Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

OMB No. 1545-0047 2022

Depa Inter	artment of nal Reven	f the Treasury nue Service		Do not en Go to www.	ter social securi <i>irs.gov/Form9</i> 9	ity numbers on 0 for instruct	this form as t tions and t	it may be mae he latest in	de public. Iformation	-		Inspectio	
Α	For the	e 2022 calenda			-			2, and endir			,	20	
В	Check if a	heck if applicable: C D Employ								/er identi	ification number		
	Add		ote Sola							46-	4396	728	
	Narr		60 22nd							E Telepho	one numb	ber	
	Initia	al return 0	akland,	CA 9461	.2					415	<u>-8</u> 17	-5060	
	Final	return/terminated											
	Ame	ended return								G Gross r	eceipts S	\$ <u>7</u> ,417	,991.
	App	lication pending	Name and addr	ress of principa	^{al officer:} Sac	hu Const	antine			a group retur		103	s X No
		S	ame As C	Above	240				H(b) Are all	subordinates attach a list	s included	d? Yes	s No
I	Tax-ex	kempt status: 🛛 🛛	X 501(c)(3)	501(c) () (ir	nsert no.)	4947(a)(1) o	r 527	11 110,	attach a hat	. 000 113		
J	Webs	site: www	.votesola	ar.org					H(c) Group	exemption n	umber		
Κ	Form c	of organization: X	K Corporation	Trust	Association	Other	L	Year of formation	tion: 201	3 M s	State of le	egal domicile: C	A
Pa	rt I	Summary					÷						
		Briefly describe											
e	e	<u>energy tra</u>	<u>ansition</u>	<u>that p</u>	<u>uts the</u>	<u>interest</u>	<u>s, hea</u> l	<u>lth and</u>	well-k	<u>peing</u> o	of pe	<u>eople at</u>	<u>its</u>
anc	(<u>center.</u>											
Governance	• -												
<u>So</u>	2 C 3 N	Check this box Number of votir			on discontinu						net as:	sets.	4
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-	Number of inde									3 4		4
ies		fotal number of		-	-						5		48
Activities &		otal number o									6		20
Aci	7a ⊺	otal unrelated	business rev	enue from	Part VIII, col	umn (C), line	e 12				7a		0.
	b N	Net unrelated b	usiness taxal	ole income	from Form 9	90-T, Part I,	line 11				7b		0.
										Prior Year		Current \	
Revenue		Contributions a	•		•					2,875,4		7,370	),863.
		Program servic			<b>.</b>					14,0			75.
		nvestment inco	•							16,4			5,791.
ш		Other revenue ( Total revenue -					•				355.		1,262.
		Grants and sim		-						2,907,3 285,0			7,991.
		Benefits paid to			-					285,0	100.	273	3,000.
		Salaries, other		-	-					5,105,7	107	E 010	2,305.
es		Professional fui	•		-			-		5,105,	07.	5,912	1,305.
Expenses			0	•		,							
Å.		Total fundraisin						70,706.	-				
		Other expenses	-			-				2,013,2			5,915.
		otal expenses								7,403,9			1,220.
		Revenue less e	xpenses. Sub	otract line	18 from line 1	12				5,503,4		-1,283	
Net Assets or Fund Balances	<u> </u>									ng of Currer		End of Y	
sset 3alai	20 ⊺ 21 ⊺	「otal assets (₽ 「otal liabilities								<u>5,151,2</u>		15,251	
et A nd E	<b>21</b> ⊺			,						472,7			5,113.
		Net assets or fu		. Subtract I	ine 21 from I	ine 20			15	5,678,5	528.	14,395	5,299.
	rt II	Signature											
Unde	er penaltie olete. Dec	es of perjury, I decla claration of preparer	are that I have exa (other than office	amined this ret er) is based on	urn, including acc all information o	companying sche f which preparer	dules and state has any knowl	ements, and to edge.	the best of m	ny knowledge	and beli	ef, it is true, corre	ct, and
		4	~ ~ ~				-	-					
Siz		Signature of off	icer						Date	8/7/23			
Siç He	jii re	Flizabo	th Brook	c				г	Troseur	or			
		Type or print na	th Brook	3				-	Freasur				
		Print/Type prep			Preparer's sign	nature 🗸 🔥 🗛	<i>,</i> , ,	Date		Check	if	PTIN	
D٩	i d	Felix G				Lelixy	rindo		1/2023	self-employ		P01658413	3
Pa Pre	id eparer			J & Kan	eda, CPA					Sen employ		10103041	<u>,</u>
Us	e Only	<b>y</b> Firm's address			t PMB 97					Firm's EIN	N/A	Δ	
					o, CA 94					Phone no.	(510		27
May	/ the IR	S discuss this					uctions					X Yes	<u> </u>
maj				is picpule		0.000 1130						103	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form <b>8868</b>	
(Rev. January 2022)	

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

#### Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Name of exempt organization of other met, see instructions.	raxpayer identification number (ma)
Type or print	Vote Solar	46-4396728
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	
due date for	360 22nd St Ste 730	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	Oakland, CA 94612	

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

● The books are in the care of ► Metis Partner Solutions 649 Mission St 5th Fl San Francisco CA 94105

Telephone No.	►	415-655-4980

Change in accounting period

Fax No. ►

•	If the organization does not have an office or place of business in the United States, check this box
•	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group,
	check this box ▶ 🔲 . If it is for part of the group, check this box ▶ 🗌 and attach a list with the names and TINs of all members
	the extension is for.
	1 I request an automatic 6-month extension of time until $11/15$ , 20 23 , to file the exempt organization return
	for the organization named above. The extension is for the organization's return for:
	► X calendar year 20 22 or

	►	tax year beginning	, 20	_, and ending	, 20	
2	If the	tax year entered in line 1 is for	less than 12 mor	nths, check reason:	Initial return	Final return

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form	1990(2022) Vote Solar	46-4396728	Page <b>2</b>
Par			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission:		
	Vote Solar fights for a 100% clean energy transition that puts	the interests, h	nealth
	and well-being of people at its center.		
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior	
-	Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		11 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n services? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program	services, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca and revenue, if any, for each program service reported.	ations to others, the total e	xpenses,
4a	(Code: ) (Expenses \$ 3,556,268. including grants of \$ 255,000.	) (Revenue \$	)
iu	Other Solar Advocacy: Solar markets are complicated, and only		/
	weakest link. Vote Solar takes on issues such as interconnecti		nancing
	solutions, consumer protection measures, zoning, tax policy, r		
	development, transmission, new regulatory models, and others n		ted.
		<u> </u>	== `
4b		) (Revenue \$	<u>75.</u> )
	Access & Equity and Community Solar: Our Access and Equity pro that as we transition to a renewable energy economy, all peopl		
	the opportunity to participate in and benefit from this energy		
	Community Solar program works to establish the policies and pr		
	allow renters and millions of other homes, schools and busines		
	access to traditional solar on their roofs to be able choose r		
4c	(Code:) (Expenses \$ 1,413,722. including grants of \$ 18,000.	-	)
	Rooftop Solar and Grid Modernization: Vote Solar works to keep		or
	Americans to produce their own solar power by ensuring custome		
	metering, helping regulators properly value distributed solar		
	unjustified rate fees, etc. Vote Solar also works to solve the high penetrations of variable renewables on the grid.		<u>1 DY</u>
	lingh penetrations of variable renewables on the grid.	·	
		·	
		· <b></b>	
4d	Other program services (Describe on Schedule O.) See Schedule O		
	(Expenses \$ 573,554. including grants of \$ ) (Revenue	Ş	)
	Total program service expenses7,090,558.	<b>F</b>	000 (0000)
BAA	TEEA0102L 09/01/22	Form	n <b>990</b> (2022)

Form 990 (2022)Vote SolarPart IVChecklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	

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Form 990 (2022)

Form 990 (2022) Vote Solar

46-	43	96	57	2	8

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	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? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25.0		х
	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? <i>If "Yes," complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		х
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? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	ł		
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in hey 2 of Form 1006. Enter, 0, if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a39Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c	Х	

