PUBLIC DISCLOSURE COPY **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

20

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.

Department of the Treasury Internal Revenue Service

	Do not enter boolar becarty hambers on the form as it may be m	luuc pus
	► Go to www.irs.gov/Form990 for instructions and the latest info	rmation

Open to Public

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-															
<u>A</u>	For the	e 2021 calend	dar year, or tax year beginning , 2021, and end	ing			, 20								
В	Check if	f applicable:	C Name of organization ACTBLUE TECHNICAL SERVICES, INC.			D Emplo	over identification number								
	Address	s change	Doing business as			27-0160261									
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room	n/suite	E Teleph	one number								
	Initial re	turn	366 SUMMER ST.				(617) 517-7600								
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code												
	Amende	ed return	SOMERVILLE, MA 02144			G Gross	receipts \$ 56,371,073								
	Applicat	tion pending	F Name and address of principal officer: ERIN HILL		H(a) Is this a grou	up return fo	r subordinates? 🗌 Yes 🗹 No								
			SAME AS C ABOVE		H(b) Are all su	bordinate	es included? 🗌 Yes 🗌 No								
I	Tax-exe	empt status:	□ 501(c)(3) □ 501(c) ()		lf "No," at	tach a lis	st. See instructions.								
J	Website	e: 🕨 HTTPS:	//SECURE.ACTBLUE.COM/		H(c) Group ex	emption	number 🕨								
к	Form of	organization: 🗸	Corporation ☐ Trust	nation	2009	M State	of legal domicile: MA								
Ρ	art I	Summa	ry												
	1	Briefly des	cribe the organization's mission or most significant activities: TO P	ROVI	DE THE TEC	HNICAL	SERVICES								
e		-	RY TO SUPPORT THE ACTIVITIES OF ITS PARENT ORGANIZATION, AC												
Activities & Governance		ACCESSION TO COTTOIN THE ACTIVITED OF THE FALLENT ON CONNECTION, ACTIVED.													
ern	2	Check this	k this box ► 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Š	3					3	6								
<u>ه</u>	4		independent voting members of the governing body (Part VI, line 1			4	4								
ies	5		per of individuals employed in calendar year 2021 (Part V, line 2a)	'		5	77								
ivit	6		per of volunteers (estimate if necessary)		6	0									
Act	- 7a		ated business revenue from Part VIII, column (C), line 12			7a	0								
-	b		ted business taxable income from Form 990-T, Part I, line 11			7b	0								
				Ť	Prior Year	1.2	Current Year								
	8	Contributio	ons and grants (Part VIII, line 1h)			09,711	8,055,890								
Revenue	9		ervice revenue (Part VIII, line 2g)		155,27		48,315,183								
evel	10	•	t income (Part VIII, column (A), lines 3, 4, and 7d)		,	0	0								
ď	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0								
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		166.68	34,210	56,371,073								
	13		I similar amounts paid (Part IX, column (A), lines 1–3)		100,00	0	00,071,070								
	14		aid to or for members (Part IX, column (A), line 4)			0	0								
6	15	•	her compensation, employee benefits (Part IX, column (A), lines 5–10)		13.06	6,521	13,741,360								
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)		10,00	0	0								
ben	b		aising expenses (Part IX, column (D), line 25) ► 0			Ū	0								
Ă	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)		105.53	27,310	37,284,497								
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		118,59		51,025,857								
	19		ess expenses. Subtract line 18 from line 12												
- 8				Beg	inning of Curre	90,379 nt Vear	5,345,216 End of Year								
Net Assets or Fund Balances	20	Total accor	s (Part X, line 16)	beg											
Asse Bala	20			-	87,40	63,117 0	92,808,333								
let /	21		ties (Part X, line 26)		07.44		•								
			or fund balances. Subtract line 21 from line 20		87,46	53,117	92,808,333								
P C	art II	Signatu	re Block												

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

May the IRS	discuss this return with the prep	arer shown above? See instruc	tions				🗌 Yes	🗌 No
	Firm's address ►	Phone no.						
Use Only	Firm's name	Firm's EIN ►						
Paid Preparer	Print/Type preparer's name Preparer's signature Date					Check if self-employed	PTIN	
	Type or print name and title			1				
Here	STEVE GOLD, GENERAL COL	JNSEL						
Sign	Signature of officer	Date	Date					

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	P (2021) P	Page 2
Part	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: TO PROVIDE THE TECHNICAL SERVICES NECESSARY TO SUPPORT THE ACTIVITIES OF ITS PARENT ORGANIZATION, ACTBLUE.	
	— —	No
3		No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) TECHNICAL SERVICES RELATED TO WEB-BASED SOFTWARE WHICH FACILITATES THE SOLICITATION, ACCEPTANCE, AND PROCESSING OF POLITICAL CONTRIBUTIONS VIA CREDIT CARD.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 0	

Form 99	0 (2021)		I	Page 3
Part	V Checklist of Required Schedules			
	$\int dt_{1} = \frac{1}{2} \int dt_{1} = $		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		~
2	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> ? See instructions	2	~	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	~	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		レ レ
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		•
5	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	140		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," 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 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

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Part	V Checklist of Required Schedules (continued)			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	~	
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	20		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
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 "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		r
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		~
	conservation contributions? If "Yes," complete Schedule M	30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		~
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? <i>If "Yes," complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
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	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Ib 0 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
				1

Form **990** (2021)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	Page No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	7 2b	~	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	V	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	•	~
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	~	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	~	
	Organizations that may receive deductible contributions under section 170(c).	00		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
Ū	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ 11		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
a	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		
ĩ	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
5	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
5	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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	-		
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			+
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		V
i	If "Yes," complete Form 4720, Schedule O.			Ĺ
,	Section 501(c)(21) organizations. Did the trust, any discualified person, or mine operator engage in any			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	nstruc	tions.
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 O.	<u>}</u>		
b 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	~	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		~
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	าue C	ode.)	
			Yes	No
10a		10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	~	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		~

Section C. Disclosure

14

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b

17 List the states with which a copy of this Form 990 is required to be filed NONE

Other officers or key employees of the organization

Did the organization have a written document retention and destruction policy?

The organization's CEO, Executive Director, or top management official

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website Another's website Upon request Other (explain on Schedule O)

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ERIN HILL, 366 SUMMER ST., SOMERVILLE, MA 02144, (617) 517-7600

14

15a

15b

16a

16b

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

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours	officer and a director/trustee)						compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BILL KIRTLEY	40.0									
CHIEF TECHNICAL OFFICER	0.0				~			340,770	0	39,636
(2) TACITA MORWAY	40.0	ļ								
VP OF ENGINEERING	0.0				~			310,421	0	30,009
(3) WILL ROGERS	40.0	ļ								
CHIEF INFORMATION SECURITY OFFICER	0.0				~			286,017	0	38,451
(4) NATE THAMES	40.0	ļ								
HEAD OF PRODUCT	0.0				~			252,507	0	28,369
(5) DEWEY SASSER	40.0									
OPS CLOUD ARCHITECT	0.0					~		238,086	0	33,635
(6) MILES FREEDMAN	40.0	ļ								
VP OF TECHNICAL OPERATIONS	0.0				~			256,660	0	11,527
(7) ERIN HILL	2.0	-								
EXECUTIVE DIRECTOR	40.0	~		~				0	244,894	20,009
(8) BRAULIO CARRENO	40.0	ļ								
PRINCIPAL SITE RELIABILITY ENGINEER	0.0					~		213,469	0	40,749
(9) BRETT WEJROWSKI	40.0	ļ								
SENIOR ENGINEERING MANAGER	0.0					~		205,551	0	40,180
(10) ETRIK PATRICELLA	40.0									
PRINCIPAL DEVOPS ENGINEER	0.0					~		204,535	0	40,159
(11) DARIAN PATRICK	40.0									
PRINCIPAL SECURITY ENGINEER	0.0					~		208,243	0	31,938
(12) NICHOLE PAULDING	2.0									
SECRETARY, CONTROLLER	40.0			~				0	197,374	36,328
(13) MARIAM KHAN	40.0									
VP OF PRODUCT DESIGN AND UX RESEARCH	0.0				~			58,204	0	86
(14) MATT DEBERGALIS	2.0	ļ								
PRESIDENT/TREASURER	10.0	~		~				0	24,000	0

Part VII Section A. Officers, Directors, T	rustees, l	Key I	Emp	oloy	/ee	s, an	d⊦	lighest Compe	nsated Emplo	yees (continued)
	,			(0					•	
(A) Name and title	(B) Average hours	box, I	unles	Position check more than one less person is both an and a director/trustee)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(15) BENJAMIN RAHN	2.0									
DIRECTOR	10.0	~						0	6,000	0
(16) KIMBERLY PEELER-ALLEN	2.0									
DIRECTOR	8.0	~						0	6,000	0
(17) MARC LAITIN	2.0								0.000	
	8.0	~						0	6,000	0
(18) MUTHONI WAMBU KRAAL DIRECTOR	2.0 8.0	~						0	6,000	0
(19)	0.0								0,000	0
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								2,574,463	490,268	391,076
c Total from continuation sheets to Part	VII, Sectio	n A						0	0	0
d Total (add lines 1b and 1c)	<u> . . . </u>							2,574,463	490,268	391,076
2 Total number of individuals (including but reportable compensation from the organi		l to th	iose	list	ed a	above	e) w	ho received mor 58	e than \$100,000	of

