e	7,754,889.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	1,260.	1 2e	7,754,889. 1,260. 7,753,629.
1 2 3 4 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	1,260.	1 2e 3 4c	7,754,889. 1,260. 7,753,629. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	1,260.	1 2e 3	7,754,889. 1,260. 7,753,629.

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

Part X, Line 2:

Management	hag	evaluated	tho	Fund'e	tav	nogitiong	and	concluded	that	no
Management	IIas	evaluateu	LIIE	runa s	ιax	posicions	anu	concruded	LIIAL	110

uncertain tax positions qualify for either recognition or disclosure in

the financial statements.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth vernments, ar lete if the organizatio Go to www.irs	nd Individual	I <mark>s in the Ŭni</mark> 1 on Form 990, Pa 1 990.	ited States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization	1		-				Employer identification number
		tion Fund					26-3088283
Part I General Information on Grants a 1 Does the organization maintain records criteria used to award the grants or assi 2 Describe in Part IV the organization's privation's privation of the second content	to substantiate th stance? ocedures for moni Domestic Organ	itoring the use of grant izations and Domesti	: funds in the United c Governments. C	d States.			X Yes No
recipient that received more than 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RepresentUs 296 Nonotuck Street, Floor 3 Florence, MA 01062	26-2369596	501C4	511,110.	0.			Education and Communicaiton
Democracy Maine PO Box 18187 Portland, ME 18187	27-2648667	501C3	15,000.	0.			General Support
The Center for Civic Alternatives 1718 Connecticut Ave NW Washington, DC 20009	83-4245003	501C3	15,000.	0.			General Support
Voter Choice Arizona PO Box 5931 Peoria, AZ 85385	85-1460608	501C3	10,000.	0.			General Support
Enter total number of section 501(c)(3) a							3.

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

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The Organization maintains all records to substantiate all grants awarded.

Specifically, all grant related expenses and program charges are

transactionally codified in the accounting system to their corresponding

grant. Monthly, all grants are reviewed and reconciled to ensure grant

balance accuracy internally as well as to our grantors, if requested.

sc	HEDULE J	Compensation Information		OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<u> </u>	,
•		Compensated Employees		20	ZJ)
-		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatio	n	Employer	identificati	on nu	mber
		Represent.Us Education Fund	26-	308828	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or d	charter travel Housing allowance or residence for perso	onal use			
	Travel for com	panions	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	s			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	n committee				
		compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation of	committee			
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а		e payment or change-of-control payment?				X
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?		4c		Х
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
_		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r			_		x
						X
b		ation?		5b		~
•		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
_	contingent on the r			6.		x
						X
α		ation?		6b		Λ
7		or 6b, describe in Part III.	•			
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		-		x
•		nes 5 and 6? If "Yes," describe in Part III		7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the particle described in Described in Dest III.				x
•		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9		id the organization also follow the rebuttable presumption procedure described in		9		
For		n 53.4958-6(c)?				2000
гor	raperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	1 990)	12023

26-3088283

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

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

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

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

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

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



26-3088283

Represent.Us Education Fund

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

and ineffective government.

Form 990, Part I, Line 1, Description of Organization Mission: Represent.Us Education Fund (RUEF) is a national, nonpartisan 501(c)(3) organization challenging the undue influence of well-financed special interests over American politics and government. RUEF supports public education, research, online and traditional grassroots organizing to amplify the message of money-in-politics corruption and increase civic participation.

RUEF is an innovative, entrepreneurial organization employing new and creative solutions to improve American democracy. RUEF produces compelling digital content and utilizes social media platforms to attract the attention of a digitally saturated public. RUEF inspires those people to become a part of the movement and empowers them to enact meaningful and lasting change in their own communities.

RUEF believes that political power comes from real people, millions of US conservatives, progressives and everyone in between, united, organized, and taking action locally.

Together, we can create a political system in which our elected leaders are accountable to the people and work together to craft effective policy solutions for our shared challenges. Form 990, Part III, Line 4d, Other Program Services:

Other projects: The Organization conducts various projects to promote

equality, ethics and transparency in elections and governments.

Expenses \$ 1,382,912. including grants of \$ 0. Revenue \$ 639,634.