		396728	Page 5
Part	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
		Y	es No
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a		
	ments, filed for the calendar year ending with or within the year covered by this return 2a	48	
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		
чa	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х
b	<b>b</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	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		Х
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	-		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizat solicit any contributions that were not tax deductible as charitable contributions?	6a	Х
	<b>b</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	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		
	services provided to the payor?	7a	Х
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.	Х
	Form 8282?	<b>7</b> c	Λ
	d If "Yes," indicate the number of Forms 8282 filed during the year		v
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	· · · · · · · 7f	X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		
	organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
	a Initiation fees and capital contributions included on Part VIII, line 12 10a		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
	Section 501(c)(12) organizations. Enter:		
	a Gross income from members or shareholders		
	b Gross income from other sources. (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	a 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	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		
с	c Enter the amount of reserves on hand		
14a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	Х
	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
.5	excess parachute payment(s) during the year?	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disgualified or other person engage in any activities that y		
17	result in the imposition of an excise tax under section 4951, 4952, or 4953?		
	If "Yes," complete Form 6069.	······	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	Δ		Tes	NO
i u	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad		4			
	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	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations					
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, trustees, or key employees to a management company or other person	ne dire n?	ct supervision	3		х
4	Did the organization make any significant changes to its governing documents			5		21
	since the prior Form 990 was filed?			4		Х
5	Did the organization become aware during the year of a significant diversion of the organiza	tion'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 a members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) me					v
8	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken			7b		Х
	the following:	0				
	The governing body?			8a	X	
	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 can 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 rec			-	ie Co	
			2		Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	S	ee Schedule O			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?		give rise	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " Schedule O how this was doneSeeSchedule.O	'Yes," (	describe on	12c	Х	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and de	al by i	ndependent ?			
а	The organization's CEO, Executive Director, or top management official See . Schedule the second	e0		15a	Х	
b	Other officers or key employees of the organizationSee .Schedule.0			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu participation in joint venture arrangements under applicable federal tax law, and take steps	ate its to safe	equard the			
	organization's exempt status with respect to such arrangements?		-	16b		
	tion C. Disclosure	-				
	List the states with which a copy of this Form 990 is required to be filed <u>See Schedul</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection. Indicate how you made these available. Check all that apply.			01(c)(3	s)s on	ly)
		• •	plain on Schedule O)			
19	Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest p the public during the tax year. See Schedule 0			ible to		
20	State the name, address, and telephone number of the person who possesses the organizat			_		
<b></b>	Metis Partner Solutions 649 Mission St 5th Fl San Francis	co C	A 94105 415-65			0000
BAA	TEEA0106L 09/01/22			Form	<b>990</b> (	(2022)

Section A. Governing Body and Management

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Form 990 (2022) Vote Solar	46-4396728	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe Independent Contractors	st Compensated Employee	es, and
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 Compens	sated Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year endir organization's tax year.	ng with or within the	

• 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.

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

		(C)							
(A) Name and title	<b>(B)</b> Average hours	Pos thar is	s both a	n offic	check m nless per cer and ustee)	а	<b>(D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	ğ Ç	Institutional trustee	Action of the second se	ringriescompensace employee Kev employee	Former	(W-2/1099- (W-2/1099- MISC/1099-NEC)	(W-2/1099- (W-2/1099-NEC)	compensation from the organization and related organizations
(1) Sachu Constantine	40								
President/ED	0		Σ	Κ			241,521.	0.	30,781.
(2) James Gilliam	40								
Sr. Regulatory Dir	0				Х		185,250.	0.	44,307.
(3) Sean_Garren_DeKrey Secretary/Staff	$-\frac{40}{0}$	-	Σ	X			185,300.	0.	32,124.
_(4)_Ayesha_Herian Mng Dir Comm	<u>40</u> 0	-			х		183,600.	0.	17,983.
<u>(5) Jessica Brittsan</u> Chief Philanthropy Officer	$-\frac{40}{0}$			2	x		177,600.	0.	17,510.
6) Nathan Phelps Mngng Dir Regultry	<u>40</u> 0	-			Х		153,750.	0.	34,561.
<u>(7) William Kenworthy</u> Reg Dir Midwest	$-\frac{40}{0}$	-			Х		143,750.	0.	42,082.
(8) Irina Cortez Mngng Dir Talent	$-\frac{40}{0}$	-			Х		152,650.	0.	30,345.
(9) Elizabeth Brooks Treasurer/Staff	_ <u>30</u> _ 0	-	Σ	K			146,113.	0.	32,571.
(10) Zaid Ashai Board Chair	$-\frac{1}{0}$	х	Σ	K			0.	0.	0.
(11) Stephanie Chen Director	10	х					0.	0.	0.
(12) Jon Carson	1								
Director	0	Х					0.	0.	0.
(13) Heather McTeer Toney	1			T					
Director	0	Х					0.	0.	0.
(14) Kristin Mayes	1	]							
Director	0	Х					0.	0.	0.
BAA	TEEA0	107L	09/01/2	2					Form 990 (2022)

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
		(B)			(0	•							
	(A) Name and title	Average hours per week	box,	, unle	heck ss pe	erson	e than is bot or/trus	h an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from		(F) ated am	iount
		(list any hours	Indi or d	Insti	Officer	Key	emp	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compe the o	ensation organization	tion
		for related	ndividual trustee or director	nstitutional trustee	cer	Key employee	Highest co employee	ner				d relate anizatio	
		organiza - tions below	il trus	nal tri		loyee	ompo						
		dotted line)	stee	Jstee			Highest compensated employee						
							ä						
(15)	<u>Sheridan_Pauker</u> Director	<u>1</u>	X						0.	0.			0
(16)	Robert Wallace	1	Λ						0.	0.			0.
	Director	0	Х						0.	0.			0.
(17)													
(18)						-							
(10)			•										
(19)													
(20)													
(20)			-										
(21)													
(22)			•										
(23)													
(24)													
(25)													
<u>/</u>			•										
	Subtotal								1,569,534.	0.		282,2	264.
	Total from continuation sheets to Part VII, Section								0.	0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but not limited								1,569,534. more than \$100.00	0. 0 of reportable com			264.
	from the organization 24				,								
											_	Yes	No
3	Did the organization list any <b>former</b> officer, direct on line 1a? If "Yes, "complete Schedule J for such	tor, truste h <i>individu</i>	e, ke	ey er	mplo	oyee	e, or	higł	nest compensated	employee	. 3		X
	·												
•	For any individual listed on line 1a, is the sum of the organization and related organizations greate	r than \$1	50,00	00?	lf "	Yes,	" cor	nple	ete Schedule J for		4	X	
5	such individual Did any person listed on line 1a receive or accrue									individual			
	for services rendered to the organization? If "Yes	s," comple	ete S	cheo	dule	e J fo	or su	ch p	person		5		Х
	ion B. Independent Contractors Complete this table for your five highest compense	sated ind	epen	dent	coi	ntra	ctors	tha	t received more th	nan \$100.000 of			
	compensation from the organization. Report compen-	sation for	the ca	alen	dar	year	endi	ng v	vith or within the or	ganization's tax yea			
	<b>(A)</b> Name and business addr	ress							(B) Description of	of services	Compe	<b>C)</b> ensatio	on
Kevala 55 Francisco St Ste 350 San Francisco, CA 94133         Prof & Advisory Services						2	200,0	000.					
GoodCitzen 1201 3rd Ave Ste 2200 Seattle, WA 98101Executive Search								094.					
2	Total number of independent contractors (including b	ut not lim	ited to	o tho	ose l	listed	d abo	ve)	who received more	than			
	\$100,000 of compensation from the organization	2											

# Form 990 (2022)Vote SolarPart VIIIStatement of Revenue

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	Check if Schedule O contains a	a respoi					
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from t under sections 512-514
រុទ្ឋ 1រ	a Federated campaigns	1a					
0	<b>b</b> Membership dues	1b					
۲ A	<b>c</b> Fundraising events	1c					
ar	<b>d</b> Related organizations	1d					
E S	e Government grants (contributions)	1e					
P 1	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,370,863.				
Ð,	g Noncash contributions included in		1,510,005.				
P .	lines 1a-1f	1g					
	h Total. Add lines 1a-1f		Business Code	7,370,863.			
2		0		75	75		
	2a <u>Contract program services</u> b	9	00099	75.	75.		
	·						
	ч с						
2	~e						
	f All other program service revenue	e					+
1	g Total. Add lines 2a-2f			75.			
3				13.			
5	other similar amounts)			45,791.			45,79
4	Income from investment of tax-ex	xempt b	ond proceeds	,			
5	<b>5</b> Royalties						
	(i) Re	eal	(ii) Personal				
	Ga Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)						
7	7a Gross amount from (i) Secur	rities	(ii) Other				
	sales of assets other than inventory <b>7a</b>						
	<b>b</b> Less: cost or other basis						
	and sales expenses <b>7b</b> c Gain or (loss) <b>7c</b>						
	c Gain or (loss) <b>7</b> c <b>d</b> Net gain or (loss)						
		· · · · · · · · · · · · · · · · · · ·					
8	<b>3a</b> Gross income from fundraising events (not including \$						
	of contributions reported on line 1c).	-					
	See Part IV, line 18	8a					
8	<b>b</b> Less: direct expenses	8b					
	<b>c</b> Net income or (loss) from fundrai		ents				
	<b>Da</b> Gross income from gaming activities. See Part IV, line 19	9a					
	<b>b</b> Less: direct expenses	9a 9b					
	c Net income or (loss) from gaming		ies				
	<b>Da</b> Gross sales of inventory, less						
	returns and allowances.	10a					
	<b>b</b> Less: cost of goods sold	10b	tonu				
	c Net income or (loss) from sales of	nveni	Business Code				
	la Othor income			1 262			1.00
	la <u>Other income</u>	9	00099	1,262.			1,26
<u>ק</u>	~						
צ	d All other revenue						
	e Total. Add lines 11a-11d			1,262.			
				1,202.			