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated							
	employee on line 1a? If "Yes," complete Schedule J for such individual							
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the							

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
NONE			
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ►	those listed above) who	

Page 8

Yes No

V

4

5

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V

12

Total revenue. See instructions

Part VIII Statement of Revenue

Part		Statement of Rev Check if Schedule			spor	nse or note to an	lv line in this Pa	rt VIII...		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, its	1a	1 0			1a	0				
ran Jun	b	Membership dues			1b	0				
Contributions, Gifts, Grants, and Other Similar Amounts	С	Fundraising events			1c	0				
ifts ar ⊿	d	Related organization			1d	6,000				
, G nil₅	е	Government grants			1e	0				
ons	f	All other contribution and similar amounts no								
ution					1f	8,049,890				
trib	g	Noncash contributio				¢ 0				
con and	h				1g		9 055 900			
0 ••	n	Total. Add lines 1a-	-11.			Business Code	8,055,890			
e	2a	OPERATING CUSTO				561499	48,315,183	48,315,183	0	0
Program Service Revenue	za b	OF ERATING COSTO	101 30			501499	40,313,103	40,313,103	0	0
jram Ser Revenue	c									
vel 2	d									
gra Re	e									
ro	f	All other program se					0	0	0	0
	g	Total. Add lines 2a-					48,315,183		_	
	3	Investment income								
		other similar amoun	ts).			🕨	0	0	0	0
	4	Income from investr	nent o	of tax-exen	npt bo	ond proceeds ►	0	0	0	0
	5	Royalties				🕨	0	0	0	0
				(i) Rea	I	(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income o	r (los	· · · · · · · · · · · · · · · · · · ·		<u></u> ►	0	0	0	0
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets			0	0				
		other than inventory	7a							
evenue	b	Less: cost or other basis and sales expenses .			0					
ver			7b		0					
			7c			<u>`</u>	0	0	0	0
Other R	d	Net gain or (loss)			 	· · · · >	0	0	0	0
ot	8a	Gross income from events (not including		noraising						
		of contributions rep		d on line						
		1c). See Part IV, line			8a	0				
	b	Less: direct expens			8b	0				
	c	Net income or (loss)			q eve	ents 🕨	0		0	0
	9a	Gross income f								
		activities. See Part I	V, lin	e19 .	9a	0				
	b	Less: direct expense	es.		9b	0				
	с	Net income or (loss)) from	n gaming a	ctiviti	es 🕨	0	0		0
	10a			ory, less						
		returns and allowan			10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)) from	sales of ir	vento	1	0	0	0	0
sn						Business Code				
Miscellaneous Revenue	11a									
llan en	b									
scellaneo Revenue	C .						-	-	-	
Mis	d	All other revenue	• •		•••		0	0	0	0
-	е	Total. Add lines 11a	a–11c	1		🕨	0			

56,371,073

►

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48,315,183

Form **990** (2021)

0

0

	Statement of Functional Expenses 501(c)(3) and 501(c)(4) organizations must complete	ete all columns All i	other organization	s must complete colur	mn (A)
	Check if Schedule O contains a response	or note to any line	in this Part IX		
Do not ir	nclude amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	nd 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations			general expenses	
ar	nd domestic governments. See Part IV, line 21 .	0			
2 G	rants and other assistance to domestic				
in	dividuals. See Part IV, line 22	0			
3 G	rants and other assistance to foreign				
	rganizations, foreign governments, and				
fo	reign individuals. See Part IV, lines 15 and 16	0			
4 B	enefits paid to or for members	0			
	ompensation of current officers, directors,				
tri	ustees, and key employees	1,652,655			
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
pe	ersons described in section 4958(c)(3)(B)	0			
	ther salaries and wages	9,522,095			
	ension plan accruals and contributions (include				
SE	ection 401(k) and 403(b) employer contributions)	684,543			
	ther employee benefits	1,067,652			
0 Pa	ayroll taxes	814,415			
1 Fe	ees for services (nonemployees):				
a M	lanagement	260,959			
b Le	egal	0			
c A	ccounting	0			
d Lo	obbying	0			
e Pr	rofessional fundraising services. See Part IV, line 17	0			
	vestment management fees	0			
-	ther. (If line 11g amount exceeds 10% of line 25, column				
(A)), amount, list line 11g expenses on Schedule O.) .	95,268			
2 A	dvertising and promotion	0			
3 O	ffice expenses	273,633			
4 In	formation technology	4,778,001			
5 R	oyalties	0			
6 O	ccupancy	267,862			
7 Tr	ravel	1,196			
	ayments of travel or entertainment expenses				
fo	or any federal, state, or local public officials	0			
9 C	onferences, conventions, and meetings .	0			
0 In	terest	0			
2 1 Pa	ayments to affiliates	0			
	epreciation, depletion, and amortization .	0			
	surance	0			
	ther expenses. Itemize expenses not covered				
	bove. (List miscellaneous expenses on line 24e. If				
	ne 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a C	REDIT CARD PROCESSING FEES	30,103,005			
b T	AXES	1,167,379			
	PROFESSIONAL DEVELOPMENT	137,110			
	PERSONNEL RECRUITING	153,284			
	ll other expenses	46,800			
	otal functional expenses. Add lines 1 through 24e	51,025,857			
26 Jo	pint costs. Complete this line only if the ganization reported in column (B) joint costs				
or fra	om a combined educational campaign and				
fu	Indraising solicitation. Check here 🕨 🗌 if				
fo	llowing ŠOP 98-2 (ASC 958-720)				

Form 990 (2021)

	n 990 (20	,			Page 11
P	art X				_
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year	•••	
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	87,463,117	2	92,808,333
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0	6	0
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Aŝ	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
	_	basis. Complete Part VI of Schedule D 10a 0			-
	b	Less: accumulated depreciation 10b 0		10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	87,463,117	16	92,808,333
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19		0	19	0
	20 21	Tax-exempt bond liabilities	0	20 21	0
Liabilities	22	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			0
iab		controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	0	24	0
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
JCes		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions		27	
B	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► ✓ and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds	0	29	0
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
SS	31	Retained earnings, endowment, accumulated income, or other funds	87,463,117	31	92,808,333
t⊿	~~		87,463,117	32	92,808,333
a	32	Total net assets or fund balances	07,400,117	52	32,000,333

Form **990** (2021)

orm 99	0 (2021)				Pa	ige 12
Parl	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				1,073
2	Total expenses (must equal Part IX, column (A), line 25)	2				5,857
3	Revenue less expenses. Subtract line 2 from line 1	3				5,216
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			87,46	· ·
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7		7				0
8	Prior period adjustments	8				0
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			92,80	8,333
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	• •	• •			
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," ex	nlain	<u></u>			
	Schedule O.	cpiairi				
~				•		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were cor reviewed on a separate basis, consolidated basis, or both:	nplied	or			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	 	•	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	tea o	na			
-	Separate basis Consolidated basis Both consolidated and separate basis	ما به ا				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts					
			L	2c		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiain	on			
^ -						
за	As a result of a federal award, was the organization required to undergo an audit or audits as set fo		tne			
h	Single Audit Act and OMB Circular A-133?			3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a					
	required audit of audits, explain why on Schedule O and describe any steps taken to undergo such a	uuus	•	3b		

Form **990** (2021)

Schedule	В
(Form 990)	

Schedule of Contributors

OMB No. 1545-0047

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



Employer identification number

27-0160261

Department of the Treasury Internal Revenue Service

Name of the organization

ACTBLUE	TECHNICAL	SERVICES,	INC.

