| Form | 990 |
|------|-----|
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## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Т

| AF                             | or th           | e 2023 calendar year, or tax year beginning and  | ending                                   |                              |                               |  |
|--------------------------------|-----------------|--|--|------------------------------|-------------------------------|--|
| B c<br>a                       | heck if pplicab | C Name of organization   |  | D Employer identific         | ation number                  |  |
|                                | Addre           | PRESIDENTIAL PRECINCT  |  |                              |                               |  |
|                                | Name            | <b>-</b> · · · ·   | 46-108454                                | 10                           |                               |  |
|                                | Initial         | Number and street (or P.O. box if mail is not delivered to street address)                       | Room/suite                               | E Telephone number           |                               |  |
|                                | Final<br>Final  |  |  | 434-200-8                    | 3822                          |  |
|                                | termi<br>ated   | City or town, state or province, country, and ZIP or foreign postal code                         |  | <b>G</b> Gross receipts \$   | 648,090.                      |  |
|                                | Amer            | CHARLOTTESVILLE, VA 22902  |  | H(a) Is this a group re      |                               |  |
|                                | Appli<br>       | F Name and address of principal officer. 101051 OG0105E1E  |  | for subordinates             | ? Yes X No                    |  |
|                                | pend            | SAME AS C ABOVE  |  | H(b) Are all subordinates in | cluded? Yes No                |  |
| <u> </u> ]                     | ax-ex           | empt status: 🚺 501(c)(3) 🚺 501(c) ( ) (insert no.) 🗌 4947(a)(1) (                                | or 📃 527                                 | If "No," attach a            | list. See instructions        |  |
|                                | Vebs            |  |  | H(c) Group exemption         |                               |  |
|                                |                 | f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other                                      | L Year                                   | of formation: 2012 N         | I State of legal domicile: VA |  |
| Pa                             | rt I            | Summary  |  |                              |                               |  |
| Ð                              | 1               | Briefly describe the organization's mission or most significant activities: SEE                  | SCHEDU                                   | LE O                         |                               |  |
| Governance                     |                 |  |  |                              |                               |  |
| ern (                          | 2               | Check this box if the organization discontinued its operations or dispos                         |  |                              |                               |  |
| Š                              | 3               |  |  |                              | 11                            |  |
| ت<br>ھ                         | 4               | Number of independent voting members of the governing body (Part VI, line 1b)                    |  | 11                           |                               |  |
| es                             | 5               | Total number of individuals employed in calendar year 2023 (Part V, line 2a)                     |  | <u> </u>                     |                               |  |
| ZİŢ                            | 6               |  | er of volunteers (estimate if necessary) |                              |                               |  |
| Activities &                   |                 | Total unrelated business revenue from Part VIII, column (C), line 12                             |  |                              | 0.                            |  |
| _                              | b               | Net unrelated business taxable income from Form 990-T, Part I, line 11                           | . <u></u>                                |                              | 0.                            |  |
|                                |                 |  |  | Prior Year                   | Current Year                  |  |
| ē                              | 8               | Contributions and grants (Part VIII, line 1h)  |  | 612,351.                     | 594,641.                      |  |
| ent                            | 9               | Program service revenue (Part VIII, line 2g)   |  | 0.                           | 0.                            |  |
| Revenue                        | 10              | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                    |  | 305.                         | 1,163.                        |  |
|                                | 11              | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                         |  | 0.                           | 0.                            |  |
|                                | 12              | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)               |  | 612,656.                     | 595,804.                      |  |
|                                | 13              | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                 |  | 0.                           | 0.                            |  |
|                                | 14              | Benefits paid to or for members (Part IX, column (A), line 4)                                    |  | 0.                           | 0.                            |  |
| es                             | 15              | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                |  | 463,595.                     | 418,326.                      |  |
| sue                            |                 | Professional fundraising fees (Part IX, column (A), line 11e)                                    |  | 0.                           | 0.                            |  |
| Expenses                       |                 | Total fundraising expenses (Part IX, column (D), line 25) 118,55                                 |  | 240, 200                     |                               |  |
| ш                              | 17              | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                     |  | 348,286.                     | 395,756.                      |  |
|                                | 18              | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                        |  | 811,881.                     | 814,082.                      |  |
|                                | 19              | Revenue less expenses. Subtract line 18 from line 12   |  | -199,225.                    | -218,278.                     |  |
| Net Assets or<br>Fund Balances |                 |  | Be                                       | ginning of Current Year      | End of Year                   |  |
| sset<br>3alaı                  | 20              | Total assets (Part X, line 16)   |  | <u>487,209</u> .<br>26,796.  | <u>318,272.</u><br>11,137.    |  |
| et A:                          | 21              |  |  |                              |                               |  |
| Ž                              | 22              | Net assets or fund balances. Subtract line 21 from line 20                                       |  | 460,413.                     | 307,135.                      |  |
|                                | rt II           | Signature Block  |  |                              |                               |  |
|                                | -               | alties of perjury, I declare that I have examined this return, including accompanying schedules  |  |                              | knowledge and belief, it is   |  |
| true,                          | corre           | ct, and complete. Declaration of preparer (other than officer) is based on all information of wh | ich preparer                             | has any knowledge.           |                               |  |

| Sign  | Signature of offic | cer               |               |                      |                 |            | Date           |                        |
|---|--------------------|-------------------|---------------|----------------------|-----------------|------------|----------------|------------------------|
| Here  | TOYOSI O           | GUNSEYE,          | CHIEF E       | EXECUTIVE OFF        | 'ICER           |            |                |                        |
|   | Type or print nan  | me and title      |               |                      |                 |            |                |                        |
| Print/Type preparer's name Preparer's signature Date Check PTIN                 |                    |                   |               |                      |                 | PTIN       |                |                        |
| Paid  | JEFFREY            | D. ULMER          |               |                      |                 |            | self-employed  | P00147690              |
| Preparer  | Firm's name        | HANTZMON          | WIEBEL        | LLP                  |                 |            | Firm's EIN 54- | 0618213                |
| Use Only  | Firm's address     | PO BOX 14         | 08            |                      |                 |            |                |                        |
| CHARLOTTESVILLE, VA 22902 Phone no. (434) 296-215                               |                    |                   |               |                      |                 | ) 296-2156 |                |                        |
| May the IRS discuss this return with the preparer shown above? See instructions |                    |                   |               |                      |                 |            |                |                        |
| LHA For   | Paperwork Red      | duction Act Notic | e, see the se | parate instructions. | 332001 12-21-23 |            |                | Form <b>990</b> (2023) |

|        | 990 (2023) PRESIDENTIAL PRECINCT   | 46-1084540                   | Page <b>2</b>                                |
|--------|--|------------------------------|--|
| Par    | t III Statement of Program Service Accomplishments   |                              |  |
|        | Check if Schedule O contains a response or note to any line in this Part III                                     |                              |  |
| 1      | Briefly describe the organization's mission:   |                              | <u>.                                    </u> |
| -      | FROM THE BIRTHPLACE OF MODERN DEMOCRACY, WE ENGAGE AND   | INSPIRE                      |  |
|        | EMERGING LEADERS TO ADDRESS THE MOST PRESSING CHALLENGE  |                              |  |
|        | COUNTRIES.   |                              |  |
|        | COONTRIES.   |                              |  |
|        | D'al la construction de la la construction de la construcción de la construction de la construction de la const  |                              |  |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the     |                              | <b>v</b>                                     |
|        | prior Form 990 or 990-EZ?  | Yes                          |  |
|        | If "Yes," describe these new services on Schedule O.   |                              |  |
| 3      | Did the organization cease conducting, or make significant changes in how it conducts, any program services      | ? Yes                        | X No   |
|        | If "Yes," describe these changes on Schedule O.  |                              |  |
| 4      | Describe the organization's program service accomplishments for each of its three largest program services, a    | as measured by expenses.     |  |
|        | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | ners, the total expenses, an | d  |
|        | revenue, if any, for each program service reported.  |                              |  |
| 4a     | (Code:) (Expenses \$485, 391. including grants of \$) (Rev   | venue \$                     | )  |
|        | THE PRECINCT EMPOWERS THE NEXT GENERATION OF GLOBAL LEA  |                              | <del>/</del> /                               |
|        | COLLABORATION WITH SOME OF THE BRIGHTEST MINDS AND MOST  |                              |  |
|        | RESOURCES IN THE UNITED STATES. THE PRECINCT IS A UNIQU  |                              |  |
|        | THAT INCLUDES THE UNIVERSITY OF VIRGINIA, THE COLLEGE O  |                              |  |
|        | MARY, MONTICELLO, MONTPELIER, AND HIGHLAND. BY COMBININ  |                              |  |
|        |  |                              |  |
|        | RESOURCES OF THE UNIVERSITIES WITH THE RICH HISTORY OF   |                              | LAL  |
|        | HOMES, THE PRECINCT IS ABLE TO LEAD PROGRAMS THAT ENCOU  |                              |  |
|        | LEADERS TO EXCHANGE IDEAS, SEEK EXPERT ADVICE, LEARN FR  |                              |  |
|        | HISTORY, AND SOLVE THE MOST PRESSING CHALLENGES IN THEI  | R COMMUNITIES.               | •  |
|        |  |                              |  |
|        |  |                              |  |
|        |  |                              |  |
| 4b     | (Code:) (Expenses \$ including grants of \$ ) (Rev   | venue \$                     | )  |
|        |  |                              | ,  |
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|        |  |                              |  |
|        |  |                              |  |
| 4c     | (Code: ) (Expenses \$ including grants of \$ ) (Rev  | venue \$                     | )  |
|        |  |                              | ,  |
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|        |  |                              |  |
|        |  |                              |  |
| 4d     | Other program services (Describe on Schedule O.)   |                              |  |
|        | (Expenses \$ including grants of \$ ) (Revenue \$  | )                            |  |
| 4e     | Total program service expenses 485, 391.   |                              |  |
| 70     |  | Earm Q(                      | 90 (2023)                                    |
| 200000 | 10.01.00   |                              | - <del>-</del> (2023)                        |
| 332002 | 12-21-23<br><b>2</b>   |                              |  |
|        | 4 · · · · · · · · · · · · · · · · · · ·  |                              |  |