	Check if Schedule O contains a response or note to any line in this Part IX.									
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments.									
	See Part IV, line 21	268,000.	268,000.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	5,000.	5,000.							
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16									
4										
5	Compensation of current officers, directors, trustees, and key employees	863,520.	507,128.	150,917.	205,475.					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages	3,884,087.	3,293,367.	155,317.	435,403.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	0,001,0071	0/190/00/1	100/01/.	100, 100.					
	employer contributions)	127,097.	107,827.	5,304.	13,966.					
9	Other employee benefits	670,853.	561,819.	24,237.	84,797.					
10	Payroll taxes	366,748.	297,066.	22,005.	47,677.					
11	Fees for services (nonemployees):									
	Management									
	Legal	225.		225.						
	Accounting	74,119.		74,119.						
	Lobbying	216,256.	216,256.							
	Professional fundraising services. See Part IV, line 17									
	Investment management fees									
ĝ	I Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0Sch. ↓	1,251,035.	1,125,672.	59,603.	65,760.					
12	Advertising and promotion.	67,785.	58,808.	7,238.	1,739.					
13	Office expenses	115,765.	65,125.	37,671.	12,969.					
14	Information technology	29,966.	7,633.	19,961.	2,372.					
15	Royalties									
16	Occupancy	166,494.	135,382.	9,606.	21,506.					
17	Travel	269,769.	234,922.	4,147.	30,700.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	107,292.	98,553.	4,361.	4,378.					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	F F 70		1 000						
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 O.).	5,572.	3,644.	1,928.						
a	· · · · · · · · · · · · · · · · · · ·	140,342.	74,396.	40,263.	25,683.					
b	<u>Other</u>	71,295.	29,960.	23,054.	18,281.					
C	+									
d	` <del>_</del>									
	All other expenses.	0 801 000	<b>R</b> 000 <b>F</b> 5	COO 070						
25	Total functional expenses. Add lines 1 through 24e	8,701,220.	7,090,558.	639,956.	970,706.					
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)									

#### **Statement of Functional Expenses** Part IX

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

# Form 990 (2022) Vote Solar Part X Balance Sheet

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			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	5,338,623.	1	3,552,13
	2	Savings and temporary cash investments.	7,709,780.	2	11,295,272
	3	Pledges and grants receivable, net	3,027,050.	3	207,33
	4	Accounts receivable, net	17,108.	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
	, 8	Inventories for sale or use.		8	
		Prepaid expenses and deferred charges	E0 722	9	04.02
			58,732.	5	94,82
1		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation 10b		1 <b>0</b> c	
1		Investments – publicly traded securities		11	
1		Investments – other securities. See Part IV, line 11		12	
1	3	Investments – program-related. See Part IV, line 11		13	
1	4	Intangible assets.		14	
1	5	Other assets. See Part IV, line 11		15	101,84
1	6	Total assets. Add lines 1 through 15 (must equal line 33)	16,151,293.	16	15,251,41
1		Accounts payable and accrued expenses	472,765.	17	738,50
		Grants payable		18	
		Deferred revenue		19	
		Tax-exempt bond liabilities		20	
2		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	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		23	
		Unsecured notes and loans payable to unrelated third parties		23	
				27	
1		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	117,60
2	26	Total liabilities. Add lines 17 through 25	472,765.	26	856,11
		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
2	27	Net assets without donor restrictions	7,806,138.	27	9,221,91
2		Net assets with donor restrictions	7,872,390.	28	5,173,38
222		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		-	07170700
	29	Capital stock or trust principal, or current funds		29	
		Paid-in or capital surplus, or land, building, or equipment fund		30	
		Retained earnings, endowment, accumulated income, or other funds		30 31	
		Total net assets or fund balances	15 670 500	-	14 205 20
			15,678,528.	32	14,395,29
13	33	Total liabilities and net assets/fund balances	16,151,293.	33	15,251,41 Form <b>990</b> (20

Form	990 (	(2022)	Vote Solar 46-43	396728		Pa	ige <b>12</b>
Par	t XI	Reco	nciliation of Net Assets				
			if Schedule O contains a response or note to any line in this Part XI.				
1	Total	revenue	e (must equal Part VIII, column (A), line 12)	1	7,4	17,9	991.
2	Total	expense	es (must equal Part IX, column (A), line 25)	2	8,7	01,2	220.
3			expenses. Subtract line 2 from line 1	3	-1,2	83,2	229.
4	Net a	issets or	fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,6	78,5	528.
5			d gains (losses) on investments	5			
6			ices and use of facilities	6			
7			xpenses	7			
8		•		8			
9		-	s in net assets or fund balances (explain on Schedule O)	9			0.
10			fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	14,3	95,2	299.
Par	t XII	Finan	cial Statements and Reporting				
		Check	if Schedule O contains a response or note to any line in this Part XII				. П
						Yes	No
1	Acco	unting m	nethod used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were	the org	anization's financial statements compiled or reviewed by an independent accountant?		2a		Х
		rate bas	ck a box below to indicate whether the financial statements for the year were compiled or reviewed is, consolidated basis, or both: te basis Consolidated basis Both consolidated and separate basis	l on a			
b	Were	the org	anization's financial statements audited by an independent accountant?		2b	Х	
		, consol	ck a box below to indicate whether the financial statements for the year were audited on a separate idated basis, or both: te basis Consolidated basis Both consolidated and separate basis	е			
С	lf "Ye revie	es" to line w, or co	2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, mpilation of its financial statements and selection of an independent accountant?		2c	Х	
	on So	chedule					
	Guida	ance, 2 (	f a federal award, was the organization required to undergo an audit or audits as set forth in the U C.F.R Part 200, Subpart F?		3a		Х
b			e organization undergo the required audit or audits? If the organization did not undergo the required audit plain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA			TEEA0112L 09/01/22		Form	99 <b>0</b>	(2022)

SCHEDULE A (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.

202	22

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Department of the Treasury Internal Revenue Service

Name	Name of the organization Employer identification number								
	Vote Solar 46-4396728								
		Reason for Public Cha		<b>v</b>			1 1	uctions.	
The of 1 2 3 4	rga	A church, convention of church A church, convention of church A school described in <b>sectio</b> A hospital or a cooperative h A medical research organiza	nes, or association of ch <b>n 170(b)(1)(A)(ii).</b> (Att nospital service organi	nurches described in <b>sec</b> ach Schedule E (Form ization described in <b>sec</b>	tion 170( 990).) ction 17	b)(1)(A)( 0(b)(1)(A	(i). A)(iii).	Enter the hospital's	
5	Г	name, city, and state:							
5	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 7		A federal, state, or local gov	ernment or governme	ntal unit described in s	ection 1	70(b)(1)	)(A)(v).		
/	Х	An organization that normally r in section 170(b)(1)(A)(vi). (	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general p	public described	
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part	l.)				
9		An agricultural research organi or university or a non-land-grau university:	nt college of agriculture		the nan				
10		An organization that normall from activities related to its e investment income and unre June 30, 1975. See section	exempt functions, sub lated business taxable	e income (less section	ns: and	(2) no r	nore than 33-1/3% o	f its support from gross	
11		An organization organized a	nd operated exclusive	ly to test for public safe	ety. See	section	n 509(a)(4).		
12		An organization organized a or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) o	or sectio	on 509(a	)(2). See section 509	(a)(3). Check the box on	
а		Type I. A supporting organizati organization(s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect						
b		Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), b the supported organiz	y having control or ation(s). <b>You</b>	
С		Type III functionally integrated organization(s) (see instructi	A supporting organizat	ion operated in connectio	n with, a	nd functi	onally integrated with, i	ts supported	
d		<b>Type III non-functionally integ</b> functionally integrated. The c instructions). <b>You must com</b>	rated. A supporting org	anization operated in cor must satisfy a distribu	nnection	with its :	supported organization	(s) that is not	
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from	the IRS	that it is	s a Type I, Type II, T	ype III functionally	
f	E	rovide the following information	organizations	· · · · · · · · · · · · · · · · · · ·	•••••				
g	Pr	ovide the following informatio	n about the supported	d organization(s).	1				
	<b>I)</b> IN	ame of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	in your g	s the tion listed joverning ment?	support (see instructions	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Sche	edule A (Form 990) 2022	Vote Sol	ar			46-439672	8 Page <b>2</b>
Par	t II Support Schedule for	Organizations	<b>Described in</b>	Sections 170(	(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
	(Complete only if you checked organization fails to qualify	I the box on line 5, under the tests lis	7, or 8 of Part I or ted below please	if the organization	failed to qualify un	der Part III. If the	
Sec	tion A. Public Support				,		
Cale	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	<b>(f)</b> Total
•	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	6,066,187.	6,774,693.	9,659,933.	12875468.	7,370,863.	42,747,144.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	6,066,187.	6,774,693.	9,659,933.	12875468.	7,370,863.	42,747,144.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,607,257.
6	Public support. Subtract line 5 from line 4						25,139,887.
Sec	tion B. Total Support						<u> </u>
	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	<b>(e)</b> 2022	<b>(f)</b> Total
7	Amounts from line 4	6,066,187.	6,774,693.	9,659,933.	12875468.	7,370,863.	42,747,144.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,474.	15,067.	17,826.	15,327.	43,400.	103,094.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	1,144.	7,894.	17,140.	1,355.	1,262.	28,795.
11	Total support. Add lines 7 through 10						42,879,033.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	280,778.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	_
Sec	tion C. Computation of Pu	blic Support P	ercentage				<u> </u>
14	Public support percentage for 20 Public support percentage from	022 (line 6, colum	n (f), divided by li				58.63% 60.40%
	<b>33-1/3% support test</b> – <b>2022.</b> If t and <b>stop here.</b> The organization	he organization di	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, checl	k this box
b	<b>33-1/3% support test–2021.</b> If the and <b>stop here.</b> The organization	ne organization die	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances te	nd-circumstances est. The organizat	s test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part d organization	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions

Schedule A (Form 990) 2022

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 performed, 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 business under section 513.						
	Tax revenues levied for the organization'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						
	<b>Total.</b> Add lines 1 through 5 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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			-			
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					
-	tion C. Computation of Pu						1
	Public support percentage for 20	-			-		00
	Public support percentage from					16	olo
Sec	tion D. Computation of Inv	estment Incon	me Percentage	e			
17	Investment income percentage f	or 2022 (line 10c,	, column (f), divid	ed by line 13, col	umn (f))	17	0/0
18	Investment income percentage f						0/0
	<b>33-1/3% support tests</b> – <b>2022.</b> If is not more than 33-1/3%, check	this box and <b>sto</b>	p here. The organ	nization qualifies	as a publicly supp	orted organizatio	n
	<b>33-1/3% support tests</b> - <b>2021.</b> If the line 18 is not more than 33-1/3%	6, check this box	and <b>stop here.</b> Th	ie organization qu	ualifies as a public	ly supported orga	anization
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and		
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 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

			V	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
-		_		
5	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
	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 <b>Part VI</b> when and how the organization made the determination.	3b		
	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.	3c		
4	a 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.	4a		
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	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 <b>Part VI</b> 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.	4c		
5	<b>ia</b> 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 <b>Part VI</b> , 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).	5a		
	<ul> <li><b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?</li> </ul>	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 charitable class benefited by one of the charitable class benefited by one of the charitable class benefited by one of the support of the charitable class benefited by one of the support of the charitable class benefited by one of the support of the charitable class benefited by one of the charitable class benefited by one of the support of the charitable class benefited by one of the charitable class by one of the charitable class benefited by one of the charitable class benefited by one of the charitable class	6		
	the filing organization's supported organizations? If "Yes," provide detail in Part VI.	0		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	8		
0	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons,	0		
9	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
	<b>b</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? <i>If "Yes," provide detail in Part VI.</i>	9b		
	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.	9c		
10	a 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.	1 <b>0</b> a		
	<b>b</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.)	10b		

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Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c	c below,		
the governing body of a supported organization?	11	а	
<b>b</b> A family member of a person described on line 11a above?	11	b	
C 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.	11	с	

#### Section B. Type I Supporting Organizations

Schedule A (Form 990) 2022

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 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.* 

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2 Did the organization operate for the benefit of any supported organization other than the supported 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 II Supporting Organizations

 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

#### Section D. All Type III Supporting Organizations

		Yes	No
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 <b>Part VI</b> how			
the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 vorz? If "Yas," describe in <b>Part VI</b> the relative the organization's supported organizations played			
in this regard.	3		
	<ul> <li>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?</li> <li>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (i) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></li> <li>By reason of the relationship described on line 2, above, did the organization's supported organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played</i></li> </ul>	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         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         By reason of the relationship described on line 2, above, did the organization's supported 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	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? 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> By reason of the relationship described on line 2, above, did the organization's supported organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played</i>

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

#### 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.

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Yes

1

2

No

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust <b>instructions.</b> All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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		
Sec	tion 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	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2022

Sche	edule A (Form 990) 2022 Vote Solar		46	-439	6728 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4		11 5		4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in <b>Part VI</b></i> ). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	a From 2017				
	• From 2018				
	From 2019				
	From 2020				
	e From 2021				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ł	n Applied to 2022 distributable amount				
	i Carryover from 2017 not applied (see instructions)				
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
a	a Applied to underdistributions of prior years				
k	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
2	Excess from 2018				
	Excess from 2019				
C	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

# Part II, Line 10 - Other Income

Nature and Source			2022		2021	 2020	2019		2018
Other activity	Total	\$ \$	1,262. 1,262.	\$ \$	1,355. 1,355.	17,140. 17,140.	\$    7,894. \$    7,894.	\$ \$	1,144. 1,144.

## Schedule B (Form 990)

PUBLIC DISCLOSURE COPY Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

# 2022

Employer identification number

46-4396728

Department of the Treasury Internal Revenue Service

Vote Solar

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

Check if your organization is covered by the General Rule or a Special Rule.

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

#### General Rule

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

#### Special Rules

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

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

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

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

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

Name of org	ganization	Employe	r identification number
Vote	Solar	46-4	396728
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$637,216.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>		\$750,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3_</u> _		\$ <u>500,000</u> .	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,300,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$ <u>300,000</u> .	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$1,700,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)

Page **2** 

2

1

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		2 2 Page <b>2</b>
Name of or Vote	-		r identification number 396728
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$400,000.	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8_</u> _		\$400,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$150,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)	1	1	Page <b>3</b>
Name of organization	Emp	loyer identification	number
Vote Solar	46	-4396728	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u> _		· <b></b> -	
		· \$	
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	(b)	· *	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
AA	TEEA0703L 07/22/22	Schodula	 B (Form 990) (202

	B (Form 990) (2022)		<u>1 1</u> Page <b>4</b>	
Name of orga Vote S			Employer identification number $46-4396728$	
Part III	<b>Exclusively</b> religious, charitable, etc. or (10) that total more than \$1,000 for the following line entry. For organizations com	r the year from any one co pleting Part III, enter the total of	ations described in section 501(c)(7), (8), ontributor. Complete columns (a) through (e) and <i>exclusively</i> religious, charitable, etc.,	
	contributions of <b>\$1,000 or less</b> for the year. (E Use duplicate copies of Part III if additional sp	ace is needed.	nstructions.)\$N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
			+	
		(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,	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
from Part I				
			+	
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		e		
	Transferee's name, address,		Relationship of transferor to transferee	
BAA		TEEA0704L 07/22/22	Schedule B (Form 990) (2022)	

SCHEDULE	С
(Form 990)	

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

20

Employer identification number

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

Department of the Treasury Internal Revenue Service

Name of organization

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. Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

# If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	te So				46-439672	
Pa	t I-A	Complete if the or	ganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1	Provi See i	de a description of the on nstructions for definition	organization's direct and indirect political c n of "political campaign activities."	ampaign activities in	Part IV.	
2	Politi	cal campaign activity ex	penditures. See instructions.		\$	
3	Volur	nteer hours for political of	campaign activities. See instructions			
Pa			rganization is exempt under section			
1	Enter	the amount of any exc	ise tax incurred by the organization under	section 4955	\$	0.
2	Ente	r the amount of any exc	ise tax incurred by organization managers	under section 4955.	\$	0.
3	If the	organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4a	Was	a correction made?				
		es," describe in Part IV.				
Pa	t I-C	Complete if the or	ganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter	the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities \$	
2	Enter 527 e	the amount of the filing exempt function activitie	g organization's funds contributed to other s	organizations for sec	tion \$	
3	Total line 1	exempt function expen-	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	\$	
4	Did tl	ne filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter orgar amou segre	the names, addresses nization made payments nt of political contribution egated fund or a politica	and employer identification number (EIN) 5. For each organization listed, enter the ar 5 received that were promptly and directly del 1 action committee (PAC). If additional spa	of all section 527 poli mount paid from the f ivered to a separate po ace is needed, provide	itical organizations to w filing organization's fun olitical organization, such information in Part IV	hich the filing ds. Also enter the as a separate
		<b>(a)</b> Name	(b) Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

Schedule C (Form 990) 2022

Sched	ule C (Form 990) 2022 Vote Solar		46-4396	728 Page <b>2</b>
Pai	t II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ction under
Α	Check if the filing organization belo	ngs to an affiliated group (and list in Part IV each affiliat	ed group member's name,	
	address, EIN, expenses, a	nd share of excess lobbying expenditures).		
В	Check if the filing organization check	ked box A and "limited control" provisions apply.		
	Limits on Lobb (The term "expenditures" m	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	ublic opinion (grassroots lobbying)	44,700.	
b	Total lobbying expenditures to influence a	legislative body (direct lobbying)	283,317.	
с	Total lobbying expenditures (add lines 1a	and 1b)	328,017.	0.
d	Other exempt purpose expenditures		8,373,203.	
е	Total exempt purpose expenditures (add	ines 1c and 1d)	8,701,220.	0.
f	Lobbying nontaxable amount. Enter the a columns.	mount from the following table in both	585,061.	
Γ	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%	of line 1f)	146,265.	0.
h	Subtract line 1g from line 1a. If zero or le	ss, enter -0	0.	0.
i	Subtract line 1f from line 1c. If zero or les	s, enter -0	0.	0.
j		er line 1h or line 1i, did the organization file Form 4720 r		Yes No

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.)