Organization type (check one):

Filers of:	Section:	
Form 990 or 990-EZ	□ 501(c)()) (enter number) organization
	4947(a)(1) none	xempt charitable trust not treated as a private foundation
	✓ 527 political org	ganization
Form 990-PF	501(c)(3) exemp	ot private foundation
	4947(a)(1) none	xempt charitable trust treated as a private foundation
	501(c)(3) taxabl	e private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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)	(2021)
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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$17,010	Person
(a)	(b)	(c)	(Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll
		\$7,488	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$6,082	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,145	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,051	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$9,338_	PersonImage: Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$5,842	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$5,514	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$24,105	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$111,641	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$13,258	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$9,847	PersonImage: Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$6,332	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$18,282	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>285,248</u>	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$15,716	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$12,338	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>16,433</u>	Person Image: Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,098	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_20		\$16,597	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$28,102	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$39,444	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(F)		
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	(b) Name, address, and ZIP + 4	(c) Total contributions \$8,232	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4 	Total contributions	Person Image: Construction Payroll Image: Construction Noncash Image: Complete Part II for

Page 2

Schedule B	(Form	990)	(2021)
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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$7,682	Person 🗹 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$14,489	Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$60,242	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$ 	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(-)		1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>20,540</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>315,268</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,147	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34			Person
		\$ <u>7,896</u>	PayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$(c) Total contributions	Noncash (Complete Part II for
	(b) Name, address, and ZIP + 4	(c)	Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4 	(c) Total contributions	Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ☑ Payroll □ Noncash □ (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,498	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>7,159</u>	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$74,228	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$ 7,552	Person 🗹 Payroll
		Ψ	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for
	(b) Name, address, and ZIP + 4	(c)	(Complete Part II for noncash contributions.) (d)
No.	(b) Name, address, and ZIP + 4 	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution Person ☑ Payroll ☑ Noncash ☑ (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,128	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$ <u>16,076</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$7,340	PersonImage: Complete Part II for noncash contributions.)
(a)			
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.			Person Image: Construction Payroll Image: Construction Noncash Image: Complete Part II for
No. 	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ (c) □ (c) □ Type of contribution □ (c) □

Schedule B	(Form	990)	(2021)
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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$27,177	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,991	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$23,348	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions \$5,535	(d) Type of contribution Person Payroll □ Noncash □ (Complete Part II for noncash contributions.)
No.		Total contributions	Person Image: mail of the second
<u> </u>	Name, address, and ZIP + 4	Total contributions \$5,535 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 52 (a) No.	Name, address, and ZIP + 4	Total contributions \$5,535 (c) Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Noncash □ (Complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$7,812	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$17,577	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$14,844	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions \$7,519	(d) Type of contribution Person ⊻ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
<u></u>	Name, address, and ZIP + 4	Total contributions \$7,519 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 	Name, address, and ZIP + 4	Total contributions \$7,519 (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ <u>11,947</u>	PersonPayroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,148	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$7,782	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,237_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$7,741	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66			Person 🗹 Payroll 🗌

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ <u>16,540</u>	Person 🖌 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$\$	Person ✓ Payroll □ Noncash □ (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,133	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

		1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$27,697_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$59,176	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,661	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,388	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$14,896	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$12,903	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

	(b)	(0)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$18,810	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$5,534	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,456	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4	(c) Total contributions \$5,384	(d) Type of contribution Person └ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4 	Total contributions	Person Image: mail of the second
No. 82 (a)	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 82 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Noncash □ (Complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,958	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$16,972	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u></u> 5,579	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
No. 	Name, address, and ZIP + 4	Total contributions \$6,802 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_91		\$56,223	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$34,122	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_93		\$7,178	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$8,325	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_95		\$5,276	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$32,111	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c) Tatal contributions	(d) Turpe of contribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
97		\$114,055	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$6,150	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$1,495,620	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_100		\$22,977	PersonImage: Complete Part II for noncash contributions.)
100 (a) No.	(b) Name, address, and ZIP + 4	\$(c) Total contributions	Payroll Noncash (Complete Part II for
(a)	(b) Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 	(c) Total contributions	Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) (d) Type of contribution Person ₽ Payroll □ Noncash □ (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$5,728	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$42,568	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$16,445	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4	(c) Total contributions \$21,303	(d) Type of contribution Person Payroll Payroll (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4 	Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
No. 	Name, address, and ZIP + 4	Total contributions \$21,303 (c)	Type of contribution Person Payroll Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 	Name, address, and ZIP + 4	Total contributions \$21,303 (c) Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Noncash □ (Complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_109			Person 🔽 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$58,300	Person 🖌 Payroll 🗌 Noncash 🗌
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution
		\$ <u>13,037</u>	Person Payroll Noncash (Complete Part II for
(a)	(b)		(complete r alt in for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,062	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$67,987	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,872	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,003	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$33,406	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>15,181</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110			
		\$174,458	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$(c) Total contributions	Payroll Noncash (Complete Part II for

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.121		\$27,257	PersonPayroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,107	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$17,920	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.125		\$50,329	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.126		\$30,425	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		 \$8,188	Person ✓ Payroll Noncash	
			(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
128		\$6,528	Person Payroll Noncash (Complete Part II for pagageb contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution	
.129		\$\$	Person ✓ Payroll Noncash	
			(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$\$	PersonPayroll□Noncash□(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
131		\$\$	PersonImage: Complete PartNoncashImage: Complete Part(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
132		\$\$	PersonImage: Complete Part II for noncash contributions.)	

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$134,738	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,350	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$19,771	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_136		\$6,647	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,922	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$61,628_	PersonImage: Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
139		\$28,010	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,842	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$141,418	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$12,071	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
143		\$26,089	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$9,267	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$34,737	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,820,057	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$35,088	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 35,555	Person Payroll Noncash □
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for
	(b) Name, address, and ZIP + 4	(c)	(Complete Part II for noncash contributions.) (d)
No.	(b) Name, address, and ZIP + 4 	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution Person ♀ Payroll □ Noncash □ (Complete Part II for

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
151		\$ 14,704	Person ✓ Payroll Noncash		
-			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
152		\$\$	Person 🗹 Payroll 🗌 Noncash 🗌		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution		
110.					
153		\$\$	Person		
-			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
155		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$6,337	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)		

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$38,349	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158		 \$7,857_	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159		\$	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 160 </u>		 \$ 	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 161 </u>		 \$ 	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 162 </u>		\$\$	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$18,624	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
164		\$ <u>17,794</u>	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
165		\$9,497	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
166		\$ <u>148,890</u>	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$9,649	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
168			Person ✓ Payroll

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$59,948	Person ✓ Payroll Noncash		
-			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
170		\$7,724	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$5,830	Person Payroll Noncash (Complete Part II for		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution		
172 -		\$\$	Person Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$6,874	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$\$5,325	PersonImage: Complete Part II for noncash contributions.)		

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$53,413	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176		\$99,747	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177		\$28,594	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person └ Payroll Noncash (Complete Part II for noncash contributions.)
No.			Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
<u> </u>	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Noncash □ (Complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$ 	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$13,078	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$ 	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	 \$\$(c) Total contributions	Payroll Noncash (Complete Part II for
(a)		 (c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	Payroll

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$16,004	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189		\$\$	Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
191		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192		\$\$	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		 \$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.194		\$ <u>16,043</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.195		\$6,356	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
196	Name, address, and ZIP + 4	Total contributions \$8	Person Image: Payroll Payroll Image: Payroll Noncash Image: Payroll (Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4 	Total contributions	Person Image: mail of the second
<u>196</u>	(b)	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
196 (a) No.	(b)	Total contributions Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (complete Part II for noncash contribution

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
199		\$14,790	Person Image: Composition Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200		\$5,565_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_201		\$30,450	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_202		\$7,574	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
203		\$21,223	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_204		\$12,410	PersonImage: Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
205		 \$ 72,222	Person ✓ Payroll Noncash		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
206		 \$	Person 🗹 Payroll 🗌 Noncash 🗌		
(a)	(b)	 (c)	(Complete Part II for noncash contributions.) (d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
207		\$\$	Person 🗹 Payroll 🗌 Noncash 🗌		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
208		\$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
209		\$5,800_	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
210		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)		

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$11,528	Person ☑ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212		\$12,443	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213		\$5,652	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
 (a) No.	(b) Name, address, and ZIP + 4		Person Payroll Noncash (Complete Part II for
(a)	 	\$\$(c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	 	\$\$ (c) Total contributions	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
217		 \$\$	Person 🗹 Payroll 🗌 Noncash 🗌	
			(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		 \$5,554	PersonImage: CompletePayrollImage: Complete(CompletePart II for	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution	
219		 \$6,954	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		 \$6,371_	PersonImage: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
222		 \$\$	PersonImage: Complete Part II for noncash contributions.)	

