

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 7/01, 2016, and ending 6/30, 2017

| | | |
|--|---|--|
| <p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <p>C</p> <p>VERIFIED VOTINGORG INC 1608 WALNUT ST, 12TH FLOOR PHILADELPHIA, PA 19103</p> | <p>D Employer identification number 20-0665713</p> <p>E Telephone number (760) 804-8683</p> <p>F Group Exemption Number</p> |
|--|---|--|

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ VERIFIEDVOTING.ORG

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 7,989.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

| | | | | |
|--|--|--|-----------|----------|
| R E V E N U E | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 7,989. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| 6b | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | | |
| 6c | Less: direct expenses from gaming and fundraising events | 6c | | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| 7b | Less: cost of goods sold | 7b | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe in Schedule O) | 8 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 7,989. | |
| E X P E N S E S | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 10,500. |
| | 13 | Professional fees and other payments to independent contractors | 13 | 24,538. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe in Schedule O) SEE SCHEDULE O | 16 | 2,936. |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 37,974. | |
| A S S E T S | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -29,985. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | -7,872. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | -37,857. |

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

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 27,767. | 22 8,556. |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O | 1,660. | 24 |
| 25 Total assets | 29,427. | 25 8,556. |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O | 37,299. | 26 46,413. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | -7,872. | 27 -37,857. |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501 (c)(3) and 501 (c)(4) organizations; optional for others.)

| | | |
|--|------|---------|
| 28 SEE SCHEDULE O | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28 a | 29,829. |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29 a | |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30 a | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31 a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 29,829. |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------------|--|--|---|--|
| PAMELA SMITH PRESIDENT | 2 | 0. | 0. | 0. |
| BARBARA SIMONS, PHD CHAIRMAN | 2 | 0. | 0. | 0. |
| DAVID JEFFERSON, PHD VICE CHAIR | 2 | 0. | 0. | 0. |
| DAVID L DILL, PHD DIRECTOR | 2 | 0. | 0. | 0. |
| JOHN DECOCK CEO | 2 | 0. | 0. | 0. |
| JOSEPH LORENZO HALL, PHD DIRECTOR | 2 | 0. | 0. | 0. |
| RON RIVEST, PHD DIRECTOR | 2 | 0. | 0. | 0. |
| KEVIN SHELLEY DIRECTOR | 2 | 0. | 0. | 0. |
| PHILIP B STARK, PHD DIRECTOR | 2 | 0. | 0. | 0. |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. []

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42 a The organization's books are in care of MARIAN SCHNEIDER Telephone no. (760) 804-8683
Located at 1608 WALNUT ST, 12TH FLOOR PHILADELPHIA PA ZIP + 4 19103

b 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)?
c At any time during the calendar year, did the organization maintain an office outside the United States?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

| | | |
|--|-----|----|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. | | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

| | | |
|---|-----|----|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. | | |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | | |
| b If 'Yes,' was the related organization a section 527 organization? | | |
| 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' | | |

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
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f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
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d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

| | | |
|------------------|---|------------------|
| Sign Here | Signature of officer | Date |
| | <u>MARIAN SCHNEIDER</u> Type or print name and title | <u>PRESIDENT</u> |

| | | | | | |
|-------------------------------|---|--------------------------------|------|--|------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN |
| | <u>MARK HUXHOLD</u> | <u>MARK HUXHOLD</u> | | | <u>P00643024</u> |
| | Firm's name ▶ <u>HUXHOLD & ASSOCIATES</u> | Firm's EIN ▶ <u>33-0659157</u> | | Phone no. <u>(760) 741-8802</u> | |
| | Firm's address ▶ <u>250 W CREST ST, SUITE A</u> <u>ESCONDIDO, CA 92025</u> | | | | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2016

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

VERIFIED VOTING.ORG INC

20-0665713

FORM 990, PART III, LINE 1- ORGANIZATION MISSION

VERIFIED VOTING.ORG CHAMPIONS RELIABLE AND PUBLICLY VERIFIABLE ELECTIONS IN THE UNITED STATES. OUR PURPOSE IS THREEFOLD; 1) TO INFORM THE PUBLIC OF THE PROBLEMS WITH RELYING ON ELECTRONIC VOTING MACHINES TO RECORD AND COUNT OUR VOTES, WITHOUT THE BACKUP OF A VOTER-VERIFIABLE AUDIT TRAIL, 2) TO POINT TO REASONABLE SOLUTIONS THAT ARE WITHIN REACH, AND 3) TO PROVIDE A LIST OF ACTIONS VOTERS CAN TAKE AND TO ENCOURAGE THEM TO ACT ON THEIR OWN BEHALF TO ENSURE THAT ALL THEIR VOTES COUNT ACCURATELY IN FUTURE ELECTIONS.

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

| | | |
|--------------------------------|----------|---------------|
| ADVERTISING AND PROMOTION..... | \$ | 346. |
| BANK CHARGES..... | | 669. |
| INSURANCE..... | | 73. |
| OFFICE EXPENSES..... | | 1,308. |
| TELEPHONE..... | | 540. |
| | TOTAL \$ | <u>2,936.</u> |

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

| | <u>BEGINNING</u> | <u>ENDING</u> |
|--|------------------------|---------------|
| ACCOUNTS RECEIVABLE..... | \$ 1,469. | \$ 0. |
| PREPAID EXPENSES AND DEFERRED CHARGES..... | 191. | 0. |
| | TOTAL \$ <u>1,660.</u> | \$ <u>0.</u> |

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

| | <u>BEGINNING</u> | <u>ENDING</u> |
|--|-------------------------|-------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES..... | \$ 15. | \$ 0. |
| DUE TO RELATED ORGANIZATION..... | 37,284. | 46,413. |
| | TOTAL \$ <u>37,299.</u> | \$ <u>46,413.</u> |

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SEE SCHEDULE O

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INFORMED THE PUBLIC OF THE PROBLEMS WITH RELYING ON ELECTRONIC ELECTION SYSTEMS TO RECORD AND COUNT OUR VOTES, WHEN SUCH SYSTEMS LACK RELIABLE VERIFIABILITY,

Name of the organization

VERIFIED VOTINGORG INC

Employer identification number

20-0665713

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

USABILITY AND ACCESSIBILITY; POINTED OUT REASONABLE SOLUTIONS THAT ARE WITHIN REACH; AND PROVIDED ACTIONS VOTERS CAN TAKE AND ENCOURAGED THEM TO ACT ON THEIR OWN BEHALF TO ENSURE THAT ALL THEIR VOTES ARE CAPTURED AND COUNTED ACCURATELY IN FUTURE ELECTIONS.