		•		5 /	
	Lobbying	Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> Total
2a Lobbying nontaxable amount	448,745.	490,715.	520,195.	585,061.	2,044,716.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column (e))</li> </ul>					3,067,074.
c Total lobbying expenditures	277,860.	169,811.		328,017.	775,688.
<b>d</b> Grassroots nontaxable amount	112,186.	122,679.	130,049.	146,265.	511,179.
e Grassroots ceiling amount (150% of line 2d, column (e))					766,769.
f Grassroots lobbying expenditures	38,538.	35,630.	74,079.	44,700.	192,947.
Schedule C (Form 990) 2022					

Schedule C (Form 990) 2022 Vote Solar		13967		Page
Part II-B Complete if the organization is exempt under section 501(c)(3) and h (election under section 501(h)).	has NOT filed I	orm	5768	
For each "Man" represented in the low previde in Dart Man detailed	(a)		<b>(</b> b)	)
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes N	ło	Amo	unt
<ol> <li>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 reference through the use of:</li> <li>a Volunteers?</li> </ol>				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)				
<ul> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> </ul>				
f Grants to other organizations for lobbying purposes?				
<ul> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> </ul>				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section section 501(c)(6).	ion 501(c)(5), c	or		
				Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			. 1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			. 2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures the	from the prior yea	r?	. 3	
Part III-B Complete if the organization is exempt under section 501(c)(4), secti (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (b) Part III	-A, lir	tion 50 [°] ne 3, is	1(c)
1 Dues, assessments and similar amounts from members.		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).				
a Current year.		2a		
<b>b</b> Carryover from last year.		2b		
c Total		2c		
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) di	ues	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po expenditures next year?	litical	4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				

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.

SCHEDULE	C
(Form 990)	

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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TEEA3301L 07/06/22

Schedule D (Form 990) 2022

Depar	tment of the Treasury al Revenue Service	Go to www.irs.g	ov/Form990 for instructions		ormation.			to Pul	olic
	of the organization					Employer id			
Vot	e Solar					46-439	6728		
Pa			nor Advised Funds or O		unds or A	ccounts			
	Complete if	the organization answered "	'Yes" on Form 990, Part IV, line	e 6.					
			(a) Donor advised	funds	<b>(b)</b> F	unds and o	other acc	ounts	
1		d of year							
2		ibutions to (during year)							
3		s from (during year)							
4		end of year							
5	are the organization	n's property, subject to the	or advisors in writing that the organization's exclusive legal	control?		· · · · · · · · L	Yes		No
6	Did the organization for charitable purpo	n inform all grantees, donor oses and not for the benefit	rs, and donor advisors in writi of the donor or donor advisor	ng that grant func . or for any other	ls can be us purpose cor	ed only nferrina 🔔	_		
	impermissible priva	te benefit?				· · · · · · ·	Yes		No
Pa		ation Easements. the organization answered "	'Yes" on Form 990, Part IV, line	e 7.					
1	Purpose(s) of conse	ervation easements held by	the organization (check all th	nat apply).					
		and for public use (for examp	ole, recreation or education)		on of a histo				ì
	Protection of na			Preservati	on of a certif	fied historio	c structu	re	
-	Preservation of								
2	Complete lines 2a th last day of the tax y		eld a qualified conservation con	tribution in the forr	n of a conser	vation ease	ment on t	the	
		jouri			F	leld at the	End of t	he Tax	Year
á	a Total number of co	nservation easements			2a				
ł	<b>o</b> Total acreage restri	icted by conservation easer	nents		2b				
C	Number of conservation	ation easements on a certif	ied historic structure included	in (a)	2 c				
C	Number of conservation	ation easements included ir	n (c) acquired after July 25, 20	006 and not on a					
2		-				n du vino de			
3	tax year	ion easements modified, tran	sferred, released, extinguished,	or terminated by tr	ne organizatio	n auring th	e		
4	-	here property subject to co	nservation easement is locate	ed					
5			garding the periodic monitorin		- ndling of viol	ations,	_		
	and enforcement of	f the conservation easemen	its it holds?				Yes		No
6	Staff and volunteer h	nours devoted to monitoring, in	nspecting, handling of violations	, and enforcing co	nservation ea	sements du	ring the y	/ear	
7	Amount of expenses	incurred in menitoring, increa	ating bandling of violations, and	d onforcing concor	untion anonm	onte durina	the weer		
7	Amount of expenses	incurred in morntoring, inspe	cting, handling of violations, and		allon easeine		the year		
8	Does each conserva and section 170(h)(	ation easement reported on (4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of se	ction 170(h)(	4)(B)(i)	Yes		No
9	include, if applicabl	le, the text of the footnote t	orts conservation easements o the organization's financial	in its revenue and statements that d	d expense st escribes the	atement ar organizati	nd balan on's acco	ce shee	et, and J for
Par	conservation easen		lections of Art, Historic	al Treasures	or Other S	imilar A	ssets		
rai	Complete if	the organization answered "	'Yes" on Form 990, Part IV, line	e 8.			55015.		
1 a	historical treasures	, or other similar assets hel	FASB ASC 958, not to report d for public exhibition, educat I statements that describes th	ion, or research i	atement and n furtherance	balance s e of public	heet wor service,	ks of a provide	rt, e in
ł	historical treasures, of following amounts in	or other similar assets held fo relating to these items:	FASB ASC 958, to report in i r public exhibition, education, or	r research in furthe	rance of publ	ic service, p	provide th	ie	
	(i) Revenue includ	led on Form 990, Part VIII,	line 1			\$_			
						-			
2	amounts required to	o be reported under FASB /	istorical treasures, or other simi ASC 958 relating to these iten	ns:					
ć	A Revenue included of	on ⊢orm 990, Part VIII, line	1			\$ *			
	b Assets included in I	Form 990, Part X				Ş			

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

Schedule D (Form 990) 2022 Vote				46-439		Page 2
, , , , , , , , , , , , , , , , , , ,		· · ·	storical Treasures, o		•	nuea)
<b>3</b> Using the organization's acquisition items (check all that apply):	i, accession, and ot		, ,	ke significant use of its o	collection	
<b>a</b> Public exhibition			or exchange program			
<b>b</b> Scholarly research		e Othe	r			
<ul> <li>c Preservation for future gener</li> <li>4 Provide a description of the organization</li> </ul>		and explain how the	ey further the organization's	exempt purpose in		
<ul><li>Part XIII.</li><li>During the year, did the organiza to be sold to raise funds rather to</li></ul>	ation solicit or rece	ive donations of a	rt, historical treasures, or	other similar assets	Yes	No
			he organization answered			
<b>1 a</b> is the organization an agent, true	stee, custodian or	other intermediary	/ for contributions or othe	r assets not included		
on Form 990, Part X? <b>b</b> If "Yes," explain the arrangement in	n Dart VIII and aam			· · · · · · · · · · · · · · · · · · ·	Yes	No
<b>b</b> If "Yes," explain the arrangement in	1 Part XIII and comp	plete the following t	adie:		Amount	
<b>c</b> Beginning balance					Amount	
<b>d</b> Additions during the year				-		
e Distributions during the year						
f Ending balance						
<b>2 a</b> Did the organization include an a					Yes	No
<b>b</b> If "Yes," explain the arrangement				-		
<b>b</b> in fes, explain the arrangement		ck here it the expla	anation has been provided	u oli Part Alli	· · · · · · · · · · L	
Part V Endowment Funds.	. Complete if the or	ganization answere	ed "Yes" on Form 990, Part	t IV, line 10.		
	(a) Current year	(b) Prior yea		(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
<b>d</b> Grants or scholarships					1	
e Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentag	e of the current ye	ar end balance (li	ne 1g, column (a)) held a	s:	-	
a Board designated or quasi-endov	wment	010				
<b>b</b> Permanent endowment	0/0					
<b>c</b> Term endowment	0/0					
The percentages on lines 2a, 2b, a	nd 2c should equal	100%.				
3a Are there endowment funds not in t	the possession of th	o organization that	are held and administered t	for the		
<b>3 a</b> Are there endowment funds not in to organization by:		ie organization that			Yes	No
(i) Unrelated organizations					3a(i)	
(ii) Related organizations					3a(ii)	
<b>b</b> If "Yes" on line 3a(ii), are the rel	ated organizations	s listed as required	I on Schedule R?		. 3b	
4 Describe in Part XIII the intended	d uses of the orga	nization's endowm	ient funds.		· · · ·	
Part VI Land, Buildings, an	d Equipment.					
Complete if the organizat	ion answered "Yes"	on Form 990, Parl	t IV, line 11a. See Form 99	0, Part X, line 10.		
Description of property	<b>(a)</b> (	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Book v	alue
<b>1 a</b> Land	L	· · ·				
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
<b>e</b> Other						
Total. Add lines 1a through 1e. (Colum	nn (d) must equal	Form 990, Part X,	column (B), line 10c.)			0.
ВАА		,			ule D (Form 99	

Schedule D (Form 990) 2022

Part VII	Investments – Other Securities.		N/A	
	Complete if the organization answered "Yes" or			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
. ,	I derivatives			
	held equity interests.			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
<u>(G)</u>				
<u>(H)</u>				
<u>( )</u>				
	(b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" or	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-vear market value
(1)				
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets.	N/A		
	Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	
(1)	(a) De	scription		(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, column (	B) line 15.)		
Part X	Other Liabilities. Complete if the organization answered "Yes" or	Form 000 Part IV line	110 or 11f Soo Form 000 Part V line (	25
1.		ription of liability		(b) Book value
	al income taxes	iption of hability		
	e liability			117,608.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				<b> </b>
(9)				
(10) (11)				<u> </u>
	(b) must squal Form 000 Part V saluma (D) line 25)			117 600
	(b) must equal Form 990, Part X, column (B) line 25.)			liability for uncertain

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.