2023.04020 PRESIDENTIAL PRECINCT 21224\_1

 Form 990 (2023)
 PRESIDENTIAL
 PRECINCT

 Part IV
 Checklist of Required Schedules
 Checklist
 Check

|       |  |            | Yes | No       |
|-------|--|------------|-----|----------|
| 1     | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |            | 37  |          |
| _     | If "Yes," complete Schedule A  | 1          | X   |          |
| 2     | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2          | X   |          |
| 3     | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |            |     | v        |
|       | public office? If "Yes," complete Schedule C, Part I   | 3          |     | <u> </u> |
| 4     | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |            |     | v        |
| _     | during the tax year? If "Yes," complete Schedule C, Part II  | 4          |     | <u> </u> |
| 5     | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | _          |     | v        |
| •     | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5          |     | <u> </u> |
| 6     | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |            |     | х        |
| -     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6          |     |          |
| 7     | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | _          |     | v        |
| ~     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7          |     | <u> </u> |
| 8     | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |            |     | v        |
| -     | Schedule D, Part III   | 8          |     | <u> </u> |
| 9     | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for  |            |     |          |
|       | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |            |     | v        |
| 40    | If "Yes," complete Schedule D, Part IV   | 9          |     | _X_      |
| 10    | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |            |     | v        |
|       | or in quasi-endowments? If "Yes," complete Schedule D, Part V  | 10         |     | X        |
| 11    | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,  |            | 37  |          |
|       | Part VI  | <u>11a</u> | X   |          |
| b     | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |            |     | 77       |
|       | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        |     | <u> </u> |
| С     | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |            |     | 77       |
| _     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c        |     | <u> </u> |
| 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  |            |     | 77       |
|       | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d        | 37  | <u> </u> |
| -     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e        | X   |          |
| f     | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |            | v   |          |
|       | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>   | 11f        | X   |          |
| 12a   | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |            | v   |          |
|       | Schedule D, Parts XI and XII   | 12a        | X   |          |
| b     | Was the organization included in consolidated, independent audited financial statements for the tax year?  |            |     | v        |
| 40    | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b        |     | X<br>v   |
| 13    | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   | 13         |     | X        |
| 14a   | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a        |     | X        |
| b     | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |            |     |          |
|       | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |            |     | v        |
| 45    | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b        |     | _X_      |
| 15    | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 4-         |     | v        |
| 10    | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         |     | <u> </u> |
| 16    | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | 10         |     | v        |
| 47    | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16         |     | <u> </u> |
| 17    | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 47         |     | х        |
| 10    | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions   | 17         |     |          |
| 18    | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | 40         |     | х        |
| 10    | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         |     | - 23     |
| 19    | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"  | 10         |     | х        |
| 00-   | complete Schedule G, Part III  | 19         |     | X        |
|       | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a        |     |          |
|       | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b        |     | <u> </u> |
| 21    | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12, // "Vea", complete Schedule /, Darte / and // | 21         |     | х        |
|       | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  |            | 990 | (2023)   |
| 32003 | 12-21-23   | FOUL       |     | (2023)   |

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 Form 990 (2023)
 PRESIDENTIAL
 PRECINCT

 Part IV
 Checklist of Required Schedules (continued)
 (continued)

|        |   |     | Y   |               |
|--------|---|-----|-----|---------------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |     | Yes | No            |
| 22     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | x             |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current   |     |     |               |
| 20     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |     |     |               |
|        | Schedule J  | 23  |     | x             |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |     |     |               |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |     |     |               |
|        | Schedule K. If "No," go to line 25a   | 24a |     | X             |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |               |
| 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 |     | <u> </u>      |
|        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     | <u> </u>      |
| 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  | 05- |     | x             |
| h      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     |               |
| D      | 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</i> |     |     |               |
|        | Schedule L, Part I  | 25b |     | x             |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   | 200 |     | <u> </u>      |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |     |     |               |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26  |     | x             |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |     |     |               |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |     |     |               |
|        | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27  |     | X             |
| 28     | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,   |     |     |               |
|        | instructions for applicable filing thresholds, conditions, and exceptions):   |     |     |               |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  |     |     | v             |
|        | "Yes," complete Schedule L, Part IV   | 28a |     | X<br>X        |
|        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |     |               |
| C      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i><br>"Yes," <i>complete Schedule L, Part IV</i>   | 28c |     | x             |
| 29     | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M   | 29  | х   | <u> </u>      |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |     |     |               |
|        | contributions? If "Yes," complete Schedule M  | 30  |     | x             |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | 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  |     | X             |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |     |     |               |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | X X           |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |     |     | v             |
| 25 -   | Part V, line 1  | 34  |     | X<br>X        |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                                    | 35a |     | <u>^</u>      |
| D      | 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  |     | x             |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |     |     |               |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | X             |
| 38     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  |     |     |               |
| _      | Note: All Form 990 filers are required to complete Schedule O   | 38  | Х   |               |
| Par    |   |     |     |               |
|        | Check if Schedule O contains a response or note to any line in this Part V  |     |     |               |
|        | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |     | Yes | No            |
|        |   |     |     |               |
|        | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0<br>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                                       |     |     |               |
| C      | (gambling) winnings to prize winners?   | 1c  |     |               |
| 332004 | 12-21-23  |     | 990 | (2023)        |
| 202004 | Δ   |     | -   | ,_ <u>_</u> ) |

<sup>21224</sup>\_\_1

| Form   | 990 (2023) PRESIDENTIAL PRECINCT 46-1084   | 540      | P    | <sub>age</sub> 5 |
|--------|--|----------|------|------------------|
| Par    | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |          |      |                  |
| •      |  |          | Yes  | No               |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,<br>filed for the calendar year ending with or within the year covered by this return 2a 6                    |          |      |                  |
| b      | filed for the calendar year ending with or within the year covered by this return 2a 6<br>If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b       | х    |                  |
|        | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 20<br>3a | - 11 | X                |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b       |      |                  |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |          |      |                  |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |      | Х                |
| b      | If "Yes," enter the name of the foreign country  |          |      |                  |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |          |      |                  |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |      | X                |
|        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |      | X                |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |      |                  |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  | -        |      | v                |
|        | any contributions that were not tax deductible as charitable contributions?  | 6a       |      | <u>X</u>         |
| D      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   | Ch       |      | 1                |
| 7      | were not tax deductible?<br>Organizations that may receive deductible contributions under section 170(c).  | 6b       |      |                  |
|        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a       |      | х                |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |      |                  |
|        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |          |      |                  |
| -      | to file Form 8282?   | 7c       |      | Х                |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year 7d   |          |      |                  |
|        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |      | Х                |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f       |      | Х                |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |      |                  |
| 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      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       |      |                  |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b       |      |                  |
| 10     | Section 501(c)(7) organizations. Enter:  |          |      |                  |
| а      | Initiation fees and capital contributions included on Part VIII, line 12 10a   |          |      |                  |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |          |      |                  |
| 11     | Section 501(c)(12) organizations. Enter:   |          |      |                  |
| a<br>L | Gross income from members or shareholders 11a  |          |      |                  |
| b      | Gross income from other sources. (Do not net amounts due or paid to other sources against  |          |      |                  |
| 122    | amounts due or received from them.) [11b]<br>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      |      |                  |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 120      |      |                  |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |      |                  |
|        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |      |                  |
|        | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |          |      |                  |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the   |          |      |                  |
|        | organization is licensed to issue qualified health plans   |          |      |                  |
| с      | Enter the amount of reserves on hand   |          |      |                  |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |      | Х                |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b      |      |                  |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |          |      | 1                |
|        | excess parachute payment(s) during the year?   | 15       |      | X                |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.   |          |      |                  |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16       |      | X                |
|        | If "Yes," complete Form 4720, Schedule O.  |          |      |                  |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities  |          |      | 1                |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | 17       |      |                  |
|        | If "Yes," complete Form 6069.  | F        | 990  | (0000)           |
| 332005 | 12-21-23 <b>F</b>  | Form     | 330  | (2023)           |

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| Form 990 | (2023) |
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

| Check if Schedule O contains a response or note to any line in this Part VI |  |
|---|--|
| Section A. Governing Body and Management                                    |  |

|        |  |                      |                  | —            | Yes      | 5 N (         |
|--------|--|----------------------|------------------|--------------|----------|---------------|
| 1a     | Enter the number of voting members of the governing body at the end of the tax year  | <b>1</b> a           |                  | 11           |          |               |
|        | If there are material differences in voting rights among members of the governing body, or if the governing                            |                      |                  |              |          |               |
|        | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.                                  |                      |                  |              |          |               |
| b      | Enter the number of voting members included on line 1a, above, who are independent   | 1b                   |                  | 11           |          |               |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationship                              | o with a             | ny other         |              |          |               |
|        | officer, director, trustee, or key employee?   |                      |                  | . 2          |          | <u> </u>      |
| 3      | Did the organization delegate control over management duties customarily performed by or under the                                     | e direct             | supervision      |              |          |               |
|        | of officers, directors, trustees, or key employees to a management company or other person?  |                      |                  | 3            |          | <u> </u>      |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 9                                    | 90 was               | filed?           | 4            |          | X             |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's ass                                 | ets?                 |                  | 5            |          | X             |
| 6      | Did the organization have members or stockholders?   |                      |                  | . 6          |          | X             |
| 7a     | Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body? | point o              | ne or            |              |          | x             |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members, st                                   |                      |                  |              |          |               |
| ~      | persons other than the governing body?   |                      |                  | 76           |          | X             |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea                         |                      |                  |              |          |               |
|        |  | -                    | -                | 8a           | x        |               |
| a<br>h | The governing body?  |                      |                  | . <u>0</u> 8 |          | +             |
|        |  |                      |                  |              |          | -             |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read                             |                      |                  | 9            |          | X             |
| 00     | organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>   |                      | <u> </u>         | 9            |          |               |
|        | tion B. Policies (This Section B requests information about policies not required by the Internal Re                                   | venue (              | ;ode.)           |              | V        |               |
| •      |  |                      |                  |              | Yes      | s N<br>X      |
|        | Did the organization have local chapters, branches, or affiliates?   |                      |                  | 10           | 3        | <u></u>       |
| b      | If "Yes," did the organization have written policies and procedures governing the activities of such ch                                | •                    |                  |              |          |               |
|        |  |                      |                  |              |          |               |
|        | Has the organization provided a complete copy of this Form 990 to all members of its governing body                                    | y before             | filing the form  | · 11         | 3        | X             |
|        | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |                      |                  |              |          |               |
|        | Did the organization have a written conflict of interest policy? If "No," go to line 13  |                      |                  |              |          | _             |
| b      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise                  | to confl             | cts?             | 12           | s X      | _             |
| С      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                                  | ′es," de             | scribe           |              |          |               |
|        | on Schedule O how this was done  |                      |                  |              |          | _             |
| 3      | Did the organization have a written whistleblower policy?  |                      |                  |              | X        | _             |
| 4      | Did the organization have a written document retention and destruction policy?   |                      |                  | 14           | _        | X             |
| 5      | Did the process for determining compensation of the following persons include a review and approva                                     | l by ind             | ependent         |              |          |               |
|        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                      |                      |                  |              |          |               |
| а      | The organization's CEO, Executive Director, or top management official   |                      |                  | 15           | 3        | X             |
| b      | Other officers or key employees of the organization  |                      |                  | . 15         | <b>)</b> | X             |
|        | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |                      |                  |              |          |               |
| 6a     | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen                            | nent wit             | ha               |              |          |               |
|        | taxable entity during the year?  |                      |                  | . 16         | a        | X             |
| b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat                              | te its pa            | rticipation      |              |          |               |
|        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                                  | ization'             | S                |              |          |               |
|        | exempt status with respect to such arrangements?   |                      |                  | 16           | 5        |               |
| ect    | tion C. Disclosure   |                      |                  |              |          |               |
| 7      | List the states with which a copy of this Form 990 is required to be filed $\_VA$  |                      |                  |              |          |               |
|        | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar                                  | nd 990- <sup>-</sup> | F (section 501(c | )(3)s only   | ) avail  | able          |
|        | for public inspection. Indicate how you made these available. Check all that apply.  |                      |                  |              | ,        |               |
|        | X Own website X Another's website Upon request Other (explain  | n on Sch             | nedule ()        |              |          |               |
| 9      | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co                                      |                      | ,                | and fina     | ncial    |               |
|        | statements available to the public during the tax year.  |                      |                  |              |          |               |
| 20     | State the name, address, and telephone number of the person who possesses the organization's boo                                       | oks and              | records          |              |          |               |
|        | THE ORGANIZATION - 434-200-8822  |                      |                  |              |          |               |
|        | 427 PARK STREET, CHARLOTTESVILLE, VA 22902   |                      |                  |              |          |               |
|        |  |                      |                  |              |          | <b>)</b> (202 |

| Form 990 | (2023) |
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| Part VII | Compensation of Officers, | Directors,  | Trustees, | Key Employees, | Highest | Compensated |
|----------|---------------------------|-------------|-----------|----------------|---------|-------------|
| -        | Employees, and Independe  | ent Contrac | ctors     |                |         |             |