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 VI, Section B, Line 12c:

Board members are required to annually disclose any potential conflicts. If a member of the Board is determined to have a potential conflict they are prohibited from voting on such matters.

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

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.

Schedule O (Form 990) 2023	Page 2
Name of the organization Represent.Us Education Fund	Employer identification number 26-3088283
Form 990, Part VI, Line 17, List of States receiving copy	of Form 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY,	OR, PA, RI, SC, TN, UT
VA,WI,WV	
Form 990, Part VI, Section C, Line 19:	
Financial statements and other documents are made availab	le to the public
upon request on a case by case basis.	
Form 990, Part IX, Line 11g, Other Fees:	
Consultants, contractors and other professional fees:	
Program service expenses	1,566,876.
Management and general expenses	75,057.
Fundraising expenses	142,722.
Total expenses	1,784,655.
Total Other Fees on Form 990, Part IX, line 11g, Col A	1,784,655.

SCH	EDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

26-3088283

Name of the organization

Represent.Us Education Fund

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Represent.Us - 26-2369596							
296 Nonotuck Street	Social Welfare and						
Florence, MA 01062	Advocacy	District of Columbia	501(c)(4)				х
	-						
	-						
	-						

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

Schedule R (Form 990) 2023

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 more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile	(d) Direct controlling entity		(e) nant income unrelated.		(f) e of total come	Sha	(g) are of of-year	Disprop	h) ortionate	(i) Code V-UE amount in b	SI G	(j) General o managing partner?		k) entaç ershi
		(state or foreign country)	,	excluded fi sections	nant income unrelated, rom tax under 5512-514)			as	sets		tions?	20 of Sched K-1 (Form 10	ule 65) Y	partner? (es No	,	
	_															
	_															
	-															
	_															
	_															
	_															
														_		
	_															
t IV Identification of Related C organizations treated as a c	Organizations Taxable corporation or trust duri	as a Corpo	oration or Trust. (year.	Complete if	the organiza ⁻	tion ans	wered "Ye	s" on Fo	orm 990, F	Part IV	, line 3	84, because it l	nad oi	ne or r	nore re	୬lat
(a)			(b)	(c)	(d)		(e)		(f			(g)		(h)	(Sec	i)
Name, address, and of related organizat	EIN ion	Prim	ary activity	Legal domicile (state or foreign	Direct cont entity	trolling /	Type of (C corp, S	S corp,	Share o inco	of total me		Share of end-of-year assets	Perce	entage ership	512(cont	b)(13
				country)			or tru	ist)			_	assets			Yes	Ň
											_					╞
											_					┝

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		٦Ye	es	No		
 During the tax year, did the organization engage in any of the following transac 	tions with one or more related organizations listed in Parts II-IV?	+	-	110		
	ntity	T		Х		
			x			
 b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) 						
	1c 1d	_	_	Х		
		-	_	Х		
f Dividends from related organization(s)	<u>1f</u>	T		х		
q Sale of assets to related organization(s)	19			Х		
	 1h			Х		
	11	+		Х		
		_		Х		
• • • • • • • • • • • • • • • • • • • •						
k Lease of facilities, equipment, or other assets from related organization(s)	1k			Х		
	organization(s)			Х		
	organization(s)	<u>ا</u>		Х		
	ization(s)	X				
	10	, X				
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>			Х		
q Reimbursement paid by related organization(s) for expenses				Х		
r Other transfer of cash or property to related organization(s)	<u>1r</u>			Х		
	1s	X	ζ			
	on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Represent.Us	В	528,011.	Cash
(2) Represent.Us	0	699,595.	Acutal cost/time allocation
(3)			
(4)			
(5)			
<u>(6)</u>			Sahadula D (Farm 000) 2022

Schedule R (Form 990) 2023 Represent.Us Education Fund

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.) all s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	(F Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partn	al or F ging er?	(k) Percentage ownership
		oodinity)	Sections 312-314)	Yes I	No			Yes	No	(101111003)	Yes	NO	

Schedule R (Form 990) 2023

Part VII	Supplemental Information	

Provide additional information for responses to questions on Schedule R. See instructions.