Schedule D (Form 990) 2022 Vote Solar	46-439672	28 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	7,731,670.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities	·9.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	563,679.
3 Subtract line 2e from line 1	3	7,167,991.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) See Part XIII 4b 250,00	0.	
c Add lines 4a and 4b	4c	250,000.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,417,991.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	9,014,899.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	19.	
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	563,679.
3 Subtract line 2e from line 1	3	8,451,220.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) See Part XIII 4b 250,00	0.	
c Add lines 4a and 4b	4c	250,000.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,701,220.
Part XIII Supplemental Information.		

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

## Part X - FASB ASC 740 Footnote

The Internal Revenue Service and the California Franchise Tax Board have determined that the Organization is exempt from federal and state income taxes under IRC 501(c)(3) and California RTC 23701(d). The Organization has evaluated its current tax positions as of December 31, 2022 and is not aware of any significant uncertain tax positions for which a reserve would be necessary. The Organization's tax returns are generally subject to examination by federal and state taxing authorities for

three and four years, respectively, after they are filed. BAA

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Vote Solar	46-4	396728	B Page <b>5</b>
Part XIII Supplemental Information (continued)			
Schedule D, Part XI, Line 4b Other Revenue Included On Form 990 But Not Included In F/S			
Pass-through grants	Total	\$ \$	250,000. 250,000.
Schedule D, Part XII, Line 4b Other Expenses Included On Form 990 But Not Included In F/S			
Pass-through grants	Total	\$ \$	<u>250,000.</u> 250,000.

SCHEDULE I		Grants and Other Assistance to Organizations,						OMB No. 1545-0047	
(Form 990)		Gov	ernments, a	nd Individuals in on answered "Yes" on F	n the United Sta	ates		2022	
Department of the Treasury Internal Revenue Service		Comple	-	Attach to Form 990. s.gov/Form990 for the l		21 OF 22.		Open to Public Inspection	
Name of the organization							Employer identifi	cation number	
Vote Solar							46-439672	28	
Part I General In	nformation on G	rants and Assista	ance						
				assistance, the grantees				X Yes No	
2 Describe in Part IV	/ the organization's pr	ocedures for monitoring	g the use of grant fu	nds in the United States.		See H	Part IV		
				and Domestic Gove nore than \$5,000. F					
<b>1 (a)</b> Name and add or gove	ress of organization ernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) Solar United Ne 1350 Connecticu Washington, DC	it Ave NW No412	46-2462990	501c3	250,000.	0.			Organizing solar customers	
(2) Enviro Justice 211 Dorris Plac	<u>CoalitionWater</u>							Support BIPOC community	
Stockton, CA 95		20-2539559	50103	18,000.	0.			grassroots	
 (4)									
(5)									
<u>(6)</u>									
 (8)									
2 Enter total number	er of section 501(c)(	3) and government of	rganizations listed	in the line 1 table				2	
3 Enter total number	er of other organizat	ions listed in the line	1 table		<u></u>	<u></u>	<u></u>	0	
RAA For Denember R	advation Ast Nation	, can the Instruction	for Form 000		TEE 4 2001	05/00/00	Sahaa	Jula I (Farma 000) 2022	

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

Schedule I (Form 990) 2022

46-4396728

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2					
3					
4					
5					
3					
7					
art IV Supplemental Information. F	Provide the information	n required in Part I	, line 2; Part III, co	lumn (b); and any othe	er additional information.

### Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Vote Solar requires the grantee to sign a detailed grant agreement. The grantee is

required to file a progress report and final report that include summaries of

progress made and lessons learned, status of accomplishments, material changes to the

original proposal and a financial accounting of the use of funds.

### Part IV - Additional Supplemental Information

In the interests of full transparency for tax purposes the Organization discloses

grants received and disbursed as part of collaborative arrangements that are

accounted for on a pass-through basis under GAAP.

SCHEDULE J	
(Form 990)	

### **Compensation Information**

OMB No. 1545-0047 2022

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

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

**Open to Public** 

Depart Interna	tment of the Treasury al Revenue Service		h to Form 990. instructions and the latest information	on.	Open to Inspe		
Name	of the organization			Employer identificatio	n number		
Vot	e Solar			46-4396728			
Par	t I Question	s Regarding Compensation					
						Yes	No
1a	Check the approp VII, Section A, li	riate box(es) if the organization provided any of th ine 1a. Complete Part III to provide any relevan	ne following to or for a person listed on F nt information regarding these items.	orm 990, Part			
	First-class o	r charter travel	Housing allowance or residence fo	r personal use			
	Travel for co	ompanions	Payments for business use of pers	onal residence			
	Tax indemni	fication and gross-up payments	Health or social club dues or initiat	tion fees			
	Discretionary	y spending account	Personal services (such as maid, o	chauffeur, chef)			
b		s on line 1a are checked, did the organization follo or provision of all of the expenses described at			1b		
2		tion require substantiation prior to reimbursing ficers, including the CEO/Executive Director, re			2		
3	Executive Direct	any, of the following the organization used to esta or. Check all that apply. Do not check any box nsation of the CEO/Executive Director, but exp	es for methods used by a related orga	on's CEO/ anization to			
	Compensatio	on committee	Written employment contract				
	X Independent	t compensation consultant	X Compensation survey or study				
	X Form 990 of	other organizations	$\overline{\mathbf{X}}$ Approval by the board or compens	ation committee			
		с I					
4	During the year, organization or a	did any person listed on Form 990, Part VII, S a related organization:	Section A, line 1a, with respect to the	filing			
а	Receive a severa	ance payment or change-of-control payment? .			4a		Х
b	Participate in or	receive payment from a supplemental nonqua	lified retirement plan?		4b		Х
С		receive payment from an equity-based compe	-		4c		Х
	If "Yes" to any of	lines 4a-c, list the persons and provide the application	able amounts for each item in Part III.				
	Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons listed contingent on th	d on Form 990, Part VII, Section A, line 1a, did the e revenues of:	e organization pay or accrue any comper	isation			
	-	?					Х
b	, ,	anization?			5b		Х
	contingent on th	d on Form 990, Part VII, Section A, line 1a, did the e net earnings of:					
	-	ז?					Х
b		anization?			6b		Х
7	For persons liste payments not de	ed on Form 990, Part VII, Section A, line 1a, di escribed on lines 5 and 6? If "Yes," describe in	id the organization provide any nonfix Part III	ed	7		X
	Were any amour	nts reported on Form 990. Part VII. paid or acc	crued pursuant to a contract that was				
5	to the initial con	tract exception described in Regulations sectio	n 53.4958-4(a)(3)?				۰.,
	ii res, describ	e in Part İll			8		X
9	If "Yes" on line 8, section 53.4958-	did the organization also follow the rebuttable pre 6(c)?	esumption procedure described in Regula	itions	9		

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

Schedule J (Form 990) 2022

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.

(i) Base compensation (i) Base compensation (i) 240,521. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(ii) Bonus & incentive compensation 0. 1,000. 0. 1,000.	(iii) Other reportable compensation 0.	(C) Retirement and other deferred compensation 	benefits	(E) Total of columns(B)(i)-(D) 272,302. 0.	in column (B) reported as deferred on prior Form 990
$\begin{array}{c c} & 0 \\ & 0 \\ & 145,113 \\ 0 \\ & 0 \\ & 0 \\ 184,300 \\ \end{array}$	0. 1,000. 0. 1,000.	0.	0.	0.	+	
$ \begin{array}{c}     145,113.\\     0.\\     184,300. \end{array} $	<u>1,000.</u> 0. <u>1,000</u> .	0.			0.	0
0.	0. <u>1,000</u> .		5.039.			0.
184,300.	1,000.	0		<u> </u>	<u>178,684</u> .	0.
	+		0.	0.	0.	0.
0.	-	0.	<u>6,486.</u>	<u>    25,638.</u>	<u>217,424</u> .	0.
	0.	0.	0.	0.	0.	0.
	1,000.	0.	<u>5,057</u> .	12,453.	195,110.	0.
0.	0.	0.	0.	0.	0.	0.
150,900.	1,750.	0.	5,343.	25,002.	182,995.	0.
0.	0.	0.	0.	0.	0.	0.
183,500.	1,750.	0.	6,484.	37,823.	229,557.	0.
0.	0.	0.	0.	0.	0.	0.
182,600.	1,000.	0.	6,426.	11,557.	201,583.	0.
0.	0.	0.	0.	0.	0.	0.
	1,750.	0.	5,381.	29,180.	188,311.	0.
0.	0.	0.	0.	0.	0.	0.
142,000.	1,750.	0.	5,031.	37,051.	185,832.	0.
0.	0.	0.	0.	0.	0.	0.
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46-4396728

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Vote Solar

Employer identification number

46-4396728

#### Form 990, Part III, Line 4d - Other Program Services Description

Utility Solar: Vote Solar advocates for policies that encourage utilities to increase the amount of renewable energy they procure and supply to their customers.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 is initially reviewed by the President and the Director of Operations and then shared with the board for final approval before filing it with the IRS.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Treasurer distributes the Conflict of Interest policy and Financial Interest Disclosure Statement to each board member upon the start of their term and annually thereafter. If an issue arises the board members who are not involved are authorized and directed to take the steps necessary and appropriate to implement the policy.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

In 2022 the organization developed a robust compensation philosophy and adjusted all of its salaries to be in line with the external market as assessed by an independent consultant. The organization will do a full market assessment every 3 years.

#### Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

In 2022 the organization developed a robust compensation philosophy and adjusted all of its salaries to be in line with the external market as assessed by an independent consultant. The organization will do a full market assessment every 3 years.

#### Form 990, Part VI, Line 17 - List of States which this Return is Filed

AL AK AZ CA CO CT FL GA IL KS KY ME MD MA MI MN MS NH NJ NY NC ND OH OK OR PA RI SC TN UT VA WA WV WI HI NM

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, conflict of interest policy and financial statements are made

available upon request.

#### Form 990, Part IX, Line 11g Other Fees For Services

	(A)	(B) Program	(C) Management	(D) Fund-
	Total	Services	& General	raising
Other professional services Research consultants Technical consultants	564,114. 13,780. 673,141.	438,751. 13,780. 673,141.	59,603.	65,760.
Total	\$ 1,251,035.	\$ 1,125,672.	\$ 59,603.	\$ 65,760.

## TAXABLE YEARCalifornia Exempt Organization2022Annual Information Return

FORM **199** 

202	<u>–</u> Anr	iual information Retu	irn						133
	-	year beginning (mm/dd/yyyy)		, and ending (r	mm/dd/yy	уу)			
Corporation/Or	ganization name						C	California corporation n	umber
VOTE SC	DLAR						1	3628066	
Additional info	mation. See instructio	ns.							
Street address	(suite or room)								
		730					ľ		
City					State			•	
OAKLANI Foreign countr					-	wince/state/county	-		
r oreign counti	yname				r oreign pro	ovincerstatercounty	ľ	oreign postar code	
<ul> <li>B Amended</li> <li>C IRC Secti</li> <li>D Final info</li> <li>● □ D</li> <li>Enter date</li> <li>E Check acc</li> <li>1 □ C</li> <li>F Federal re</li> <li>4 □ Ott</li> <li>G Is this a g</li> <li>H Is this org</li> </ul>	return on 4947(a)(1) trust . rmation return? issolved se: (mm/dd/yyyy) ● counting method: Cash 2 X Accru eturn filed? 1 ● ere 990 series group filing? See instr ganization in a group		н (990) К No Х No Х No	not reported to the If exempt under F organization enga See instructions . Is the organizatio If "Yes," enter the nonmember source Is the organizatio Did the organizatio audited in a prior Is federal Form 1	ne FTB? Sec R&TC Secti aged in pol on exempt u gross rece ces on a limited ion file For on under au r year? 023/1024	e instructions ion 23701d, has the itical activities? under R&TC Section eipts from I liability company? rm 100 or Form 10 udit by the IRS or h	n 23701	Yes     Yyes     Yyes     Yyes     Yyes     Yyes     Yyes     Yyes     Yyes     Yyes	X No No X No X No X No X No X No X No
<u> </u>									
Part I							1		
		•						47	,128.
Receipts								7 370	863
and						0.0111.00	•	1,570	,005.
Revenues	Ũ			0	eral Infor	mation B ●	4	7,417	.991.
		-						· , ·	/
	-								
and Revenues	7 Total costs	s. Add line 5 and line 6		 			7		
	8 Total gross	s income. Subtract line 7 from line 4.					8	7,417	,991.
Evnoncoc						• • • • • • • • • • •	9		
Expenses	10 Excess of	receipts over expenses and disburse	ments. Sub	tract line 9 fror	m line 8	• • • • • • • • • • •	10	-1,283	,229.
	11 Total payn	nents				• • • • • • • • • •	11		
If "Yes," with the second seco	12 Use tax. S	ee General Information K				• • • • • • • • • •	12		
	13 Payments	balance. If line 11 is more than line	12, subtract	t line 12 from li	ne 11	• • • • • • • • • • •	13		
Filina	Cash       2 X Acrual       3 Other         trum field?       1 • [9007]       2 • [900-PF]       3 • [sch H (90)]         group filing? See instructions       • [Ves       X No         group filing? See instructions       • [Ves       X No         grainzation in a group exemption       • [Ves       X No         using anization in a group exemption       • [Ves       X No         using anization in a group exemption       • [Ves       X No         value is the parent's name?       • [Ves       X No         Complete Part I unless not required to file this form. See General Information B and C.       • [Ves       X No         1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.       • [1       4 77, 128.         2 Gross dues and assessments from members and affiliates.       • [2       3       7, 370, 863.         3 Gross contributions, gifts, grants, and similar amounts received.       . SEE. SCH. B.       • [3       7, 7417, 991.         5 Cost of goods sold.       • [5       [4       7 total costs. Add line 6       7       7         8 Total gross income. Subtract line 7 from line 4.       • [7       8       7, 417, 991.       1         10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.       10       -1, 283, 229.       10								
Fee	15 Penalties a	are wronn ST STE 730       Image: State CA       24 code 946 m.         ST STE 730       State CA       24 code 94612         re       CA       94612         re       Preign province/state/courry       Preign probabilities in trapported to the TPS sei instructions.       Image: State Preign province/state/courry       Preign probabilities in trapported to the TPS sei instructions.       Image: State Preign province/state/courry       Image: State Preign province/state/state/courry       Image: State/cour							
	16 Balance due	. Add line 12 and line 15. Then subtract line 11	from the resu	lt			16		0.
	Under penalties of pe	riury I declare that I have examined this return in	ncluding accom	nanving schedules a	and statem	ents and to the bes	t of my	knowledge and belief	it is true
Sign	correct, and complete			formation of which p					it io truo,
nere	Signature			ГD	State       Zip code         94612       Foreign province/state/county       Foreign postal code         d the organization have any changes to its guidelines       Image: State code       Image: State code         d the organization have any changes to its guidelines       Image: State code       Image: State code         d the organization have any changes to its guidelines       Image: State code       Image: State code         d the organization engaged in political activities?       Image: State code       Image: State code         e instructions       Image: State code       Image: State code       Image: State code         minember sources       Image: State code       Image: State code       Image: State code         whe organization ile form 100 or form 100 to report       Image: State code       Image: State code       Image: State code         d the organization under audit by the IRS or has the IRS       Image: State code       Image: State code       Image: State code       Image: State code         nformation B and C.       Image: State code       Image: State				
			INEADUR				_ [		
Paid		Lelixtorino		08/04/2				<u>2016</u> 58413	
Preparer's	Firm's name	CROSBY & KANEDA, CPAS	LLP						
Use Only	(or yours, if						l	N/A	
	and address								
									2727
	May the FTB di	iscuss this return with the preparer sl	nown above	? See instructi	ons			X Yes	No

VOTI Part	11	Org	R anizations with gross receipts o ardless of amount of gross receipts	f more than \$50,000 and — complete Part II or furnis	private foundations sh substitute informatio	n.	46-	4396728
		1	Gross sales or receipts from al	l business activities. See	instructions	•	1	
		2	Interest			•	2	
		3	Dividends			•	3	45,791.
Recei from	pts	4	Gross rents			•	4	·
Other		5	Gross royalties			•	5	
Sourc	es	6	Gross amount received from sa				6	
		7	Other income. Attach schedule.				7	1,337.
		8	Total gross sales or receipts from other				8	47,128.
		9	Contributions, gifts, grants, and similar	amounts paid. Attach schedule.		•	9	273,000.
		10	Disbursements to or for membe	ers		•	10	• • • • •
		11 Compensation of officers, directors, and trustees. Attach schedule						863,520.
		12	Other salaries and wages			•	12	3,884,087.
Expen and	ises	13	Interest			•	13	
Disbu	rse-	14	Taxes			•	14	366,748.
ments	5	15	Rents			•	15	166,494.
		16	Depreciation and depletion (Se	e instructions)		•	16	
		17	Other expenses and disbursem				17	3,147,371.
		18	Total expenses and disbursements. Add				18	8,701,220.
Sche	dule	-	Balance Sheet	Beginning of			of taxal	ble year
Asset				(a)	(b)	(c)		(d)
					13,048,403		•	14,847,409.
			s receivable		3,044,158		•	207,336.
			ceivable		, ,		•	•
4	Invento	ries .					•	
<b>5</b> F	Federal	and	state government obligations				•	
<b>6</b>	Investrr	nents	in other bonds				•	
<b>7</b>	Investrr	nents	in stock				•	
8	Mortga	ge loa	ans				•	
9 (	Other in	nvestr	ments. Attach schedule				•	
<b>10</b> a [	Depreci	able	assets					
<b>b</b> l	Less ac	cumu	Ilated depreciation					
							•	
12 (	Other a	ssets	. Attach schedule	3	58,732	•	•	196,667.
13	Total a	ssets			16,151,293	•		15,251,412.
Liabili	ities a	ınd ı	net worth					
14 /	Accoun	ts pay	yable		472 <b>,</b> 765		•	738,505.
15 (	Contrib	utions	s, gifts, or grants payable				•	
<b>16</b> E	Bonds a	and n	otes payable				•	
			ayable				•	
18 (	Other li	abilit	ies. Attach schedule	4				117,608.
			or principal fund		15,678,528		•	14,395,299.
			apital surplus. Attach reconciliation				•	
			nings or income fund		1 6 1 5 1 0 0 0		•	15 051 410
			ties and net worth		16,151,293	•		15,251,412.
Sche			Do not complete this schedu	le if the amount on Sche	dule L, line 13, colum			
				● -1,283,229		n books this year not inclu		
			me tax	•		ach schedule . SEE . ST	· / 💻	563,679.
			pital losses over capital gains			return not charged		
			recorded on books this year.		against book inco	me this year.		050.000
			luleSEE	• 250,000		and line 8		250,000.
			corded on books this year not deducted n. Attach schedule SEE S.T6	• 563 <b>,</b> 679			··	813,679.
			ne 1 through line 5	-469,550		9 from line 6		-1,283,229.
	/		······································		* I			_,,,