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_223		\$54,097	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224		\$22,703	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225		\$5,335	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
<u> </u>	Name, address, and ZIP + 4	Total contributions \$34,637 (c)	Type of contribution Person Payroll Payroll (Complete Part II for noncash contributions.) (d)
No. 226 	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		 \$\$	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
230		\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$61,419	Person 🗹 Payroll 🗌 Noncash 🗌
-			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233		\$ <u></u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
234		\$46,866	PersonImage: Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		 \$\$	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
236		 \$5,366_	Person ✓ Payroll □ Noncash □ (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237		 \$8,588	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
239		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
240		\$\$\$	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$28,167	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
242		\$ <u>32,948</u> _	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243		\$6,012	Person Image: Composition Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
244		\$60,468	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245		\$5,237	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
246		\$69,877	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247			Person
		\$6,794	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
248		\$ <u>11,516</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,595_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
250		\$10,450	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
251		\$62,345	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,049	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$900,864	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
254		\$55,941	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_255		\$9,368	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
256			_
		\$9,929	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$9,929 (c) Total contributions	Payroll Noncash (Complete Part II for
		(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d)
No.		(c) Total contributions	Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ₽ Payroll □ Noncash □ (Complete Part II for

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		 \$	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$6,619	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$50,596_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
264		 \$\$40,301_	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		\$15,204	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
266		\$15,224	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
267		\$5,333_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_268			Person 🗹
		\$533,948	PayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$533,948 (c) Total contributions	Noncash (Complete Part II for
		(c)	Noncash (Complete Part II for noncash contributions.)
No.		(c) Total contributions	Noncash

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271		\$5,019	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
272		\$10,043	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
273		\$391,060	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
274		\$9,102	PersonImage: Complete Part II for noncash contributions.)
(a)	/I=\		
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
275	(D) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4 	Total contributions	Person Image: Construction Payroll Image: Construction Noncash Image: Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
277		\$93,251	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
278		\$12,002	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
279		\$12,388	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
280		\$6,823	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$21,136	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
282			Person 🔽 Payroll 🗌

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283		\$ <u>31,352</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
284		\$13,568	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
285		\$18,296	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions \$45,384	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Person Image: Complete Part II for
No. 	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		\$	Person ✓ Payroll Noncash
-			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,352	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
291		\$	Person ✓ Payroll Noncash
_			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,698_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$92,672	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		 \$14,534	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
296		\$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
297		\$	Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
298			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
299		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
300		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
301		\$	Person ✓ Payroll Noncash		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
302		\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
303		\$6,528	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
304		\$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
305		\$5,847_	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
306		\$\$	PersonImage: Complete Part II for noncash contributions.)		

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307		\$	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
308		\$5,237_	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
309		\$\$	Person✓Payroll□Noncash□(Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
310		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
311		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
312		\$\$	PersonImage: Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
313			Person ✓ Payroll Noncash		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
314			PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
315			Person Payroll Noncash (Complete Part II for		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution		
316		\$94,701_	Person Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
317		\$145,787	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
318			PersonImage: Complete Part II for noncash contributions.)		

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
319		\$25,712	Person Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
320		\$39,969	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
321		\$12,696	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.322		\$5,112	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
323		\$19,168	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
324		\$6,508	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
325		 \$50,782	Person ✓ Payroll Noncash		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
326		 \$5,331_	Person Payroll Noncash		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution		
327		 \$\$	Person 🗹 Payroll 🗌 Noncash 🗌		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
328		 \$9,932	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
329		\$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
330		\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)		

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331		\$ <u>10,243</u>	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
332		\$ <u>50,849</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
333		 \$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_334		\$ <u>38,131</u>	PersonImage: Complete Part II for noncash contributions.)
334 (a) No.	(b) Name, address, and ZIP + 4	\$ <u>38,131</u> (c) Total contributions	Payroll Noncash (Complete Part II for
(a)		(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	Payroll

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Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part IContributors (see instructions). Use duplicate copies of Part I if additional space is needed.(a)(b)(c)(d)				
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	 \$9,898_	Person ✓ Payroll Noncash		
		(Complete Part II for noncash contributions.)		
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	 \$	Person Payroll Noncash (Complete Part II for		
(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution		
	 \$\$	Person		
		(Complete Part II for noncash contributions.)		
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	 \$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)		
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	 \$8,346	PersonImage: Complete Part II for noncash contributions.)		
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	 \$7,435_	Person Payroll Noncash (Complete Part II for		
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(b) Total contributions (b) Total contributions (c) Total contributions (b) S (c) Total contributions (b) Total contributions (c) Total contributions (b) Total contributions (c) Total contributions (b) S (c) Total contributions (b) S (c) Total contributions (c) Total contributions (c) S (b) Total contributions (c) S (c) Total contributions (c) Total contributions (c) Name, address, and ZIP + 4 (c) Total contributions (c) S 8.346 (b) Name, address, and ZIP + 4 Total contributions		

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
343		\$7,659	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
344		\$6,963	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
345		\$468,026	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
346		\$12,162	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
347		\$ <u>36,873</u>	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
348		\$17,180	Person Payroll Noncash (Complete Part II for

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
349		 \$\$	Person ✓ Payroll Noncash		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
350		\$5,453	Person Payroll Noncash		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution		
351		\$\$	Person Payroll Noncash		
(2)	(14)		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
352		\$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
353		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
354		\$\$	PersonImage: Complete Part II for noncash contributions.)		

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355		 \$90,985_	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
356		\$36,068	Person ✓ Payroll □ Noncash □ (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
357		 \$\$22,125	Person 🗹 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
358		 \$6,638_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
359		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
360		\$\$\$	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
362		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
363		\$6,229	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
No. 	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 364 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367		 \$5,634	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
368		 \$26,550	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
369		 \$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
370		\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
371		 \$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
372		\$\$	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
373		\$15,822	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
374		\$10,412	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
375		\$8,925	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person └ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
No.			Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
<u> </u>	Name, address, and ZIP + 4	Total contributions \$5,840 (c)	Type of contribution Person Payroll Payroll (Complete Part II for noncash contributions.) (d)
No. 376 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Noncash □ (Complete Part II for □

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379		\$\$	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
380		 \$5,264_	Person 🗹 Payroll 🗌 Noncash 🗌
(a)	 (b)	 (c)	(Complete Part II for noncash contributions.) (d)
Nó.	Name, address, and ZIP + 4	Total contributions	Type of contribution
381		 \$\$	Person
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
383		\$5,112	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
384		\$6,177	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385		\$6,654_	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
386		\$15,138	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
387		\$5,535	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4	(c) Total contributions \$81,509	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4 	Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
No. 	Name, address, and ZIP + 4	Total contributions \$81,509 (c)	Type of contribution Person Payroll Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 388 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Noncash □ (Complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(0)	<i>(</i> b)	(a)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391		\$22,941	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
392		\$10,771	Person Image: Composition Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
393		\$8,252	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,897_	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
395		\$66,442	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
396		\$ <u>215,771</u>	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
397		\$19,732	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
398		\$11,615	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
399		\$26,664	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
400		\$6,436	Person Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
401		\$5,894	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
402		\$25,642	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
403		\$7,770	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
404		\$15,723	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
405		\$29,868	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
406		\$14,323	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
407		\$103,614	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
408		\$6,573	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
409		\$11,378	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
410		\$10,151	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
411		\$19,949	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
412		\$23,956	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
413			
		\$44,507	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$(c) Total contributions	Payroll Noncash (Complete Part II for

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
415			Person 🖌 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
416		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
417		\$\$	Person✓Payroll□Noncash□(Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
418		\$6,147	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
419		\$67,068	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
420		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421		 \$14,987	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
422		\$\$	Person Payroll Noncash
(a)	(b)	 (c) Total contributions	(Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4		Type of contribution
423		\$\$	Person
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
424		 \$\$14,508	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
425		 \$7,584	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
426		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
		\$12,201	Nonc (Comple

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427		 \$\$	Person 🗹 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
428		\$42,379	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
429		\$9,491_	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
430		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
431		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
432		\$\$	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
433		\$84,635	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
434		\$ <u>5,479</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
435		\$172,322	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
436		\$7,506	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
437		\$6,483	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
438		\$82,385	PersonImage: Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
439		\$\$	Person 🗹 Payroll 🗌 Noncash 🗌		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
440		\$\$	Person ✓ Payroll □ Noncash □ (Complete Part II for		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributions		
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
442		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)		

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
445		\$23,341	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
446		\$11,712	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
447		\$13,910	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person └ Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Person Image: mail of the second
<u> </u>	Name, address, and ZIP + 4	Total contributions \$8,221 (c)	Type of contribution Person Payroll Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 448 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Noncash □ (Complete Part II for □

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
451		 \$51,388	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
452		\$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
453		\$\$	Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
454		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
455		\$62,717	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
456		\$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_457		\$8,022	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
458		 \$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
459		 \$\$7,111	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
460		 \$\$7,175	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
461		 \$6,378	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$36,978	PersonImage: Complete Part II for noncash contributions.)		