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| Name and title     Average<br>hours per<br>week     Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee)     Reportable     Reportable       from     from related  | Estimated<br>amount of<br>other<br>compensation<br>from the |
|--|---|
| hours per         box, unless person is both an officer and a director/trustee)         compensation         compensation           week         officer and a director/trustee)         from         from related   | other<br>compensation                                       |
|  | compensation  |
|  | •   |
| (list any 물 the organizations  |   |
| hours for  |   |
| related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>related<br>relate | organization  |
| organizations st light l   | and related<br>organizations                                |
| (list any<br>hours for<br>related     1000<br>below  | organizations   |
| (1) TOYOSI OGUNSEYE 40.00  |   |
| EXECUTIVE DIRECTOR X 109,511. 0.   | 5,945.  |
| (2) JAMES B. MURRAY JR. 0.50   | <u> </u>  |
| CHAIR X X 0. 0.  | 0.  |
| (3) PETER MCHUGH 2.00  |   |
| SECRETARY AND TREASURER X X 0. 0.  | 0.  |
| (4) FRANCOIS BAIRD 2.00  |   |
| DIRECTOR X 0. 0.   | 0.  |
| (5) SARA BON-HARPER 0.50   |   |
| DIRECTOR X 0. 0.   | 0.  |
| (6) EOLA DANCE 0.50  |   |
| DIRECTOR X 0. 0.   | 0.  |
| (7) STEWART GAMAGE 0.50  |   |
| DIRECTOR X 0. 0.   | 0.  |
| (8) LINDA KLEIN 0.50   |   |
| DIRECTOR X 0. 0.   | 0.  |
| (9) TERESA LONGO 0.50  |   |
| DIRECTOR X 0. 0.   | 0.  |
| (10) STEPHEN MULL 0.50   |   |
| DIRECTOR X 0. 0.   | 0.  |
| (11) JOHN OLAJIDE 0.50   |   |
| DIRECTOR X 0. 0.   | 0.  |
| (12) TIM SULLIVAN 0.50   | -   |
| DIRECTOR X 0. 0.   | 0.  |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| 332007 12-21-23  | Form <b>990</b> (2023)                                      |

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332007 12-21-23

Form 990 (2023)

|                 | 990 (2023) PRESIDENT   |   |                                |                                 |                 |                        |                                 |        |  | 46-10  | 845    | <u>540</u>    | Pag                             | ge <b>8</b>    |
|-----------------|--|---|--------------------------------|---------------------------------|-----------------|------------------------|---------------------------------|--------|--|--|--------|---------------|---------------------------------|----------------|
| Par             | VII Section A. Officers, Directors, Trust  | tees, Key Emp   | ploye                          | ees,                            | and             | Hig                    | ghes                            | t C    | ompensated Employee                              | s (continued)  |        |               |                                 |                |
|                 | (A)<br>Name and title  | <b>(B)</b><br>Average<br>hours per<br>week<br>(list any | box,<br>offic                  | F<br>not ch<br>unles<br>cer and | ieck r<br>s per | tion<br>nore<br>son is | than c<br>s both                | an     | (D)<br>Reportable<br>compensation<br>from<br>the | (E)<br>Reportable<br>compensation<br>from related<br>organizations |        | Estir<br>amo  | (F)<br>mated<br>ount of<br>ther | f              |
|                 |  | hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee          | Officer         | Key employee           | Highest compensated<br>employee | Former | (W-2/1099-MISC/<br>1099-NEC)                     | (W-2/1099-MIS<br>1099-NEC)   |        | fror<br>orgar | m the<br>nizatio<br>relateo     | on<br>d        |
|                 |  |   |                                |                                 |                 |                        |                                 |        |  |  |        |               |                                 |                |
|                 |  |   |                                |                                 |                 |                        |                                 |        |  |  |        |               |                                 |                |
|                 |  |   |                                |                                 |                 |                        |                                 |        |  |  |        |               |                                 |                |
|                 |  |   |                                |                                 |                 |                        |                                 |        |  |  |        |               |                                 |                |
| с               | Subtotal<br>Total from continuation sheets to Part VII   | , Section A   |                                |                                 |                 |                        |                                 |        | 109,511.<br>0.<br>109,511.                       |  | 0.0.0  |               | <u>,94</u><br>,94               | 0.             |
| _ <u>a</u><br>2 | Total (add lines 1b and 1c)<br>Total number of individuals (including but no<br>compensation from the organization   |   |                                |                                 |                 |                        |                                 |        |  | 000 of reportable  | -      |               | , 94                            | <u>J.</u><br>1 |
| 3               | Did the organization list any <b>former</b> officer,   | director, truste  | ee, k                          | ey er                           | mple            | oyee                   | e, or                           | hig    | hest compensated empl                            | oyee on  | ſ      | Y             |                                 | No             |
| 4               | line 1a? If "Yes," complete Schedule J for su<br>For any individual listed on line 1a, is the su   | m of reportabl  | e co                           | mpei                            | nsat            | tion                   | and                             | oth    | er compensation from th                          | ne organization  |        | 3             |                                 | X              |
| 5               | and related organizations greater than \$150<br>Did any person listed on line 1a receive or a<br>rendered to the organization? <i>If</i> "Yes." <i>com</i> | ccrue compen  | satio                          | on fro                          | om a            | any                    | unre                            | late   | ed organization or individ                       | lual for services  |        | 4             |                                 | x<br>x         |
| Sec             | ion B. Independent Contractors   | piele Schedule  | <u>; J /(</u>                  | <u>or su</u>                    | <u>cn p</u>     | )ers(                  | <u>on</u> .                     |        |  |  | ····   | <u> </u>      | - 1                             |                |
| 1               | Complete this table for your five highest cor the organization. Report compensation for t  |   |                                |                                 |                 |                        |                                 |        |  |  | ensati | on from       | ו                               |                |
|                 | (A)<br>Name and business   |   |                                | ONE                             |                 |                        |                                 |        | (B)<br>Description of s                          |  | Co     | (C)<br>ompens |                                 |                |
|                 |  |   |                                |                                 |                 |                        |                                 |        |  |  |        |               |                                 |                |
|                 |  |   |                                |                                 |                 |                        |                                 |        |  |  |        |               |                                 |                |
|                 |  |   |                                |                                 |                 |                        |                                 |        |  |  |        |               |                                 |                |
| 2               | Total number of independent contractors (ir  | ncludina but na   | ot lin                         | nited                           | to †            | hos                    | e list                          | ted    | above) who received mo                           | ore than   |        |               |                                 |                |
|                 | \$100,000 of compensation from the organiz   |   |                                |                                 |                 | 0                      |                                 | -      | ,  |  |        | - 0           | 00.00                           |                |

Form **990** (2023)

332008 12-21-23

| -orm   | ı 990 | (2       | <u>20</u> 23) PRE                          | SIDE        | NTIAI     | L PRE      | CINCT        |                             |  | 46-1084                                     | 540 Page 9  |
|--|-------|----------|--|-------------|-----------|------------|--------------|-----------------------------|--|---|---|
|  | rt VI |          |  | venue       |           |            |              |                             |  |   |   |
|  |       |          | Check if Schedule O                        | contains a  | a respon  | ise or not | e to any lin | e in this Part VIII         |  |   |   |
|  |       |          |  |             |           |            | ,            | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| <u>ເ</u>   | 1 a   | a        | Federated campaigns                        |             | 1a        |            |              |                             |  |   |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts  | k     |          |  |             |           |            |              |                             |  |   |   |
| ΩĘ   | Ċ     |          | Fundraising events                         |             |           |            |              |                             |  |   |   |
| ifts<br>ar A   | Ċ     |          | Related organizations                      |             |           |            |              |                             |  |   |   |
| , G<br>nils  | e     |          | Government grants (contr                   |             |           | 251        | ,929.        |                             |  |   |   |
| ŝ  | f     |          | All other contributions, gifts,            |             |           |            | -            |                             |  |   |   |
| ber  |       |          | similar amounts not included               |             |           | 342        | ,712.        |                             |  |   |   |
| İğ   | ç     |          | Noncash contributions included in          |             | 1g \$     | 52         | ,286.        |                             |  |   |   |
| anc  | ł     | h        | Total. Add lines 1a-1f                     |             |           |            |              | 594,641.                    |  |   |   |
|  |       |          |  |             |           |            | ness Code    |                             |  |   |   |
| e  | 2 8   | a        |  |             |           |            |              |                             |  |   |   |
| s vio  | k     | b        |  |             |           |            |              |                             |  |   |   |
| Sei  | c     | C        |  |             |           |            |              |                             |  |   |   |
| Program Service<br><u>Revenue</u>  | c     | d        |  |             |           |            |              |                             |  |   |   |
| 2<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B | e     | е        |  |             |           |            |              |                             |  |   |   |
| Ĕ.   | f     | F        | All other program service                  | revenue     |           |            |              |                             |  |   |   |
|  | ç     |          | Total. Add lines 2a-2f                     |             |           |            |              |                             |  |   |   |
|  | 3     |          | Investment income (includ                  |             |           |            |              |                             |  |   |   |
|  |       |          | other similar amounts)                     |             |           |            |              | 2,014.                      |  |   | 2,014   |
|  | 4     |          | Income from investment of                  | of tax-exe  | mpt bon   | d procee   | ds           |                             |  |   |   |
|  | 5     |          | Royalties                                  |             |           |            |              |                             |  |   |   |
|  |       |          |  |             | (i) Real  | (ii)       | Personal     |                             |  |   |   |
|  | 6 a   | a        | Gross rents                                | 6a          |           |            |              |                             |  |   |   |
|  | k     | b        | Less: rental expenses                      | 6b          |           |            |              |                             |  |   |   |
|  | c     | C        | Rental income or (loss)                    | 6c          |           |            |              |                             |  |   |   |
|  | c     | d        | Net rental income or (loss)                |             |           | ·····      |              |                             |  |   |   |
|  | 7 a   | a        | Gross amount from sales of                 |             | Securitie | ,          | i) Other     |                             |  |   |   |
|  |       |          | assets other than inventory                | 7a 51       | 1,43      | 5.         |              |                             |  |   |   |
|  | k     |          | Less: cost or other basis                  |             |           | -          |              |                             |  |   |   |
| evenue   |       |          | and sales expenses                         | 7b 52       | 2,280     | 5.         |              |                             |  |   |   |
| ver  |       |          | Gain or (loss)                             | 7c          | -852      |            |              | 0.51                        |  |   | 0.51  |
| Ě  |       |          | Net gain or (loss)                         |             | , n       | ·····      |              | -851.                       |  |   | -851  |
| Other  | 8 8   |          | Gross income from fundraisin               |             |           |            |              |                             |  |   |   |
| ō  |       |          | including \$                               |             |           |            |              |                             |  |   |   |
|  |       |          | contributions reported on                  |             |           |            |              |                             |  |   |   |
|  |       |          | Part IV, line 18                           |             |           | 8a         |              |                             |  |   |   |
|  |       |          | Less: direct expenses                      |             |           | 8b         |              |                             |  |   |   |
|  |       |          | Net income or (loss) from                  |             | - r       | <u>s</u>   |              |                             |  |   |   |
|  | 98    | a        | Gross income from gamin                    |             |           | 00         |              |                             |  |   |   |
|  |       | <b>_</b> | Part IV, line 19                           |             |           | 9a<br>9b   |              |                             |  |   |   |
|  |       |          | Less: direct expenses                      |             | -         |            |              |                             |  |   |   |
|  |       |          | Gross sales of inventory, I                |             | ſ         | <u> </u>   |              |                             |  |   |   |
|  |       |          |  |             |           | 102        |              |                             |  |   |   |
|  | L     |          | and allowances<br>Less: cost of goods sold |             |           | 10a<br>10b |              |                             |  |   |   |
|  |       |          | Net income or (loss) from                  |             | •••••••   |            |              |                             |  |   |   |
|  |       | -        |  | 54105 UI II | yoritory  |            | ness Code    |                             |  |   |   |
| sno  | 11 a  | a        |  |             |           |            |              |                             |  |   |   |
| nec  | e     | b        |  |             |           |            |              |                             |  |   |   |
| ella.<br><u>ver</u>  |       |          |  |             |           |            |              |                             |  |   |   |
| Miscellaneous<br>Revenue   |       |          | All other revenue                          |             |           |            |              |                             |  |   |   |
| Σ  | 4     |          | Total. Add lines 11a-11d                   |             |           |            |              |                             |  |   |   |
|  | 12    |          | Total revenue. See instruction             |             |           |            |              | 595,804.                    | 0.   | 0.  | 1,163   |
|  | . 4   |          |  |             |           |            |              |                             | · · ·  | · · ·                                       | Form <b>990</b> (202  |