# Political or Legislative Activities by Section 23701d Organizations

3509
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	r calendar year 2022 or fiscal year beginning (mm/dd/yyyy) <b>ach to Form 199.</b> FTB 199N filers see instructions.	, and en	ding (mm/dd/yyyy)	·		
Co	rporation/Organization name ote Solar			California corp 3628066	poration numb	er
	eet address (suite, room, or PMB no.)			FEIN		
36 City	60 22nd St Ste 730	State	ZIP code	4 6 4	396	7 2 8
	, akland	C A				
Pa	art I – Political Activities			l		
Со	mplete if the organization supported or opposed a candidate for public office.	See instru	ctions.			
1	Has the organization participated or intervened in any political campaign on If "Yes," describe the activities. Provide a summary of any published materi		• •	didate? <b>1</b>	Yes 🗌	No 🗌
2	Has the organization contributed funds to support or oppose any individual to support or oppose a public office candidate?				Yes Yes	No
	art II – Legislative Activities mplete if the organization attempted to influence legislation.					
3	Has the organization attempted to influence any national, state or local legislat federal Form 5768, Election/Revocation of Election by an Eligible Section 501( Influence Legislation? If "Yes," See instructions.	(c)(3) Orgai	nization To Make Expenditure		Yes Yes	₽NO
<b>4</b> a	Has the organization, during the 2022 taxable year, filed a federal Form 576 If "Yes," attach a copy of federal Form 5768 filed with the Internal Revenue organization's need to file an election for state purposes. If "No", go to question 4b and see instructions.				Yes Yes	✓ No
4b	Has the organization filed a federal Form 5768 in a prior year that has not be Note: The organization <b>cannot</b> make this election if it is a church, an integra an affiliated organization.				✓ Yes	No No
Fui	nish the following financial information for the taxable year:					
5	<b>Exempt Purpose Expenditures</b> The total amount paid or incurred to accomplish the charitable, educational	, religious,	etc. purpose		8,7	01,220 00
6	<b>Lobbying Expenditures</b> The total amount expended for the purpose of influencing legislation throug of a legislative body or any government official or employee who may partic	Jh commur	lication with any member or	employee		83,317 00
7	Grass Roots Expenditures The amount expended to influence any legislation through attempts to affect segment of it			•		44,700 00
	831	1223	<b>—</b> —	FTB	3509 202	22

2022	California Statements	Page 1
Client VOTESOLA	Vote Solar	46-4396728
8/04/23 Statement 1 Form 199, Part II, Line 7		01:23PM
Other Income		ė 1 262
	nue	\$ 1,262. 75. \$ 1,337.
Statement 2 Form 199, Part II, Line 17 Other Expenses		
Advertising and Prom Conferences, Convent Dues, Licenses, & Se Information Technolo Insurance Legal Fees Lobbying fees Office Expenses Other Other Employee Benef Other fees Pension Plan Contrib	otion ions, and Meetings rvice Fees gy it utions Total	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
Statement 3 Form 199, Schedule L, Lir Other Assets	ne 12	
Prepaid Expenses and Right of use asset	Deferred Charges	94,821. 101,846. \$ 196,667.
Statement 4 Form 199, Schedule L, Lir Other Liabilities	ne 18	
Lease liability	Total 3	117,608. \$ 117,608.
Statement 5 Form 199, Schedule M-1, Income Not Recorded on	Line 4 Books this Year	
Pass through grants.	Total S	\$250,000. \$250,000.

2022	California Statements	Page 2
Client VOTESOLA	Vote Solar	46-4396728
8/04/23		01:23PM
Statement 6 Form 199, Schedule M-1, Line 5 Expenses Recorded on Books Not In-kind services	<b>Deducted on Return</b> Total	\$563,679. \$563,679.
Statement 7 Form 199, Schedule M-1, Line 7 Income Recorded on Books Not on In-kind services	<b>Return</b> Total	\$563,679. \$563,679.
Statement 8 Form 199, Schedule M-1, Line 8 Deductions on Return Not on Book	s	
Pass through grants	Total	\$250,000. \$250,000.

## 2022

## **California Supplemental Information**

#### **Client VOTESOLA**

Vote Solar

46-4396728

01:06PM

8/04/23

California Deductions (Form 199) Contributions, gifts and grants

See Form 990 and related schedules

California Deductions (Form 199) Compensation of officers, directors and trustees

See Form 990 and related schedules

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021)						DEPARTMENT OF J PAG	USTICE E 1 of 5	R
IN MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470		REGISTRATIO				(For Registry Use	Only)	
STREET ADDRESS:		tions 12586 and 12587, Cal. Code Regs. section						
1300 I Street Sacramento, CA 95814 (916) 210-6400	Failure to submit	this report annually no later t ccounting period may result in	han four months and	l fifteen day	s after the end of the			
WEBSITE ADDRESS: www.oag.ca.gov/charities	minimum tax of	\$800, plus interest, and/or fines 3; Government Code section	s or filing penalties. R	evenue & Ta	xation Code section			
VOTE SOLAR				ck if:				
Name of Organization				mange of	address			
List all DBAs and names the organization	uses or has used							
360 22ND ST STE 730 Address (Number and Street)			State	e Charity	Registration Nun	nber <u>CT0205758</u>		
OAKLAND, CA 94612 City or Town, State, and ZIP Code			Corp	oration o	r Organization N	o. <u>3628066</u>		
415-817-5060		ABETH@VOTESOLAF	R.ORG	vral Empl	oyer ID No. 46	-1306728		
Telephone Number	E-mail Ac	RENEWAL FEE SCHEDU		-	-			
		Make Check Payable				, , , , , , , , , , , , , , , , , , ,		
Total Revenue	Fee	Total Revenue		<u>Fee</u>	<u>Total Revenue</u>			<u>ee</u>
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$250,001 an Between \$1,000,001 a Between \$5,000,001 a	and \$5 million	\$100 \$200 \$400		0,001 and \$100 milli 00,001 and \$500 mil 0 million	lion \$1	300 1,000 1,200
PART A – ACTIVITIES								
For your most recent full a	accounting per	iod (beginning]	/01/22	ending	12/31/22	) list:		
Total Revenue \$ (including noncash contributions)	7,417,99	1. Noncash Contrib	utions \$		0. Total A	ssets \$ 15,25	51,41	2.
Program Fx		7,090,558.				1,220.		
	.ponoco ;				<u> </u>	1,220.		
PART B – STATEMENTS Note: All questions must be ar								
providing an explanation	and details fo	r each "yes" response.	Please review I	RRF-1 ins	structions for info	ormation required.	Yes	No
1 During this reporting period, we officer, director or trustee thereof,	were there any either directly o	contracts, loans, leases or of or with an entity in whic	ther financial transa h any such office	ctions betv er, director	ween the organize or trustee had any	ation and any financial interest?		Х
2 During this reporting period,	was there any t	heft, embezzlement, di	version or misus	se of the	organization's charita	ble property or funds?		Х
<b>3</b> During this reporting period, v	were any organ	ization funds used to p	ay any penalty,	fine or ju	idgment?			Х
4 During this reporting period, v coventurer used?	were the service	es of a commercial fundrais	ser, fundraising o	counsel fo	or charitable purpose	s, or commercial		Х
<b>5</b> During this reporting period, o	did the organiza	ation receive any gover	nmental funding	!?				Х
6 During this reporting period, o	did the organiza	ation hold a raffle for ch	naritable purpos	es?				Х
7 Does the organization conduc	t a vehicle don	ation program?						Х
8 Did the organization conduct generally accepted accountin	an independent g principles for	t audit and prepare aud this reporting period?	lited financial st	atements	s in accordance w	vith	Х	
9 At the end of this reporting p	eriod, did the o	rganization hold restricte	d net assets, while	reportin	g negative unres	tricted net assets?		Х
I declare under penalty of perju and belief, the content is true, o				panying	documents, and	to the best of my kn	owled	ge
	ELI	ZABETH BROOKS	TRE	ASUREF	2			
Signature of Authorized Agent		d Name	Title			Date		