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
463		\$ <u>661,213</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
464		\$6,726	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
465		\$7,206	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
466		\$9,791	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_467		\$7,005	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
468		\$6,976_	Person Payroll Noncash (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
469		\$5,296	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
470		\$42,491	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
471		\$ <u>18,914</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
	1	1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person ☑ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
No.			Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
<u> </u>	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 472 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
475		 \$9,496	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
476		 \$\$23,165	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
477		\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
478		 \$9,116	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
479		 \$\$12,672	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
480		 \$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
481		\$12,666	Person
-			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
482		 \$5,768	Person ✓ Payroll □ Noncash □ (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
483		 \$5,745	Person Payroll Noncash
-			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
484 -		\$\$	PersonImage: Constraint of the second se
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
485		\$8,492_	PersonImage: Complete PartNoncashImage: Complete Part(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$97,151	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	-		
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
487		\$72,452	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
488		\$5,792	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
489		\$6,951	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
490		\$5,242	PersonImage: Complete Part II for noncash contributions.)
490 (a) No.	(b) Name, address, and ZIP + 4	\$5,242 (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	(b) Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(c) Total contributions	Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) (d) Type of contribution Person ₽ Payroll □ Noncash □ (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(-)	(1-)	(-)	(-1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
493		\$15,810	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
494		\$32,543	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
495		\$5,390	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
496		\$11,031	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
497		\$10,766	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
498		\$16,982	PersonImage: Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
499		 \$\$	Person ✓ Payroll Noncash		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
500		\$6,033	Person Payroll Noncash		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution		
		\$\$	Person Payroll Noncash		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
502		\$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
503		\$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
504		\$\$	PersonImage: Complete Part II for noncash contributions.)		

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
505		 \$11,338	Person ✓ Payroll Noncash		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
506		 \$\$24,122	Person ✓ Payroll Noncash		
(a)	(b)	(c)	(Complete Part II for noncash contributions.) (d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
507		 \$32,650	Person Payroll □ Noncash □		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
508		 \$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
509		\$7,650	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
510		\$7,227	Person Payroll Noncash (Complete Part II for		
			noncash contributions.)		

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$60,117	PersonPayroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
512		\$17,272	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
513		\$14,993	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$12,355	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
515		\$5,131	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$11,105	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
517		\$ <u>33,512</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
518		\$16,949	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
519		\$17,554	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
	1		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
No. 	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 520 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Noncash □ (Complete Part II for □

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523		\$7,352	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
524		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
525		\$7,043	Person 🗹 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
526		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
527		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
528		\$	PersonImage: Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
529		\$5,033	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
530		 \$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
531		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
532		 \$\$96,840	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
533		\$8,778_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,468	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
535		 \$9,392	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
536		 \$90,233_	Person 🗹 Payroll 🗌 Noncash 🗌
(a)	(b)	 (c)	(Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
537		 \$51,943	Person 🗹 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,312	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$7,393	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person 🗹 Payroll 🗌 Noncash 🗌
(a)	(b)	(c) Total contributions	(Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	I otal contributions	Type of contribution
		 \$\$31,156	Person
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>-544</u>		 \$6,990	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$6,918	PersonImage: Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
547		\$5,742	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
548		\$6,313	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
549		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
550		\$37,994	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
552		\$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
553		\$24,290	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
554		\$12,113	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
555		\$11,657	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
556		\$46,162	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
557			Person ✓ Payroll
		\$5,839	Noncash (Complete Part II for noncash contributions.)
(a)	(b)	\$\$(c)	(Complete Part II for
No.	Name, address, and ZIP + 4	Total contributions	

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
559		\$ <u>13,972</u>	Person Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_560		\$16,658	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,843_	Person Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$10,149_	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
563		\$26,811	Person Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
564		\$9,846	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_565		\$12,779	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
566		\$36,213	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
567		\$5,088	Person☑Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person Payroll □ Noncash □ (Complete Part II for noncash contributions.)
No.			Type of contribution Person Payroll Noncash (Complete Part II for
No. 	Name, address, and ZIP + 4	Total contributions \$6,688 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions \$6,688 \$(c) Total contributions	Type of contribution Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person □ Payroll □ Noncash □ (Complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$ 	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
572		\$ <u>26,440</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
573		\$5,730	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
No. 574 (a)	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (C)
No. 574 (a) No.	Name, address, and ZIP + 4	Total contributions \$ \$ 18,353 (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
577		\$18,625	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
578		\$8,786	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
579		\$7,568	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
580		\$21,857	Person 🗹 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
		(c) Total contributions \$12,478	noncash contributions.) (d)
No.		Total contributions	noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>14,258</u>	Person Payroll Noncash □
		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ 112,012	Person ✓ Payroll Noncash
		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$7,265	PersonImage: Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$\$	PersonImage: Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$7,258	Person Payroll Noncash (Complete Part II for
		noncash contributions.)
(D) Name, address, and ZIP + 4	(C) Total contributions	(d) Type of contribution
	\$13,242	Person Payroll Noncash (Complete Part II for
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(b) Total contributions (c) Total contributions (b) \$ (c) 112.012 (b) Total contributions (c) Total contributions (b) Total contributions (c) Total contributions (b) C(2) Name, address, and ZIP + 4 Total contributions (b) C(2) Name, address, and ZIP + 4 Total contributions (b) C(2) Name, address, and ZIP + 4 Total contributions (b) C(2) Name, address, and ZIP + 4 Total contributions (b) C(2) Name, address, and ZIP + 4 Total contributions (b) C(2) Name, address, and ZIP + 4 Total contributions

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
589		\$5,894	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
590		\$ <u>13,916</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
591		\$25,882	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
592		\$6,362	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
 (a) No.	(b) Name, address, and ZIP + 4	\$6,362 (c) Total contributions	Payroll Image: Complete Part II for
(a)		(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ₽ Payroll □ Noncash □ (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
595		\$22,775	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
596		\$5,846_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
597		\$6,053	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
598		\$15,446	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
599		\$ <u>8,805</u> _	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
600		\$17,166	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>6,261</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
602		\$11,447	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
603		\$14,194	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
604		\$5,861_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
605		\$5,143	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
606		\$9,050	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
607		\$ <u>17,559</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
608		\$5,262	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
609		\$17,473	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
610		\$ <u>34,184</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$(c) Total contributions	Payroll Noncash (Complete Part II for
(a)		(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	Payroll

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,718	PersonPayroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
614		\$6,279	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
615		\$17,384	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
616		\$6,423	PersonPayroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
617		\$9,423	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
618		\$7,813	PersonImage: Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
619		\$5,970	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
620		\$5,0635,003_5,003_5,003_5,003_5,003_5,003_5,003_5,000_5,003_5,000_5,000_5,000_5,000_5,000_5,000_5,000_5,000_5,000_5,0000_5,000_5,000_5,000_5,0000_5,0000_5,000_5,000_5,0000_5,0000_5,0000	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
621		\$ <u>16,211</u>	Person ✓ Payroll □ Noncash □ (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
622		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623		\$5,679	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
624		\$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
625		\$7,823	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
626		\$9,091	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
627		\$13,056	Person Image: Composition Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
628	Name, address, and ZIP + 4	Total contributions \$15,335	Person Image: Constribution Payroll Image: Constribution Noncash Image: Constribution (Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4		Person Payroll Noncash (Complete Part II for
628 (a)	 	\$(c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
628 (a) No.	 	\$(c) Total contributions	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Operation ✓ (complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
Nó.	Name, address, and ZIP + 4	Total contributions	Type of contribution
631		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
632		• \$ •	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
633		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name address and ZIR + 4	(c)	(d) Turne of contribution
	Name, address, and ZIP + 4	Total contributions	Type of contribution
634	Name, auuress, anu ZIP + 4	\$6,750	Person Payroll Noncash (Complete Part II for noncash contributions.)
634 (a) No.	(b) Name, address, and ZIP + 4		Person Payroll Noncash (Complete Part II for
(a)	(b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	\$	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Operation ✓ (complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
637		\$ <u>15,471</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
638		\$5,037	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
639		\$12,945	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
640		\$58,998	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
641		\$16,758	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
642		\$10,995	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$7,558	Person 🗹 Payroll 🗌 Noncash 🗌
-			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
645 -		 \$\$	Person
-			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>-646</u> -		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$32,314	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>-648</u> - -		\$65,290_	Person 🗹 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
649		\$15,674	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
650		\$16,460	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
651		\$16,688	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
652		\$8,168	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
653		\$ <u>15,975</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
654		\$24,622	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
655		\$9,821	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
656		\$61,252	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
657		\$ <u>35,438</u>	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
658		\$39,492	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
659		\$6,176	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
660		\$5,676	PersonImage: Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
661		 \$63,884	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 662 </u>		 \$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$66,525	Person 🗹 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 666 </u>		\$\$	PersonImage: Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
667		 \$6,726	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
668		\$9,145	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
669		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
670		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
671		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
672		\$5,800	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
673		\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
674		 \$\$ 	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
675		 \$6,846_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name address and ZID : 4	(c)	(d)
-	Name, address, and ZIP + 4	Total contributions	Type of contribution
676		Total contributions \$11,776	Person Image: Contribution Payroll Image: Contribution Noncash Image: Contribution (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4		Person Payroll Noncash (Complete Part II for
(a)	 	 \$\$11,776 (c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	 	\$ <u>11,776</u> (c) Total contributions	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Operation ✓ (complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
679		\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
680		\$14,945	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
681		\$696,575	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person └ Payroll Noncash (Complete Part II for noncash contributions.)
No.			Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
No. 	Name, address, and ZIP + 4	Total contributions \$10,300 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Noncash □ (Complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
685		\$72,548	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
686		\$8,148	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
687		\$28,276	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
688	Name, aααress, and ZIP + 4	Total contributions \$22,709	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4		Person Payroll Noncash (Complete Part II for
688 (a)	(b)	\$(c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
688 (a) No.	(b)	\$(c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
691		 \$9,192	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
692		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
693		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
694		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
695		\$9,969	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
696		\$\$	PersonImage: Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
697		 \$\$7,598	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
698		\$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
699		 \$\$	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$6,291	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$33,564	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
702		 \$6,075_	PersonPayrollNoncash(Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$92,668_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
704		\$7,505	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>9,376</u>	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,441	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
707		\$ <u>19,909</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.708		\$15,722	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
709		\$7,012	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,591	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$8,494	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$11,498	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$10,027	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,282	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		 \$14,375	Person ✓ Payroll Noncash	
			(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
716		\$9,832	PersonImage: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
.717		\$	Person 🗹 Payroll 🗌 Noncash 🗌	
			(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$6,738	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
719		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
720		\$\$	PersonImage: Complete Part II for noncash contributions.)	