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| Form 990 ( | (2023) |
|------------|--------|
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PRESIDENTIAL PRECINCT Part IX Statement of Functional Expenses

| Check if Schedule O contains a respons<br>o not include amounts reported on lines 6b,   | (A)<br>Total expenses | (B)<br>Program service | (C)<br>Management and | (D)<br>Fundraising |
|---|-----------------------|------------------------|-----------------------|--------------------|
| o, 8b, 9b, and 10b of Part VIII.  |                       | ĕxpenses               | general expenses      | expenses           |
| Grants and other assistance to domestic organizations   |                       |                        |                       |                    |
| and domestic governments. See Part IV, line 21  |                       |                        |                       |                    |
| Grants and other assistance to domestic   |                       |                        |                       |                    |
| individuals. See Part IV, line 22   |                       |                        |                       |                    |
| Grants and other assistance to foreign  |                       |                        |                       |                    |
| organizations, foreign governments, and foreign   |                       |                        |                       |                    |
| individuals. See Part IV, lines 15 and 16   |                       |                        |                       |                    |
| Benefits paid to or for members   |                       |                        |                       |                    |
| Compensation of current officers, directors,  |                       |                        |                       |                    |
| trustees, and key employees   | 109,511.              | 24,242.                | 32,853.               | 52,416             |
| Compensation not included above to disqualified   |                       |                        |                       |                    |
| persons (as defined under section 4958(f)(1)) and   |                       |                        |                       |                    |
| persons described in section 4958(c)(3)(B)  |                       |                        |                       |                    |
| Other salaries and wages  | 254,926.              | 140,383.               | 72,788.               | 41,755             |
| Pension plan accruals and contributions (include  |                       |                        |                       |                    |
| section 401(k) and 403(b) employer contributions)   |                       |                        |                       |                    |
| O Other employee benefits   | 27,006.               | 11,612.                | 8,102.                | 7,292              |
| Payroll taxes   | 26,883.               | 11,593.                | 7,906.                | 7,292<br>7,384     |
| Fees for services (nonemployees):   |                       | -                      |                       | •                  |
| a Management  |                       |                        |                       |                    |
| <b>b</b> Legal  |                       |                        |                       |                    |
| c Accounting  | 33,011.               |                        | 33,011.               |                    |
| d Lobbying  |                       |                        |                       |                    |
| e Professional fundraising services. See Part IV, line 17   |                       |                        |                       |                    |
| f Investment management fees  |                       |                        |                       |                    |
| g Other. (If line 11g amount exceeds 10% of line 25,  |                       |                        |                       |                    |
| column (A), amount, list line 11g expenses on Sch 0.)   | 40,003.               | 40,003.                |                       |                    |
| Advertising and promotion   | 1,266.                |                        |                       | 1,266              |
| Office expenses   | 9,227.                |                        | 9,227.                |                    |
| Information technology  | 1,366.                |                        | 1,366.                |                    |
|   | 1,500.                |                        | 1,500.                |                    |
| Royalties   | 44,378.               | 26,518.                | 9,400.                | 8,460              |
|   | 35,799.               | 31,106.                | 4,693.                | 0,400              |
|   | 55,755.               | 51,100.                | 4,095.                |                    |
| Payments of travel or entertainment expenses  |                       |                        |                       |                    |
| for any federal, state, or local public officials   |                       |                        |                       |                    |
| Conferences, conventions, and meetings  |                       |                        |                       |                    |
| Interest  |                       |                        |                       |                    |
| Payments to affiliates  | F 4 3                 |                        | E 4 2                 |                    |
| Depreciation, depletion, and amortization   | 543.                  |                        | 543.                  |                    |
|   | 2,459.                |                        | 2,459.                |                    |
| <ul> <li>Other expenses. Itemize expenses not covered<br/>above. (List miscellaneous expenses on line 24e. If<br/>line 24e amount exceeds 10% of line 25, column (A),<br/>amount list line 24e expenses on Schedyla O ).</li> </ul> |                       |                        |                       |                    |
| amount, list line 24e expenses on Schedule 0.)  | 128,380.              | 128,380.               |                       |                    |
|   | 56,746.               | 33,591.                | 23,155.               |                    |
|   | 37,963.               | 37,963.                | <u></u>               |                    |
|   | 4,615.                | 57,303.                | 4,615.                |                    |
|   | ¥,010.                |                        | 4,010.                |                    |
| e All other expenses  | Q11 000               | 105 201                | 210,118.              | 110 573            |
| <b>Total functional expenses.</b> Add lines 1 through 24e   | 814,082.              | 485,391.               | 410,110.              | 118,573            |
| <b>Joint costs</b> . Complete this line only if the organization  |                       |                        |                       |                    |
| reported in column (B) joint costs from a combined  |                       |                        |                       |                    |
| educational campaign and fundraising solicitation.  |                       |                        |                       |                    |

332010 12-21-23

10 2023.04020 PRESIDENTIAL PRECINCT

Form 990 (2023)

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

### PRESIDENTIAL PRECINCT

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

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

(A) Beginning of year (B) End of year 454,001. 291,734. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 10,000. 3 Pledges and grants receivable, net Accounts receivable, net 4 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 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 14,089. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 12,703. 1,929. 1,386. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 31,279. 15,152. 15 Other assets. See Part IV, line 11 487,209. 318,272. **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 18 Grants payable Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 26,796. 25 11,137. of Schedule D 26,796. 11,137. 26 **Total liabilities.** Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.

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Liabilities

Net Assets or Fund Balances

Assets

318,272. Form 990 (2023)

307,135.

207,853.

99,282.

345,942.

114,471.

460,413.

487,209.

27

28

29

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31

32

33

332011 12-21-23

| Form | 1990 (2023) PRESIDENTIAL PRECINCT  | 46-108    | 4540         | Pag      | <sub>ge</sub> 12 |
|------|--|-----------|--------------|----------|------------------|
| Pa   | rt XI Reconciliation of Net Assets   |           |              |          |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |           |              |          | X                |
|      |  |           |              |          |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1         | 595          |          |                  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2         | 814          | <u> </u> |                  |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3         | -218         |          |                  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4         | 460          | ),41     | 13.              |
| 5    | Net unrealized gains (losses) on investments   | 5         |              |          |                  |
| 6    | Donated services and use of facilities   | 6         |              |          |                  |
| 7    | Investment expenses  | 7         |              |          |                  |
| 8    | Prior period adjustments   | 8         | 65           | 5,00     | 00.              |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)   | 9         |              |          | 0.               |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |           |              |          |                  |
|      | column (B))  | 10        | 307          | 1,13     | 35.              |
| Pa   | rt XII Financial Statements and Reporting  |           |              |          |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |           |              | ····     | X                |
|      |  |           |              | Yes      | No               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |           |              |          |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule     | Ο.        |              |          |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |           | . 2a         |          | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | on a      |              |          |                  |
|      | separate basis, consolidated basis, or both:   |           |              |          |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |           |              |          |                  |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |           | . <b>2</b> b | X        |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   | e basis,  |              |          |                  |
|      | consolidated basis, or both:   |           |              |          |                  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |           |              |          |                  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | •         |              |          |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |           | . 2c         | х        |                  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch  | edule O.  |              |          |                  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the    |           |              |          |                  |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |           | 3a           |          | _X_              |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit |              |          |                  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |           | . 3b         |          | L                |
|      |  |           |              |          |                  |

Form **990** (2023)

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

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

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

| OMB No. 1545-0047            |
|------------------------------|
| 2023                         |
| Open to Public<br>Inspection |

1

## Name of the organization

| Nam      | e of t   | he organization  |                         |                              |               |              |                 | Employer  | identification number |  |  |
|----------|--|--|-------------------------|------------------------------|---------------|--------------|-----------------|---|-----------------------|--|--|
|          |  |  | IDENTIAL P              |                              |               |              |                 |   | 6-1084540             |  |  |
| Pa       | τl   | Reason for Public C  | Charity Status.         | (All organizations must c    | omplete th    | nis part.) S | ee instruction  | s.  |                       |  |  |
| The      | organi   | zation is not a private found  | ation because it is: (I | For lines 1 through 12, c    | heck only o   | one box.)    |                 |   |                       |  |  |
| 1        |  | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).   |                         |                              |               |              |                 |   |                       |  |  |
| 2        |  | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  |                         |                              |               |              |                 |   |                       |  |  |
| 3        |  | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  |                         |                              |               |              |                 |   |                       |  |  |
| 4        |  | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, |                         |                              |               |              |                 |   |                       |  |  |
|          |  | city, and state:   |                         |                              |               |              |                 |   |                       |  |  |
| 5        |  | An organization operated for   | or the benefit of a col | lege or university owned     | l or operate  | ed by a go   | overnmental u   | nit describe                                    | ed in                 |  |  |
|          |  | section 170(b)(1)(A)(iv). (C   | Complete Part II.)      |                              |               |              |                 |   |                       |  |  |
| 6        |  | A federal, state, or local gov   | vernment or governm     | nental unit described in     | section 17    | ′0(b)(1)(A)  | (v).            |   |                       |  |  |
| 7        | Х  | An organization that normal  | lly receives a substa   | ntial part of its support fi | rom a gove    | ernmental    | unit or from th | ne general                                      | oublic described in   |  |  |
|          |  | section 170(b)(1)(A)(vi). (C   |                         |                              |               |              |                 |   |                       |  |  |
| 8        |  | A community trust describe   |                         |                              |               |              |                 |   |                       |  |  |
| 9        |  | An agricultural research org   |                         |                              |               | -            |                 | -   | -                     |  |  |
|          |  | or university or a non-land-g  | grant college of agric  | ulture (see instructions).   | Enter the I   | name, city   | , and state of  | the college                                     | e or                  |  |  |
|          |  | university:  |                         |                              |               |              |                 |   |                       |  |  |
| 10       |  | An organization that normal  |                         |                              |               |              |                 |   |                       |  |  |
|          |  | activities related to its exem   |                         |                              |               |              |                 |   | -                     |  |  |
|          |  | income and unrelated busin   |                         | (less section 511 tax) fro   | m busines     | ses acqui    | red by the org  | anization a                                     | itter June 30, 1975.  |  |  |
| 44       |  | See section 509(a)(2). (Cor  |                         | voluto toot for public oo    | fatu Saa      | nantian E(   | O(a)(4)         |   |                       |  |  |
| 11<br>12 |  | An organization organized a<br>An organization organized a   | -                       | •                            | •             |              |                 | rny out the                                     | purposes of one or    |  |  |
| 12       |  | more publicly supported or   | -                       | -                            | -             |              |                 | •   |                       |  |  |
|          |  | lines 12a through 12d that   | -                       |                              |               |              |                 |   |                       |  |  |
| а        |  | <b>Type I.</b> A supporting orga   | • •                     |                              |               |              |                 | -   | aivina                |  |  |
|          |  | the supported organization   | -                       | -                            | • • •         | -            |                 |   |                       |  |  |
|          |  | organization. You must c   |                         |                              | ·····j-···j - |              |                 |   |                       |  |  |
| b        |  | <b>Type II.</b> A supporting orga  | -                       |                              | tion with its | s supporte   | ed organization | n(s), by hav                                    | ving                  |  |  |
|          |  | control or management of   | -                       |                              |               |              | -               |   | •                     |  |  |
|          |  | organization(s). You mus   |                         |                              |               |              |                 |   |                       |  |  |
| с        |  | ] Type III functionally inte   | grated. A supportin     | g organization operated      | in connect    | ion with, a  | and functional  | ly integrate                                    | ed with,              |  |  |
|          |  | its supported organizatior   | n(s) (see instructions) | ). You must complete I       | Part IV, Se   | ctions A,    | D, and E.       |   |                       |  |  |
| d        |  | ] Type III non-functionally  | vintegrated. A supp     | orting organization oper     | ated in cor   | nnection v   | vith its suppor | ted organiz                                     | zation(s)             |  |  |
|          |  | that is not functionally inte  | egrated. The organiz    | ation generally must sat     | isfy a distr  | ibution rec  | quirement and   | an attentiv                                     | /eness                |  |  |
|          |  | requirement (see instructi   | ions). You must con     | nplete Part IV, Sections     | A and D,      | and Part     | ۷.              |   |                       |  |  |
| е        |  | Check this box if the orga   | anization received a v  | written determination fro    | m the IRS     | that it is a | Type I, Type    | II, Type III                                    |                       |  |  |
|          |  | functionally integrated, or  | Type III non-function   | nally integrated supportion  | ng organiz    | ation.       |                 |   | []                    |  |  |
| f        | Enter the number of supported organizations  |  |                         |                              |               |              |                 |   |                       |  |  |
| g        | g Provide the following information about the supported organization(s).<br>(i) Name of supported (ii) FIN (iii) Type of organization (iv) is the organization listed (v) Amount of monetary (v) Amount of oth |  |                         |                              |               |              |                 |   | (vi) Amount of other  |  |  |
|          | (described on lines 1-10 in your governing document? support (see instructions)  |  |                         |                              |               |              |                 | (vi) Amount of other support (see instructions) |                       |  |  |
|          | above (see instructions)) Yes No   |  |                         |                              |               |              |                 |   |                       |  |  |
|          |  |  |                         |                              |               |              |                 |   |                       |  |  |
|          |  |  |                         |                              |               |              |                 |   |                       |  |  |
|          |  |  |                         |                              |               |              |                 |   |                       |  |  |
|          |  |  |                         |                              |               |              |                 |   |                       |  |  |
|          |  |  |                         |                              |               |              |                 |   |                       |  |  |
|          |  |  |                         |                              |               |              |                 |   |                       |  |  |
|          |  |  |                         |                              |               |              |                 |   |                       |  |  |
|          |  |  |                         |                              |               |              |                 |   |                       |  |  |
|          |  |  |                         |                              |               |              |                 |   |                       |  |  |
|          |  |  |                         |                              |               |              |                 |   |                       |  |  |

### Schedule A (Form 990) 2023

Part II

### PRESIDENTIAL PRECINCT

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | Section A. Public Support   |                       |                       |                        |                     |          |           |  |
|------|---|-----------------------|-----------------------|------------------------|---------------------|----------|-----------|--|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2019              | <b>(b)</b> 2020       | (c) 2021               | (d) 2022            | (e) 2023 | (f) Total |  |
| 1    | Gifts, grants, contributions, and   |                       |                       |                        |                     |          |           |  |
|      | membership fees received. (Do not   |                       |                       |                        |                     |          |           |  |
|      | include any "unusual grants.")  | 568,500.              | 586,676.              | 910,741.               | 677,351.            | 594,641. | 3337909.  |  |
| 2    | Tax revenues levied for the organ-  |                       |                       |                        |                     |          |           |  |
|      | ization's benefit and either paid to  |                       |                       |                        |                     |          |           |  |
|      | or expended on its behalf   |                       |                       |                        |                     |          |           |  |
| 3    | The value of services or facilities   |                       |                       |                        |                     |          |           |  |
|      | furnished by a governmental unit to   |                       |                       |                        |                     |          |           |  |
|      | the organization without charge   |                       |                       | 010 741                |                     |          | 2227000   |  |
|      | Total. Add lines 1 through 3  | 568,500.              | 586,676.              | 910,741.               | 677,351.            | 594,641. | 3337909.  |  |
| 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)   |                       |                       |                        |                     |          | 880,352.  |  |
| 6    | Public support. Subtract line 5 from line 4.  |                       |                       |                        |                     |          | 2457557.  |  |
|      | ction B. Total Support  |                       |                       |                        |                     |          | 2437337.  |  |
|      | ndar year (or fiscal year beginning in)   | (a) 2019              | <b>(b)</b> 2020       | (c) 2021               | (d) 2022            | (e) 2023 | (f) Total |  |
|      | Amounts from line 4   | 568,500.              | 586,676.              | 910,741.               | 677,351.            | 594,641. | 3337909.  |  |
|      | Gross income from interest,   |                       | ,                     |                        | ,                   |          |           |  |
| Ŭ    | dividends, payments received on   |                       |                       |                        |                     |          |           |  |
|      | securities loans, rents, royalties,   |                       |                       |                        |                     |          |           |  |
|      | and income from similar sources   | 411.                  | 2,715.                | 2,221.                 | 305.                | 2,014.   | 7,666.    |  |
| 9    | Net income from unrelated business  |                       | -                     | -                      |                     |          |           |  |
|      | activities, whether or not the  |                       |                       |                        |                     |          |           |  |
|      | business is regularly carried on  |                       |                       |                        |                     |          |           |  |
| 10   | Other income. Do not include gain   |                       |                       |                        |                     |          |           |  |
|      | or loss from the sale of capital  |                       |                       |                        |                     |          |           |  |
|      | assets (Explain in Part VI.)  |                       |                       |                        |                     |          |           |  |
| 11   | Total support. Add lines 7 through 10   |                       |                       |                        |                     |          | 3345575.  |  |
| 12   | Gross receipts from related activities,   | etc. (see instructio  | ons)                  |                        |                     | 12       |           |  |
| 13   | First 5 years. If the Form 990 is for the   | ne organization's fir | rst, second, third, f | fourth, or fifth tax y | /ear as a section 5 | 01(c)(3) |           |  |
| _    | organization, check this box and stop   |                       |                       |                        |                     |          |           |  |
|      | ction C. Computation of Publi   |                       |                       |                        |                     | I I      |           |  |
|      | Public support percentage for 2023 (I   |                       |                       |                        |                     | 14       | 73.46 %   |  |
|      | Public support percentage from 2022   |                       |                       |                        |                     | 15       | 74.41 %   |  |
| 16a  | 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and   |                       |                       |                        |                     |          |           |  |
|      | stop here. The organization qualifies as a publicly supported organization <b>X</b>   |                       |                       |                        |                     |          |           |  |
| D    | <b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box   |                       |                       |                        |                     |          |           |  |
| 170  | and stop here. The organization qualifies as a publicly supported organization  |                       |                       |                        |                     |          |           |  |
| 17 a | <b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization |                       |                       |                        |                     |          |           |  |
|      | and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  |                       |                       |                        |                     |          |           |  |
| h    | 10% -facts-and-circumstances test   | -                     |                       | • • • •                | -                   |          |           |  |
| N.   | more, and if the organization meets the   | -                     |                       |                        |                     |          |           |  |
|      | organization meets the facts-and-circl  |                       |                       |                        |                     |          |           |  |
| 18   | -   |                       | •                     |                        |                     |          |           |  |
|      | 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |                       |                       |                        |                     |          |           |  |

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|  | Schedule A | Form | 990 | ) 2023 |
|--|------------|------|-----|--------|
|--|------------|------|-----|--------|

### 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   | ction A. Public Support  |                             |                      |                      |                    |                 |                        |
|-------|--|-----------------------------|----------------------|----------------------|--------------------|-----------------|------------------------|
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2019                    | <b>(b)</b> 2020      | (c) 2021             | (d) 2022           | (e) 2023        | 3 (f) Total            |
| 1     | Gifts, grants, contributions, and  |                             |                      |                      |                    |                 |                        |
|       | membership fees received. (Do not  |                             |                      |                      |                    |                 |                        |
|       | include any "unusual grants.")   |                             |                      |                      |                    |                 |                        |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                             |                      |                      |                    |                 |                        |
| 3     | Gross receipts from activities that are not an unrelated trade or bus-   |                             |                      |                      |                    |                 |                        |
|       | iness under section 513  |                             |                      |                      |                    |                 |                        |
| 4     | Tax revenues levied for the organ-<br>ization's benefit and either paid to   |                             |                      |                      |                    |                 |                        |
|       | or expended on its behalf  |                             |                      |                      |                    |                 |                        |
| 5     | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                             |                      |                      |                    |                 |                        |
| ~     |  |                             |                      |                      |                    |                 |                        |
|       | Total. 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<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                             |                      |                      |                    |                 |                        |
| С     | Add lines 7a and 7b  |                             |                      |                      |                    |                 |                        |
|       | Public support. (Subtract line 7c from line 6.)  |                             |                      |                      |                    |                 |                        |
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2019                    | (b) 2020             | (c) 2021             | (d) 2022           | (e) 2023        | 3 (f) Total            |
|       | Amounts from line 6  |                             |                      |                      |                    |                 |                        |
|       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                             |                      |                      |                    |                 |                        |
| b     | Unrelated business taxable income  |                             |                      |                      |                    |                 |                        |
|       | (less section 511 taxes) from businesses acquired after June 30, 1975  |                             |                      |                      |                    |                 |                        |
| с     | Add lines 10a and 10b  |                             |                      |                      |                    |                 |                        |
|       | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                             |                      |                      |                    |                 |                        |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                             |                      |                      |                    |                 |                        |
| 13    | Total support. (Add lines 9, 10c, 11, and 12.)   |                             |                      |                      |                    |                 |                        |
| 14    | First 5 years. If the Form 990 is for the  | ne organization's fi        | rst, second, third,  | fourth, or fifth tax | year as a section  | 501(c)(3) orgai | nization,              |
|       |  |                             |                      |                      |                    |                 |                        |
| Sec   | ction C. Computation of Public   | c Support Per               | centage              |                      |                    |                 |                        |
| 15    | Public support percentage for 2023 (   | ine 8, column (f), d        | ivided by line 13,   | column (f))          |                    | 15              | %                      |
|       | Public support percentage from 2022  |                             |                      |                      |                    | 16              | %                      |
| Sec   | ction D. Computation of Inves  | stment Income               | e Percentage         |                      |                    | <u> </u>        |                        |
| 17    | Investment income percentage for 20  | <b>)23</b> (line 10c, colur | mn (f), divided by I | ine 13, column (f))  |                    | 17              | %                      |
| 18    | Investment income percentage from  |                             |                      |                      |                    | 18              | %                      |
| 19a   | 33 1/3% support tests - 2023. If the   |                             |                      |                      |                    |                 | line 17 is not         |
|       | more than 33 1/3%, check this box a  |                             |                      |                      |                    |                 |                        |
| b     | 33 1/3% support tests - 2022. If the   |                             |                      |                      |                    |                 |                        |
|       | line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  |                             |                      |                      |                    |                 |                        |
| 20    | Private foundation. If the organization  | n did not check a           | box on line 14, 19   | a, or 19b, check t   | his box and see in |                 |                        |
| 33202 | 23 12-21-23  |                             | 15                   |                      |                    | Schee           | dule A (Form 990) 2023 |