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$6,580	Person ✓ Payroll Noncash □
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
722		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
724		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
725		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
726		\$\$	PersonImage: Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$5,048	Person 🗹 Payroll 🗌 Noncash 🗌		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
728		\$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
729		\$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
730		\$\$	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
731		\$ <u>12,903</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$14,703	PersonPayroll□Noncash□(Complete Part II for noncash contributions.)		

Schedule B	(Form	990)	(2021)
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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
733		\$5,470	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
734		\$16,487	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
735		\$5,709	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
INO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$13,242	Person Image: Contribution Payroll Image: Contribution Noncash Image: Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4		Person Payroll Noncash (Complete Part II for
 (a)	 	\$13,242 (c)	Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
	 	\$(c) Total contributions	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for Operation ✓ Payroll □ Noncash □ (Complete Part II for

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
739		\$7,500	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
740		\$5,972	Person 🗹 Payroll 🗌 Noncash 🗌
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution
741		\$12,780	Person Payroll Noncash □
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,215	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,764	PersonImage: Constraint of the second se
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
745		 \$\$11,113	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
746		\$9,801_	Person ✓ Payroll □ Noncash □ (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
747		\$\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
749		\$\$	PersonImage: Constraint of the second se
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
750		\$\$	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$517,847_	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
752		\$11,256	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
753		\$ <u>7,137</u>	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
754		\$6,967	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
755		\$15,026	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
756		\$6,676	Person ✓ Payroll Noncash

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,170	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$58,059	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
759		\$ <u>5,055</u>	PersonImage: Complete Part II for noncash contributions.)
(a)	Π.\		<u> </u>
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person Payroll □ Noncash □ (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
No. 	Name, address, and ZIP + 4	Total contributions \$6,860 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 	Name, address, and ZIP + 4	Total contributions \$6,860 (c) Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ (complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

		1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>83,452</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
764		\$9,549	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
765		\$146,354	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
766		\$254,644	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
767		\$6,134	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
768		\$12,390	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
769		 \$\$4,620	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$24,894	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$14,446	Person Payroll Noncash (Complete Part II for
 (a)	(b)	(c)	noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		 \$10,975	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$ 	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$9,684	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
776		\$5,276_	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$8,619	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
778		 \$6,811_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
779		\$5,137_	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
780		 \$5,957_	PersonImage: Complete Part II for noncash contributions.)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$5,563	Person Payroll □ Noncash □
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
782		\$14,570	Person Payroll Noncash
(a)	(b)	(c) Total contributions	(Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4		Type of contribution
783		\$8,153	Person
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,409	Person Payroll Noncash (Complete Part II for noncash contributions.)
(-)		(-)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
785		 \$\$	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
786		\$32,054	PersonImage: Complete Part II for noncash contributions.)
780		\$\$	P N (Co

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$17,559	Person 🖌 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
788		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
789		\$9,008	Person ✓ Payroll □ Noncash □ (Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
790			PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
792		\$	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$17,453	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,912</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
795		\$29,082	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
796		\$ <u>5,660</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,462	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,380_	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
799		\$39,600	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
800		\$47,191	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
801		\$52,106	Person Image: Complete Part II for noncash contributions.)
(a)	(b)	(a)	(-1)
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(C) Total contributions	(0) Type of contribution Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
No.			Person Payroll Noncash (Complete Part II for
No. 802 (a)	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 802 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ (complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
805		\$19,785	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
806		\$6,309	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
807		\$6,276	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
808			
		\$5,217	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$5,217 (c) Total contributions	Payroll Noncash (Complete Part II for
(a)		(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) (d) Type of contribution Person ₽ Payroll □ Noncash □ (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
811		\$5,961_	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
812		\$5,558	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
813		\$5,149	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.814		\$43,516_	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
815		\$ <u>16,961</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.816		\$17,474	Person Payroll Noncash (Complete Part II for

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
817		 \$14,568	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
818		 \$\$	Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	 (c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution
819			Person
		\$6,053	Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	PersonImage: Constraint of the second se
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
822		\$\$	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$6,973_	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$74,970	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,668	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
No. 826 	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 826 (a) No.	Name, address, and ZIP + 4	Total contributions \$ \$ 13,870 (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
829		\$6,147	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
830		\$9,466	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
831		\$53,407	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
832		\$36,304	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
833		\$204,503	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
834		\$72,259	PersonImage: Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
835		 \$7,058	Person 🖌 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
836		\$\$	PersonPayroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
837		\$\$	Person ✓ Payroll □ Noncash □ (Complete Part II for
(a)	(b)		noncash contributions.) (d)
No. 838	Name, address, and ZIP + 4	Total contributions	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
839		\$9,308	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
840		\$\$	PersonPayroll□Noncash□(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
841		 \$\$	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,214_	Person ✓ Payroll □ Noncash □ (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
843		 \$6,289_	Person ✓ Payroll Noncash □
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$7,188	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person ✓ Payroll Noncash □
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
848		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>16,826</u>	Person 🗹 Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
850		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
851		\$9,280	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
852		\$\$	PersonImage: Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
853		 \$	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$\$	Person Payroll Noncash (Complete Part II for
(a)	(b)	 (c)	(complete r alt information noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>856</u>		\$15,622	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
857		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$32,900	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
859		\$7,572	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,427	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
861		\$39,412	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
862		\$16,288_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.863		\$5,238	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
864		\$ 11,735	Person 🗹 Payroll 🗌 Noncash 🗌

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(-)	(1-)	(-)	(-1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
865		\$ <u>19,591</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
866		\$13,434	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
867		\$ <u>99,517</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
868		\$ <u>78,793</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
869		\$24,163	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
870		\$7,762	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$ 	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
872		• \$ •	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$14,444	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
No. 	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 874 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
877		\$6,589	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
878		\$38,076	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
879		\$81,940_	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(4)
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
		\$7,119	(d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
<u>880</u> 	Name, address, and ZIP + 4	Total contributions \$7,119 (c)	Type of contribution Person Payroll Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 	Name, address, and ZIP + 4	Total contributions \$7,119 (c) Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Noncash □ (Complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
883		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
884		\$ <u>6,191</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
885		\$	Person Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No. 886		Total contributions \$7,871	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
		Total contributions	Person Payroll Noncash (Complete Part II for
886 (a)	Name, address, and ZIP + 4	Total contributions \$7,871 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
 (a) No.	Name, address, and ZIP + 4	Total contributions Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ (complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
889		\$7,401	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
890		\$22,047	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
891		\$18,554	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions \$10,638	(d) Type of contribution Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
<u>892</u> 	Name, address, and ZIP + 4	Total contributions \$10,638 (c)	Type of contribution Person Payroll Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 892 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (complete Part II for □ Noncash □ (Complete Part II for □

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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

Part I	Contributors (see instructions). Use duplicate cop	bies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$5,386	Person Payroll Noncash (Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
896		 \$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
897		 \$5,641_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
898		 \$5,040	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
899		 \$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
900		 \$5,974	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
901		\$ <u>19,396</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
902		\$5,198	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
903		\$9,430	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4	(c) Total contributions \$14,041	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4 	Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
<u>904</u> 	Name, address, and ZIP + 4	Total contributions \$14,041 (c)	Type of contribution Person Payroll Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 904 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Noncash □ (Complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
907		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
908		 \$655,925	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
909		\$5,557	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
No. 910 (a)	Name, address, and ZIP + 4	Total contributions \$5,196 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 910 (a) No.	Name, address, and ZIP + 4	Total contributions \$5,196 (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
913		\$6,773	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
914		\$6,918	Person Image: Composition Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
915		\$35,366	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
916		\$90,923_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
917		\$105,502	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
918		\$18,616	PersonImage: Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
919		\$52,309	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$19,488	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
921		\$1,036,831	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions \$730,491	(d) Type of contribution Person └ Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Person Image: Construction Payroll Image: Construction Noncash Image: Complete Part II for
No. 922 (a)	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 922 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ (complete Part II for □