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Yes No

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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| Schedule A (Form 990) 2023 |  |
|----------------------------|--|
|----------------------------|--|

1

2

Yes No

| Part IV Supporting Organizations (continued)   |     | Yes | No  |
|--|-----|-----|-----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                   |     | 100 | 110 |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and             |     |     |     |
| 11c below, the governing body of a supported organization?   | 11a |     |     |
| <b>b</b> A family member of a person described on line 11a above?  | 11b |     |     |
| 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.   | 11c |     |     |
| ection B. Type I Supporting Organizations  |     |     |     |
|  |     | Yes | No  |
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or |     |     |     |

|   | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,   |  |
|---|---|--|
|   | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)   |  |
|   | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported  |  |
|   | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   |  |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported   |  |
|   | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |  |
|   | Port VI have a statistic state to the state of the state |  |

**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

| 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 4 |

## Section D. All Type III Supporting Organizations

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

### 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 (s | C | on used to satisfy the Integral Part Test during the year (see instruction | ns). |
|--|---|--|------|
|--|---|--|------|

- 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 g | overnmental entity | (see instruction <u>s).</u> |
|-----|--|-------------------------|-------------------|--------------------|-----------------------------|
|-----|--|-------------------------|-------------------|--------------------|-----------------------------|

- 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.* 

2a \_\_\_\_\_\_ 2b \_\_\_\_\_ 3a \_\_\_\_\_ 3b \_\_\_\_\_

Schedule A (Form 990) 2023

Yes No

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# Schedule A (Form 990) 2023 PRESIDENTIAL PRECINCT Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting           1         Check here if the organization satisfied the Integral Part Test as a qualifyith |                |                       | Part VI). See instruction      |
|--|----------------|-----------------------|--------------------------------|
| All other Type III non-functionally integrated supporting organizations must   | st complete S  | Sections A through E. | •                              |
| Section A - Adjusted Net Income  |                | (A) Prior Year        | (B) Current Year<br>(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              |                       |                                |
| Section B - Minimum Asset Amount   |                | (A) Prior Year        | (B) Current Year<br>(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              |                       |                                |
| Section C - Distributable Amount   |                |                       | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, column A)  | 1              |                       |                                |
| 2 Enter 0.85 of line 1.  | 2              |                       |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A)   | 3              |                       |                                |
| 4 Enter greater of line 2 or line 3.   | 4              |                       |                                |
| 5 Income tax imposed in prior year   | 5              |                       |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to   |                |                       |                                |
| emergency temporary reduction (see instructions).  | 6              |                       |                                |
| 7 Check here if the current year is the organization's first as a non-function   | lly integrated |                       | nization (soo                  |

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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|      | dule A (Form 990) 2023 PRESIDENTIAL  |                               |                                       | 4    | 6-1084540 Page 7                          |
|------|--|-------------------------------|---------------------------------------|------|---|
| Par  | t V Type III Non-Functionally Integrated 509(                                | a)(3) Supporting Orga         | nizations (continu                    | ied) |   |
| Sect | on D - Distributions   |                               |                                       |      | Current Year                              |
| _1   | Amounts paid to supported organizations to accomplish exer                   | mpt purposes                  |                                       | 1    |   |
| 2    | Amounts paid to perform activity that directly furthers exemp                | t purposes of supported       |                                       |      |   |
|      | organizations, in excess of income from activity                             |                               |                                       | 2    |   |
| 3    | Administrative expenses paid to accomplish exempt purpose                    | es of supported organizations | 3                                     | 3    |   |
| 4    | Amounts paid to acquire exempt-use assets                                    |                               |                                       | 4    |   |
| 5    | Qualified set-aside amounts (prior IRS approval required - pro               | ovide details in Part VI)     |                                       | 5    |   |
| 6    | Other distributions ( <i>describe in</i> <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              | e organization is responsive  |                                       |      |   |
|      | (provide details in Part VI). See instructions.                              |                               |                                       | 8    |   |
| 9    | Distributable amount for 2023 from Section C, line 6                         |                               |                                       | 9    |   |
| 10   | Line 8 amount divided by line 9 amount                                       |                               | 1                                     | 10   |   |
| Sect | on E - Distribution Allocations (see instructions)                           | (i)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2023 | IS   | (iii)<br>Distributable<br>Amount for 2023 |
| 1    | Distributable amount for 2023 from Section C, line 6                         |                               |                                       |      |   |
| 2    | Underdistributions, if any, for years prior to 2023 (reason-                 |                               |                                       |      |   |
|      | able cause required - explain in Part VI). See instructions.                 |                               |                                       |      |   |
| 3    | Excess distributions carryover, if any, to 2023                              |                               |                                       |      |   |
| а    | From 2018  |                               |                                       |      |   |
| b    | From 2019  |                               |                                       |      |   |
| с    | From 2020  |                               |                                       |      |   |
| d    | From 2021  |                               |                                       |      |   |
| е    | From 2022  |                               |                                       |      |   |
| f    | Total of lines 3a through 3e   |                               |                                       |      |   |
| g    | Applied to underdistributions of prior years                                 |                               |                                       |      |   |
| h    | Applied to 2023 distributable amount   |                               |                                       |      |   |
| i    | Carryover from 2018 not applied (see instructions)                           |                               |                                       |      |   |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                       |                               |                                       |      |   |
| 4    | Distributions for 2023 from Section D,                                       |                               |                                       |      |   |
|      | line 7: \$   |                               |                                       |      |   |
| а    | Applied to underdistributions of prior years                                 |                               |                                       |      |   |
| b    | Applied to 2023 distributable amount   |                               |                                       |      |   |
| с    | Remainder. Subtract lines 4a and 4b from line 4.                             |                               |                                       |      |   |
| 5    | Remaining underdistributions for years prior to 2023, if                     |                               |                                       |      |   |
|      | any. Subtract lines 3g and 4a from line 2. For result greater                |                               |                                       |      |   |
|      | than zero, explain in Part VI. See instructions.                             |                               |                                       |      |   |
| 6    | Remaining underdistributions for 2023. Subtract lines 3h                     |                               |                                       |      |   |
|      | and 4b from line 1. For result greater than zero, explain in                 |                               |                                       |      |   |
|      | Part VI. See instructions.   |                               |                                       |      |   |
| 7    | Excess distributions carryover to 2024. Add lines 3j                         |                               |                                       |      |   |
|      | and 4c.  |                               |                                       |      |   |
| 8    | Breakdown of line 7:   |                               |                                       |      |   |
| а    | Excess from 2019   |                               |                                       |      |   |
|      | Excess from 2020   |                               |                                       |      |   |
| с    | Excess from 2021   |                               |                                       |      |   |
|      | Excess from 2022   |                               |                                       |      |   |
| е    | Excess from 2023   |                               |                                       |      |   |

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART II, SECTION A LINE 1 AND SECTION B LINE 7 THE AMOUNTS REPORTED FOR 2022 (COLUMN D) HAVE BEEN RESTATED FOR THE PRIOR PERIOD ADJUSTMENT REPORTED ON FORM 990, PART XI, LINE 8. Schedule A (Form 990) 2023 332028 12-21-23 20

\*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

2023

Employer identification number

46-1084540

| Schedule   | В |
|------------|---|
| (Form 990) |   |

Department of the Treasury Internal Revenue Service

Name of the organization

| Organization type (check one): |   |  |  |  |  |
|--------------------------------|---|--|--|--|--|
| Filers of:                     | Section:  |  |  |  |  |
| Form 990 or 990-EZ             | $\fbox{3}$ 501(c)( 3) (enter number) organization |  |  |  |  |
|                                |   |  |  |  |  |

PRESIDENTIAL PRECINCT

|             | 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

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

46 - 1084540

## PRESIDENTIAL PRECINCT

| Part I       | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona | al space is needed.                               |  |
|--------------|---|---|--|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions                        | (d)<br>Type of contribution  |
| <u>    1</u> |   | \$206,413.  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)          | (b)   | (c)   | (d)  |
| <u>No.</u>   | Name, address, and ZIP + 4  | Total contributions           \$         100,000. | Type of contribution         Person       X         Payroll                        |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions                        | (d)<br>Type of contribution  |
| 3            |   | \$36,385.   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)          | (b)   | (c)   | (d)<br>Turne of constribution  |
| <u>No.</u>   | Name, address, and ZIP + 4  | Total contributions         \$         103,344.   | Type of contribution         Person       X         Payroll                        |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions                        | (d)<br>Type of contribution  |
| <u>5</u>     |   | \$25,000.   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions                        | (d)<br>Type of contribution  |
|              |   | \$  | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |

Schedule B (Form 990) (2023)

~

08580829 700786 21224

Name of organization

Page 3
Employer identification number

46 - 1084540

### PRESIDENTIAL PRECINCT

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

| artii                        | Noncash Froperty (see instructions). Use duplicate copies of Pal | n in in additional space is needed.             |                          |
|------------------------------|--|---|--------------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received     |
| 4                            | 472 SHARES OF DAVITA INC. (DVA)                                  |   |                          |
|                              |  | \$50,428.                                       | 12/19/23                 |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received     |
|                              |  | \$  |                          |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received     |
|                              |  | \$  |                          |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received     |
|                              |  | \$  |                          |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received     |
|                              |  | \$  |                          |
| (a)<br>No.<br>rom<br>Part I  | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received     |
|                              |  |   |                          |
|                              | <br>5-23   | \$  | Schedule B (Form 990) (2 |

323453 12-26-23

24

Schedule B (Form 990) (2023)

21224\_\_1

| Name of o                 | rganization   |  | Employer identification number                                       |
|---------------------------|---|--|--|
| PRESTI                    | DENTIAL PRECINCT  |  | 46-1084540   |
|                           |   | ons to organizations described in secti          | on 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
|                           | completing Part III, enter the total of exclusively religious, c<br>Use duplicate copies of Part III if additional s          | haritable, etc., contributions of \$1,000 or les | s for the year. (Enter this info. once.) \$                          |
| (a) No.<br>from           |   |  |  |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of gift                                  | (d) Description of how gift is held                                  |
|                           |   |  | [  |
|                           |   |  |  |
|                           |   | (e) Transfer of gift                             |  |
|                           | Transforce's name, address, ar  |  | Polotionship of transforms to transforms                             |
|                           | Transferee's name, address, ar  |  | Relationship of transferor to transferee                             |
|                           |   | [  |  |
| (a) Na                    |   |  |  |
| (a) No.<br>from<br>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, ar  | nd ZIP + 4                                       | Relationship of transferor to transferee                             |
|                           |   |  |  |
|                           |   |  |  |
| (a) No.<br>from           | (b) Purpose of gift   | (c) Use of gift                                  | (d) Description of how gift is held                                  |
| Part I                    |   |  |  |
|                           |   |  |  |
|                           |   |  |  |
| ·                         |   | (e) Transfer of gift                             |  |
|                           | Transferee's name, address, ar  | nd ZIP + 4                                       | Relationship of transferor to transferee                             |
|                           | ,,, |  |  |
|                           |   | [  |  |
| (a) No.                   |   |  | 1  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                                  | (d) Description of how gift is held                                  |
|                           |   |  |  |
|                           |   |  | [  |
|                           |   | (a) Turnefou of with                             |  |
|                           |   | (e) Transfer of gift                             |  |
|                           | Transferee's name, address, ar  | nd ZIP + 4                                       | Relationship of transferor to transferee                             |
|                           |   |  |  |
|                           |   | [  |  |
| 323454 12-26              | J<br>5-23   |  | Schedule B (Form 990) (2023  |
|                           |   | 25   |  |

## 08580829 700786 21224

2023.04020 PRESIDENTIAL PRECINCT 21224\_1

| SC      | SCHEDULE D Supplemental Financial Statements   |   |   |                 | OMB No. 1545              | 0047    |
|---------|--|---|---|-----------------|---------------------------|---------|
| (Forr   | Form 990) Complete if the organization answered "Yes" on Form 990,<br>Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. |   |   |                 | 202                       | 3       |
| Depart  | ment of the Treasury   | Α   | ttach to Form 990.                                    |                 | Open to Pu                |         |
| Interna | Go to www.irs.gov/Form990 for instructions and the latest information.         Inspection  |   |   |                 |                           |         |
| Nam     | e of the organization  | on<br>PRESIDENTIAL PRECI  | NCT   |                 | dentification n $-108454$ |         |
| Pa      | t I Organiza   |   | d Funds or Other Similar Funds or Ac                  |                 |                           | •       |
|         |  | n answered "Yes" on Form 990, Part IV, lin  |   |                 |                           |         |
|         |  |   | (a) Donor advised funds (l                            | b) Funds and    | other accounts            | 6       |
| 1       | Total number at er   | nd of year  |   |                 |                           |         |
| 2       |  | f contributions to (during year)  |   |                 |                           |         |
| 3       | Aggregate value of   | f grants from (during year)   |   |                 |                           |         |
| 4       |  | t end of year   |   |                 |                           |         |
| 5       | -  |   | writing that the assets held in donor advised fund    | _               |                           | _       |
|         |  |   | exclusive legal control?                              |                 | Yes                       | No      |
| 6       | •  | •   | dvisors in writing that grant funds can be used or    |                 |                           |         |
|         |  |   | r donor advisor, or for any other purpose conferri    | т<br>Г          |                           | <b></b> |
| Pa      | impermissible priva  |   | ganization answered "Yes" on Form 990, Part IV,       |                 | Yes                       | No      |
| 1       |  | servation easements held by the organizati  |   |                 |                           |         |
| •       |  | of land for public use (for example, recrea   |   | rically importa | nt land area              |         |
|         |  | f natural habitat   | Preservation of a certif                              |                 |                           |         |
|         |  | of open space   |   |                 | dotaro                    |         |
| 2       |  | • •   | fied conservation contribution in the form of a con   | nservation eas  | ement on the la           | ast     |
|         | day of the tax year  | <b>o o</b> .  |   |                 | the End of the T          |         |
| а       | Total number of co   | onservation easements   |   | 2a              |                           |         |
| b       |  |   |   | 2b              |                           |         |
| с       | Number of conserv  | vation easements on a certified historic str  | ucture included on line 2a                            | 2c              |                           |         |
| d       |  | vation easements included on line 2c acqu   |   |                 |                           |         |
|         |  |   | [   | 2d              |                           |         |
| 3       |  | vation easements modified, transferred, rel   | eased, extinguished, or terminated by the organiz     | zation during t | he tax                    |         |
|         | year   |   |   |                 |                           |         |
| 4       |  | where property subject to conservation eas  |   |                 |                           |         |
| 5       | -  | tion have a written policy regarding the per<br>orcement of the conservation easements it |   | Г               | Yes                       | No      |
| 6       |  |   |   |                 |                           |         |
| Ŭ       | 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    |   |   |                 |                           |         |
| 7       | Amount of expens   | es incurred in monitoring, inspecting, hand   | lling of violations, and enforcing conservation eas   | ements during   | the year                  |         |
|         |  |   |   |                 |                           |         |
| 8       | Does each conserv  | vation easement reported on line 2d above   | satisfy the requirements of section 170(h)(4)(B)(i)   |                 |                           |         |
|         | and section 170(h)   | (4)(B)(ii)?   |   | [               | Yes                       | No      |
| 9       | In Part XIII, describ  | be how the organization reports conservati  | on easements in its revenue and expense stateme       | ent and         |                           |         |
|         |  |   | note to the organization's financial statements tha   | t describes th  | е                         |         |
| Dai     | organization's according till Organization   | ounting for conservation easements.   | Art, Historical Treasures, or Other Si                | milar Acco      | te                        |         |
| Fai     |  | the organization answered "Yes" on Form   |   |                 | 13.                       |         |
| 10      |  |   | 8, not to report in its revenue statement and bala    | nco choot wor   | ke                        |         |
| ia      | •  |   | blic exhibition, education, or research in furtherand |                 | N3                        |         |
|         |  | · ·   | ncial statements that describes these items.          |                 |                           |         |
| b       | · •  |   | 8, to report in its revenue statement and balance     | sheet works o   | of                        |         |
|         | -  |   | exhibition, education, or research in furtherance     |                 |                           |         |
|         | provide the followi  | ng amounts relating to these items.   |   |                 |                           |         |
|         | (i) Revenue inclue   | ded on Form 990, Part VIII, line 1  |   | \$              |                           |         |
|         |  |   |   |                 |                           |         |
| 2       | If the organization  | received or held works of art, historical tre   | asures, or other similar assets for financial gain, p | provide         |                           |         |
|         | •  | unts required to be reported under FASB A   | C   |                 |                           |         |
| а       |  |   |   |                 |                           |         |
| b       | Assets included in   | Form 990, Part X  |   | \$              |                           |         |

| h | Acceto | included | in | Earm | 000 | Do    |
|---|--------|----------|----|------|-----|-------|
| D | Assels | included |    | FOUL | 990 | , rai |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

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Schedule D (Form 990) 2023

| Sche   | dule D (Form 990) 2023 PRESIDEN  | TIAL PRECINC                | Г                             |                     | 46-10           | 84540      | Page <b>2</b> |
|--------|--|-----------------------------|-------------------------------|---------------------|-----------------|------------|---------------|
| Par    | t III Organizations Maintaining Co   | ollections of Art, His      | storical Treasures, o         | r Other Simi        | lar Assets      | continu    | ed)           |
| 3      | Using the organization's acquisition, accession                                    | n, and other records, che   | ck any of the following tha   | t make significar   | nt use of its   |            |               |
|        | collection items (check all that apply).   |                             |                               |                     |                 |            |               |
| а      | Public exhibition  | d                           | ] Loan or exchange progr      | am                  |                 |            |               |
| b      | Scholarly research   | е 🗌                         | Other                         |                     |                 |            |               |
| с      | Preservation for future generations  |                             |                               |                     |                 |            |               |
| 4      | Provide a description of the organization's col                                    | lections and explain how    | they further the organization | on's exempt pur     | pose in Part    | XIII.      |               |
| 5      | During the year, did the organization solicit or                                   |                             |                               |                     | -               |            |               |
|        | to be sold to raise funds rather than to be mai                                    | ntained as part of the org  | anization's collection?       |                     |                 | Yes        | No No         |
| Par    | t IV Escrow and Custodial Arrang<br>reported an amount on Form 990, Part           |                             | e organization answered "     | Yes" on Form 99     | 90, Part IV, li | ne 9, or   |               |
| 1a     | Is the organization an agent, trustee, custodia                                    |                             | or contributions or other as  | sets not include    | ed              |            |               |
|        | on Form 990, Part X?   |                             |                               |                     |                 | Yes        | No            |
| b      | If "Yes," explain the arrangement in Part XIII a                                   |                             |                               |                     |                 |            |               |
|        | ······································   |                             | ,                             |                     |                 | Amount     |               |
| с      | Beginning balance  |                             |                               | 10                  |                 |            |               |
|        | Additions during the year  |                             |                               |                     |                 |            |               |
|        | Distributions during the year  |                             |                               |                     |                 |            |               |
| f      | Ending balance   |                             |                               |                     |                 |            |               |
|        | Did the organization include an amount on Fo                                       |                             |                               |                     |                 | Yes        | No            |
|        | If "Yes," explain the arrangement in Part XIII. (                                  |                             |                               | • • • •             |                 | _          | $\square$     |
| Par    |  |                             |                               |                     |                 |            |               |
|        |  |                             | Prior year (c) Two yea        |                     | ee years back   | (e) Four y | ears back     |
| 1a     | Beginning of year balance  |                             |                               |                     |                 |            |               |
| b      | Contributions  |                             |                               |                     |                 |            |               |
| c      | Net investment earnings, gains, and losses   |                             |                               |                     |                 |            |               |
| -<br>b | Grants or scholarships   |                             |                               |                     |                 |            |               |
|        | Other expenditures for facilities  |                             |                               |                     |                 |            |               |
| Ŭ      | and programs   |                             |                               |                     |                 |            |               |
| f      | Administrative expenses  |                             |                               |                     |                 |            |               |
|        | End of year balance  |                             |                               |                     |                 |            |               |
| 2      | Provide the estimated percentage of the curre                                      | nt year end balance (line   | 1a, column (a)) held as:      |                     |                 |            |               |
| a      | Board designated or quasi-endowment  |                             | rg, column (a)) noid as.      |                     |                 |            |               |
| a<br>h | Permanent endowment  | %                           |                               |                     |                 |            |               |
|        | Term endowment 9   |                             |                               |                     |                 |            |               |
| U      | The percentages on lines 2a, 2b, and 2c shou                                       | -                           |                               |                     |                 |            |               |
| 30     | Are there endowment funds not in the posses  |                             | at are held and administe     | red for the         |                 |            |               |
| Ja     | organization by:   | sion of the organization ti |                               |                     |                 | Γ <b>γ</b> | 'es No        |
|        | <b>c</b>   |                             |                               |                     |                 | 3a(i)      |               |
|        | <ul><li>(i) Unrelated organizations?</li><li>(ii) Related organizations?</li></ul> |                             |                               |                     |                 | 3a(ii)     |               |
| h      | If "Yes" on line 3a(ii), are the related organization                              |                             | Schodulo D2                   |                     |                 | 3b         |               |
| 4      | Describe in Part XIII the intended uses of the c                                   |                             |                               |                     |                 | 50         |               |
| Par    | t VI Land, Buildings, and Equipme  |                             |                               |                     |                 |            |               |
|        | Complete if the organization answered  |                             | IV, line 11a. See Form 990    | ), Part X, line 10. |                 |            |               |
|        | Description of property  | (a) Cost or other           | (b) Cost or other             | (c) Accumul         |                 | (d) Book   | value         |
|        |  | basis (investment)          | basis (other)                 | depreciati          |                 | (u) Book   | raido         |
| 1a     | Land   | , , ,                       |                               |                     |                 |            |               |
|        | Buildings  |                             |                               |                     |                 |            |               |
|        | Leasehold improvements   |                             |                               |                     |                 |            |               |
|        | Equipment  |                             | 14,089.                       | 12                  | 703.            | 1          | ,386.         |
|        | Other  |                             |                               | ,                   |                 |            | ,             |
|        | . Add lines 1a through 1e. (Column (d) must eq                                     |                             | 10c column (P))               | I                   |                 | 1          | ,386.         |
| 1010   |  | uai ronn 990, Part A, Ine   |                               |                     |                 | D (Form 9  | -             |
|        |  |                             |                               |                     | Consult         |            |               |

| Part VII   | Investments -   | Other Securities |          |
|------------|-----------------|------------------|----------|
| Schedule D | (Form 990) 2023 | PRESIDENTIAL     | PRECINCT |