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
925		\$22,483	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
926		\$7,770	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
927		\$6,162	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
928		\$11,442	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
929		\$31,686	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
930		\$51,478	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
931		\$6,297	PersonPayroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
932		\$9,559	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
933		\$7,357	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
934		\$33,406	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
935		\$31,342	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
936		\$57,047	PersonImage: Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
937		\$6,869	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
938		\$17,700	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
939		\$9 <u>,584</u>	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
940		\$33,902	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
941		\$5,547	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
942		\$ 6,465	Person 🗹 Payroll 🗌 Noncash 🗌

Schedule B	(Form	990)	(2021)
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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
943		\$16,409	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
944		\$229,197	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
945		\$25,994	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
946		\$6,858	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
947		\$27,930	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
948		\$13,063	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate co	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
949		 \$6,209	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
950		\$\$	Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
951		\$9,111	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
952		\$\$	PersonImage: Constraint of the second se
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
953		\$10,270	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
954		\$\$	PersonImage: Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

Part I	Contributors (see instructions). Use duplicate cop	vies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
955		 \$\$	Person ✓ Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
956		 \$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
957		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
958		\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
959		\$\$14,155	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
960		\$	PersonImage: Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)
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Name of organization

Employer identification number 27-0160261

ACTBLUE TECHNICAL SERVICES, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
961		\$67,339	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
962		\$6,541	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
963		\$6,916	PersonImage: Complete Part II for noncash contributions.)
(-)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for
No. 964 	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 964 (a) No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for noncash contributions.) (d) Type of contribution Person ✓ Payroll □ Noncash □ (Complete Part II for □ Noncash □ (Complete Part II for □

Schedule E	(Form	990)	(2021)
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ACTBLUE TECHNICAL SERVICES, INC.

Page 3

Employer identification number 27-0160261

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B ((Form 990) (2021)			Page 4
	rganization TECHNICAL SERVICES, INC.			Employer identification number 27-0160261
Part III		the year from any of ions completing Part	ne contributor. (III, enter the tota	Complete columns (a) through (e) and I of <i>exclusively</i> religious, charitable, etc.,
	Use duplicate copies of Part III if add	itional space is neede	ed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
		(e) Transfer	-	
-	Transferee's name, address, an	1d ZIP + 4		Iship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfei nd ZIP + 4	-	Iship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfei nd ZIP + 4		Iship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Transferee's name, address, an			Iship of transferor to transferee

	SCHEDULE C Political Campaign and Lobbying Activities							
(FOUI	990)	For Organizations From the one Toy Under costion 501(c) and costion 507						
	nent of the Treasury Revenue Service							
If the o	organization ans	wered "Yes	," on Form 990, Part IV, line 3, or For	m 990-EZ, Part V, I	ine 46 (Political Campaign			
			Complete Parts I-A and B. Do not con					
• Se	ection 501(c) (othe	er than section	on 501(c)(3)) organizations: Complete F	arts I-A and C below	w. Do not complete Part I-B			
• Se	ection 527 organiz	zations: Corr	plete Part I-A only.					
If the o	organization ans	wered "Yes	," on Form 990, Part IV, line 4, or For	m 990-EZ, Part VI,	line 47 (Lobbying Activitie	s), then		
• Se	ection 501(c)(3) or	ganizations	that have filed Form 5768 (election unc	ler section 501(h)): C	Complete Part II-A. Do not c	omplete Part II-B.		
		-	that have NOT filed Form 5768 (electio			•		
Tax) (S	See separate inst	tructions), tl		Tax) (See separate	e instructions) or Form 99	0-EZ, Part V, line 35c (Proxy		
	of organization	o), or (6) orga	nizations: Complete Part III.		Employer ide	entification number		
	LUE TECHNICAL	SERVICES	INC			27-0160261		
Part			e organization is exempt und	er section 501(c) or is a section 527			
1	Provide a des	scription of	the organization's direct and in npaign activities."	-	-	÷		
2	-		y expenditures. See instructions .		•	\$ 51,025,858		
3		•	cal campaign activities. See instructions		· · · · · · · · · ·	0		
Part		-	e organization is exempt und					
1	-		excise tax incurred by the organiza	-		\$		
2	Enter the amo	unt of any e	excise tax incurred by organizatior	n managers under	section 4955 🕨	\$		
3	If the organiza	tion incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	🗌 Yes 🗌 No		
4a	Was a correcti					🗌 Yes 🗌 No		
b	If "Yes," descr							
Part			e organization is exempt und	-		1(C)(3).		
1	activities		ly expended by the filing organiz			\$		
2	Enter the amo 527 exempt fu		filing organization's funds contrib	-	anizations for section	\$		
3	Total exempt line 17b	function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	\$		
4	Did the filing o	organizatior	file Form 1120-POL for this year	?		🗌 Yes 🗌 No		
5	organization m the amount of	nade payme political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount mptly and directly	paid from the filing orgar delivered to a separate	nization's funds. Also enter political organization, such		
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

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

SCHEDULE C

Schedule C (Form 990) 2021

Scheo	dule C (Form 990) 2021			Page 2		
Par	t II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (elec	tion under		
	address, EIN, expenses, and s	s to an affiliated group (and list in Part IV each affi hare of excess lobbying expenditures). ed box A and "limited control" provisions apply.	liated group membe	r's name,		
	Limits on Lobby	ring Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a b c c f	 Total lobbying expenditures to influence a Total lobbying expenditures (add lines 1a Other exempt purpose expenditures . Total exempt purpose expenditures (add 	bublic opinion (grassroots lobbying)				
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000.				
	g Grassroots nontaxable amount (enter 25% of line 1f)					

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
с	Total lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990) 2021

Schedu	le C (Form 990) 2021			Page 3
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed I	Form	
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	I)	(b)
descr	iption of the lobbying activity.	Yes	No	Amount
1 a b c d e f g h i j 2a b c d Dart	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), c	or se	ction
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members?	prior (year? or se	Yes No 1 2 3 ction III-A, line 3, is
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of	-	
a b			2a 2b	
b c	Carryover from last year		20 2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	t	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	the ying	4	
5	Taxable amount of lobbying and political expenditures. See instructions	1	4 5	
Pari		-	5	
2 (See	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro e instructions); and Part II-B, line 1. Also, complete this part for any additional information. IEXT PAGE	oup list); Par	t II-A, lines 1 and

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

Return Reference - Identifier	Explanation
	TECHNICAL SERVICES RELATED TO WEB-BASED SOFTWARE WHICH FACILITATES THE SOLICITATION, ACCEPTANCE, AND PROCESSING OF POLITICAL CONTRIBUTIONS VIA CREDIT CARD.

SCHEDULE J Compensation Information					√ 0. 1	545-0	047
(Form	990)	For certain Officers, Directors, Trustees, Key Employees, and Compensated Employees	Highest	2	\bigcirc	21	
		Complete if the organization answered "Yes" on Form 990, Parent State of Complete In the organization answered "Yes" on Form 990, Parent State of Complete International State of Complete	rt IV, line 23.	Oper	n to	Puk	olic
	ent of the Treasury Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest in	formation.			ctior	
	f the organization		Employer identificat		ər		
		SERVICES, INC.	27-	0160261			
Part	Questio	ns Regarding Compensation				Yes	No
1a		ropriate box(es) if the organization provided any of the following to or for ection A, line 1a. Complete Part III to provide any relevant information rega		orm		100	110
		or charter travel	-				
	Travel for c		•				
		ification and gross-up payments					
	Discretiona	ry spending account	id, chauffeur, chef)				
b		poxes on line 1a are checked, did the organization follow a written p nent or provision of all of the expenses described above? If "No					
	explain			· 1	b		
2		nization require substantiation prior to reimbursing or allowing ex tees, and officers, including the CEO/Executive Director, regarding th					
	1a?				2		
0	la dia ata sudai ale						
3		a, if any, of the following the organization used to establish the compension CEO/Executive Director. Check all that apply. Do not check any boxes		va			
		zation to establish compensation of the CEO/Executive Director, but ex		,			
	Compensat	tion committee					
		nt compensation consultant Compensation survey or study					
	☐ Form 990 o	f other organizations	pensation committee	•			
4		r, did any person listed on Form 990, Part VII, Section A, line 1a, with r r a related organization:	espect to the filing				
а	Receive a seve	erance payment or change-of-control payment?		. 4	la	~	
b		or receive payment from a supplemental nonqualified retirement plan?			ŀb		~
С		or receive payment from an equity-based compensation arrangement?		. 4	ŀc		~
	IT YES to any	of lines 4a-c, list the persons and provide the applicable amounts for	each item in Part III.				
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete line	s 5–9.				
5	For persons I	isted on Form 990, Part VII, Section A, line 1a, did the organization contingent on the revenues of:		any			
a	•	on?			ja		
b		ganization?		. 5	5b		
6	For persons I	isted on Form 990, Part VII, Section A, line 1a, did the organiza	ion pay or accrue	any			
-	-	contingent on the net earnings of:		6			
a b	•	on?			ia ib		
2		e 6a or 6b, describe in Part III.					
7		isted on Form 990, Part VII, Section A, line 1a, did the organization described on lines 5 and 6? If "Yes," describe in Part III			7		
8		ounts reported on Form 990, Part VII, paid or accrued pursuant to a con			T		
		contract exception described in Regulations section 53.4958-4(a)					
	minditini			· [8	8		
9		ne 8, did the organization also follow the rebuttable presumption ection 53.4958-6(c)?			9		