### (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes 291 PAYROLL LIABILITIES (2)10,846 S-T LEASE OBLIGATION (3) (4) (5) (6) (7) (8) (9) 11,137. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Schedule D (Form 990) 2023

332053 09-28-23

| Sche | dule D (Form 990) 2023 PRESIDENTIAL PRECINCT                                     |                  | 46-10845        | 540 Page 4 |
|------|--|------------------|-----------------|------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Staten                      | nents With Reven | ue per Return   | -          |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 1         | 2a.              |                 |            |
| 1    | Total revenue, gains, and other support per audited financial statements         |                  |                 | 595,804.   |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |                  |                 |            |
| а    | Net unrealized gains (losses) on investments                                     | 2a               |                 |            |
| b    | Donated services and use of facilities   | 2b               |                 |            |
| с    | Recoveries of prior year grants  |                  |                 |            |
| d    | Other (Describe in Part XIII.)   | 2d               |                 |            |
| е    | Add lines 2a through 2d  |                  | 2e              | 0.         |
| 3    | Subtract line 2e from line 1   |                  |                 | 595,804.   |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |                  |                 |            |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a               |                 |            |
| b    | Other (Describe in Part XIII.)   | 4b               |                 |            |
| с    | Add lines 4a and 4b  |                  |                 | 0.         |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                  |                 | 595,804.   |
| Pa   | t XII Reconciliation of Expenses per Audited Financial State                     | ments With Expe  | nses per Return |            |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 1         | 2a.              |                 |            |
| 1    | Total expenses and losses per audited financial statements                       |                  | 1 8             | 314,082.   |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |                  |                 |            |
| а    | Donated services and use of facilities   | 2a               |                 |            |
| b    | Prior year adjustments   | 2b               |                 |            |
| с    | Other losses   | 2c               |                 |            |
| d    | Other (Describe in Part XIII.)   | 2d               |                 |            |
| е    | Add lines 2a through 2d  |                  | 2e              | 0.         |
| 3    | Subtract line 2e from line 1   |                  |                 | 314,082.   |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |                  |                 |            |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a               |                 |            |
| b    | Other (Describe in Part XIII.)   | 4b               |                 | _          |
| с    | Add lines 4a and 4b  |                  |                 | 0.         |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |                  |                 | 314,082.   |
| Pa   | t XIII Supplemental Information  |                  |                 |            |

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

PART X, LINE 2:

THE PRECINCT HAS REVIEW AND EVALUATED THE RELEVANT TECHNICAL MERITS OF

EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH GUIDANCE ESTABLISHED BY THE

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) AND DETERMINED THAT THERE ARE

NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE

FINANCIAL STATEMENTS OF THE PRECINCT.

332054 09-28-23

| SCHEDULE   | Μ |
|------------|---|
| (Form 990) |   |

# **Noncash Contributions**

OMB No. 1545-0047

23

| Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. |
|--|
| Attach to Form 990.  |
| Go to www.irs.gov/Form990 for instructions and the latest information.             |

Department of the Treasury Internal Revenue Service

Devit

|                                | Inspection |  |  |  |  |  |  |
|--------------------------------|------------|--|--|--|--|--|--|
| Employer identification number |            |  |  |  |  |  |  |
| 4                              | 6-1084540  |  |  |  |  |  |  |

ſ ZU **Open to Public** 

Name of the organization

T. ....

### PRESIDENTIAL PRECINCT

| Pa      | rt I Types of Property  |                                      |   |   |          |               |                                  |    |     |     |
|---------|---|--------------------------------------|---|---|----------|---------------|----------------------------------|----|-----|-----|
|         |   | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribu<br>amounts reported<br>Form 990, Part VIII, | d on     |               | (d)<br>od of dete<br>contributic |    | •   | 3   |
| 1       | Art - Works of art  |                                      |   |   |          |               |                                  |    |     |     |
| 2       | Art - Historical treasures  |                                      |   |   |          |               |                                  |    |     |     |
| 3       | Art - Fractional interests  |                                      |   |   |          |               |                                  |    |     |     |
| 4       | Books and publications  |                                      |   |   |          |               |                                  |    |     |     |
| 5       | Clothing and household goods  |                                      |   |   |          |               |                                  |    |     |     |
| 6       | Cars and other vehicles   |                                      |   |   |          |               |                                  |    |     |     |
| 7       | Boats and planes  |                                      |   |   |          |               |                                  |    |     |     |
| 8       | Intellectual property   |                                      |   |   |          |               |                                  |    |     |     |
| 9       | Securities - Publicly traded  | Х                                    | 2   | 52,2  | 286.     | QUOTED        | MARKE'                           | г٦ | JAL | JES |
| 10      | Securities - Closely held stock   |                                      |   |   |          | 2             |                                  |    |     |     |
| 11      | Securities - Partnership, LLC, or   |                                      |   |   |          |               |                                  |    |     |     |
|         | trust interests   |                                      |   |   |          |               |                                  |    |     |     |
| 12      | Securities - Miscellaneous  |                                      |   |   |          |               |                                  |    |     |     |
| 13      | Qualified conservation contribution -   |                                      |   |   |          |               |                                  |    |     |     |
| 10      | Historic structures   |                                      |   |   |          |               |                                  |    |     |     |
| 14      | Qualified conservation contribution - Other   |                                      |   |   |          |               |                                  |    |     |     |
| 15      | Real estate - Residential   |                                      |   |   |          |               |                                  |    |     |     |
| 16      | Real estate - Commercial  |                                      |   |   |          |               |                                  |    |     |     |
| 17      | Real estate - Other   |                                      |   |   |          |               |                                  |    |     |     |
| 18      | Collectibles  |                                      |   |   |          |               |                                  |    |     |     |
| 19      | Food inventory  |                                      |   |   |          |               |                                  |    |     |     |
| 20      | Drugs and medical supplies  |                                      |   |   |          |               |                                  |    |     |     |
| 21      | Taxidermy   |                                      |   |   |          |               |                                  |    |     |     |
| 22      | Historical artifacts  |                                      |   |   |          |               |                                  |    |     |     |
| 23      | Scientific specimens  |                                      |   |   |          |               |                                  |    |     |     |
| 24      | Archeological artifacts   |                                      |   |   |          |               |                                  |    |     |     |
| 25      | Other ( )   |                                      |   |   |          |               |                                  |    |     |     |
| 26      | Other ( )   |                                      |   |   |          |               |                                  |    |     |     |
| 27      | Other ( )   |                                      |   |   |          |               |                                  |    |     |     |
| 28      | Other ( )   |                                      |   |   |          |               |                                  |    |     |     |
| 29      | Number of Forms 8283 received by the organiz  | ration during                        | the tax year for c  |   |          |               |                                  |    |     |     |
|         | for which the organization completed Form 828   |                                      | , ,   |   | 29       |               |                                  |    | 0   |     |
|         |   |                                      | enee / lenne eng  |   |          |               |                                  |    | Yes | No  |
| 30a     | During the year, did the organization receive by  | contributio                          | n any property rep  | orted in Part I, lines 1  | throug   | h 28. that it |                                  |    |     |     |
|         | must hold for at least 3 years from the date of t   |                                      |   |   |          |               |                                  |    |     |     |
|         | exempt purposes for the entire holding period?  |                                      |   | -   |          |               | 3                                | 0a |     | х   |
| b       |   |                                      |   |   |          |               |                                  | Ju |     |     |
| 31      | Does the organization have a gift acceptance p  | olicy that re                        | auires the review (                                       | of any nonstandard c  | ontribut | ions?         |                                  | 31 |     | х   |
|         | Does the organization hire or use third parties of  |                                      |   |   |          |               | F                                |    |     |     |
|         | contributions?  |                                      | 0   | <i>, , , ,</i>  |          |               | 3                                | 2a | x   |     |
| b       |   |                                      |   |   |          |               |                                  |    |     |     |
| 33      | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, |                                      |   |   |          |               |                                  |    |     |     |
|         | describe in Part II.  |                                      |   |   |          |               |                                  |    |     |     |
| E and E |   |                                      |   |   |          |               |                                  |    |     |     |

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

### Schedule M (Form 990) 2023 PRESIDENTIAL PRECINCT Part II Supplemental Information. Provide the information re

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

SCHEDULE M, PART I, COLUMN (B):

### THE PRECINCT IS REPORTING THE NUMBER OF CONTRIBUTIONS. EACH

CONTRIBUTION COULD INCLUDE MULTIPLE SHARES OF STOCK.

SCHEDULE M, LINE 32B:

THE PRECINCT USES A SECURITIES BROKER TO PROCESS AND SELL DONATED

SECURITIES.

Schedule M (Form 990) 2023

46-1084540

Page 2

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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



PRESIDENTIAL PRECINCT

46-1084540

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

FROM THE BIRTHPLACE OF MODERN DEMOCRACY, WE ENGAGE AND INSPIRE EMERGING

LEADERS TO ADDRESS THE MOST PRESSING CHALLENGES IN THEIR COUNTRIES.

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

THE FORM 990 IS REVIEWED BY THE OFFICERS PRIOR TO BEING FILED WITH THE IRS.

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

NEW BOARD MEMBERS AGREE TO A CONFLICT OF INTEREST STATEMENT THAT AFFIRMS

COMPLIANCE WITH THE POLICY AND THAT NO CONFLICTS EXIST.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION HAS ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC

INSPECTION ON ITS WEBSITE.

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

THE ORGANIZATION HAS ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE FOR PUBLIC INSPECTION AT ITS OFFICE

FORM 990, PART XI, LINE 8

THERE WERE OMITTED CONTRIBUTIONS FROM UNCONDITIONAL PROMISES TO GIVE IN

THE 2022 FINANCIAL STATEMENTS.

FORM 990, PART XII, LINE 2C:

NO CHANGE TO THE OVERSIGHT PROCESS.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Schedule O (Form 990) 2023

08580829 700786 21224

| Name of the organization |                       | Employer identification number<br>46-1084540 |
|--------------------------|-----------------------|--|
|                          | PRESIDENTIAL PRECINCT | 46-1084540                                   |
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| 32212 11-14-23           |                       | Schedule O (Form 990) 202                    |