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

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

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

			nd/or 1099-MISC and/or 1		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
BILL KIRTLEY	(i)	339,900	0	870	11,766	27,870	380,406	0
1CHIEF TECHNICAL OFFICER	(ii)	0	0	0	0	0	0	0
TACITA MORWAY	(i)	309,616	0	805	2,139	27,870	340,430	0
2VP OF ENGINEERING	(ii)	0	0	0	0	0	0	0
WILL ROGERS	(i)	285,116	0	901	10,581	27,870	324,468	0
3 ^{CHIEF INFORMATION SECURITY OFFICER}	(ii)	0	0	0	0	0	0	0
NATE THAMES	(i)	67,940	0	184,567	1,165	27,204	280,876	0
4HEAD OF PRODUCT	(ii)	0	0	0	0	0	0	0
DEWEY SASSER	(i)	237,198	0	888	14,530	19,105	271,721	0
5 OPS CLOUD ARCHITECT	(ii)	0	0	0	0	0	0	0
MILES FREEDMAN	(i)	255,779	0	881	10,209	1,318	268,187	0
6VP OF TECHNICAL OPERATIONS	(ii)	0	0	0	0	0	0	0
ERIN HILL	(i)	0	0	0	0	0	0	0
7EXECUTIVE DIRECTOR	(ii)	244,006	0	888	9,927	10,082	264,903	0
BRAULIO CARRENO	(i)	212,576	0	893	12,879	27,870	254,218	0
8 PRINCIPAL SITE RELIABILITY ENGINEER	(ii)	0	0	0	0	0	0	0
BRETT WEJROWSKI	(i)	204,615	0	936	12,554	27,626	245,731	0
9SENIOR ENGINEERING MANAGER	(ii)	0	0	0	0	0	0	0
ETRIK PATRICELLA	(i)	203,654	0	881	12,289	27,870	244,694	0
10PRINCIPAL DEVOPS ENGINEER	(ii)	0	0	0	0	0	0	0
DARIAN PATRICK	(i)	207,307	0	936	11,762	20,176	240,181	0
11 PRINCIPAL SECURITY ENGINEER	(ii)	0	0	0	0	0	0	0
NICHOLE PAULDING	(i)	0	0	0	0	0	0	0
12SECRETARY, CONTROLLER	(ii)	196,481	0	893	9,936	26,392	233,702	0
	(i)							
13	(ii)	[T
	(i)							
14	(ii)	[T
	(i)							
15	(ii)	[T
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

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

Return Reference - Identifier	Explanation
	COMPENSATION OF THE EXECUTIVE DIRECTOR WAS PAID TO HER BY ACTBLUE, A RELATED ORGANIZATION. THE EXECUTIVE DIRECTOR'S SALARY FOR ACTBLUE IS DETERMINED BY THE BOARD OF DIRECTORS OF ACTBLUE.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR	NATE THAMES. \$184,410. CASH SEVERANCE PAID BY RELATED ORGANIZATION.
	MELISSA FLORES. \$48,462. CASH SEVERANCE PAID BY RELATED ORGANIZATION.
	CRISTINA AGUILERA. \$28,846. CASH SEVERANCE PAID BY RELATED ORGANIZATION.

Department of Treasury 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 990-EZ.

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



Employer Identification Number 27-0160261

Name of the Organization ACTBLUE TECHNICAL SERVICES, INC.

Return Reference - Identifier	Explanation
FORM 990, PART V, LINE 3B - REASON FOR NOT FILING FORM 990-T	THE ORGANIZATION DID NOT FILE FORM 990-T FOR THIS YEAR BECAUSE, BEING A POLITICAL ORGANIZATION, IT FILED FORM 1120-POL INSTEAD.
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	THE BYLAWS WERE CHANGED TO INCREASE THE NUMBER OF BOARD SEATS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 WAS PREPARED BY THE ORGANIZATION'S COMPLIANCE STAFF. IT WAS THEN SUBMITTED TO THE BOARD OF DIRECTORS, WITH AN OPPORTUNITY FOR COMMENTS AND REVISION PRIOR TO SUBMISSION TO THE IRS.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	COPIES OF ANY GOVERNING DOCUMENTS WHICH ARE ON FILE WITH A PUBLIC AGENCY SHALL BE MADE AVAILABLE UPON REQUEST. COPIES OF ANY OTHER DOCUMENTS MAY BE MADE AVAILABLE, WITHIN THE DISCRETION OF ORGANIZATION, UPON REQUEST, ON A CASE-BY-CASE BASIS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

ACTBLUE TECHNICAL SERVICES, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-				
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section cont	(g) 512(b)(13 trolled tity?
						Yes	No
(1) ACTBLUE - FEDERAL ACCOUNT (20-1135377)	POLITICAL	MA	527 POL. ORG.		N/A	~	
366 SUMMER STREET, SOMERVILLE, MA 02144							
(2) ACTBLUE NON-FEDERAL (20-2517748)	POLITICAL	MA	527 POL. ORG.		ACTBLUE-FEDERAL	~	
366 SUMMER STREET, SOMERVILLE, MA 02144					ACCOUNT		
(3) ACTBLUE NON-FEDERAL EXEMPT ACCOUNTS (20-2686259)	POLITICAL	MA	527 POL. ORG.		ACTBLUE-FEDERAL ACCOUNT	~	
366 SUMMER STREET, SOMERVILLE, MA 02144					ACCOUNT		
(4) ACTBLUE CIVICS, INC. (45-5097038)	SOCIAL WELFARE	MA	501(C)(4)		N/A		~
366 SUMMER STREET, SOMERVILLE, MA 02144							
(5) ACTBLUE CHARITIES INC. (47-3739141)	CHARITY	MA	501(C)(3)	7	N/A		~
366 SUMMER STREET, SOMERVILLE, MA 02144							
(6)							
(7)							



27-0160261

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Part III because it had one or more related organizations treated as a partnership during the tax year. (k) (a) (b) (d) **(e)** Predominant (f) (g) (h) (i) (i) (c) Direct controlling Name, address, and EIN of Primary activity Legal Share of total Share of end-of-Disproportionate Code V-UBI General or Percentage income (related, related organization domicile entity income year assets allocations? amount in box 20 managing ownership unrelated, of Schedule K-1 (state or partner? excluded from foreign (Form 1065) tax under country) Yes No Yes No sections 512-514) (1) (2) (3) ____(4) (5) (6) (7)

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(Section & contr ent	(i) 512(b)(13) rolled tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

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Part	Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Forn	n 990, Part IV, line 34	4, 35b, or 36.		
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related orgai	nizations listed in Parts	; II–IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	a	~
b	Gift, grant, or capital contribution to related organization(s)			1	b	~
С	Gift, grant, or capital contribution from related organization(s)			1	C	~
d	Loans or loan guarantees to or for related organization(s)			1	d	~
е	Loans or loan guarantees by related organization(s)			1	е	~
f	Dividends from related organization(s)				lf	~
g	Sale of assets to related organization(s)			1	g	~
h	Purchase of assets from related organization(s)			1	h	~
i	Exchange of assets with related organization(s)			[1	li	~
j	Lease of facilities, equipment, or other assets to related organization(s)			1	lj	~
k	Lease of facilities, equipment, or other assets from related organization(s)			1	k	~
I	Performance of services or membership or fundraising solicitations for related organization(s)		[1	II 🖌	
m	Performance of services or membership or fundraising solicitations by related organization(s)		1	m 🖌	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	n 🖌	
0	Sharing of paid employees with related organization(s)			1	0	~
р	Reimbursement paid to related organization(s) for expenses				р 🗸	
q	Reimbursement paid by related organization(s) for expenses			1	q	~
r	Other transfer of cash or property to related organization(s)				l r	~
S	Other transfer of cash or property from related organization(s)			1	S	~
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, incl	uding covered relation	ships and transaction	thresho	olds.
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining an	nount inv	olved
		type (a-s)				
(1)						
(2)						
(3)						
		1				
(4)						
		1				
(5)						
(6)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	Are all sec 501	tion (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	(j) General or managing partner?		(k) Percentage ownership
			sections 512–514)	Yes	No			Yes	No	Yes	No	
												<u> </u>