Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable:

Address change
Name change
Initial return
Final return/terminated
Amended return

C Name of organization
Verified Voting.Org, Inc.

D Employer identification number
20-0665713

E Telephone number
(760) 804-8683

F Group Exemption Number

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) 
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 (A) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.

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

X

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
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<td>18</td>
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<td>19</td>
<td>20</td>
<td>21</td>
</tr>
</tbody>
</table>

$ 16,856.
Form 990-EZ (2017)  
Verified Voting.Org, Inc.  
Page 2  

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  

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>8,556.</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>8,556.</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>See Schedule O</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>-37,857.</td>
</tr>
</tbody>
</table>

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

See Schedule O

(Grants $ ) If this amount includes foreign grants, check here

29

(Grants $ ) If this amount includes foreign grants, check here

30

(Grants $ ) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 29a through 31a)  

0.

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 (Form 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

Barbara Simons, Ph.D.  
Board Chair  
2.00  
0.  
0.  
0.  

David Jefferson, Ph.D.  
Board Member  
2.00  
0.  
0.  
0.  

David L. Dill, Ph.D.  
Board Member  
2.00  
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Joseph Lorenzo Hall, Ph.D.  
Board Member  
2.00  
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Ron Rivest, Ph.D.  
Board Member  
2.00  
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Kevin Shelley  
Board Member  
2.00  
0.  
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0.  

Philip B. Stark, Ph.D.  
Board Member  
2.00  
0.  
0.  
0.  


33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

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? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

b Did the organization file Form 1120-POL for this year?

38a 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?

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ❯ N/A ❯ section 4912 ❯ N/A ❯ section 4955 ❯ N/A

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? If "Yes," complete Schedule L, Part I

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 4956

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ❯ CA

42a The organization's books are in care of ❯ The Organization Telephone no. ❯ (760) 804-8683

Located at ❯ 1608 Walnut Street, 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)?

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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

If "Yes," enter the name of the foreign country:

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 ❯ 43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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.

46  Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? □ Yes □ No
   "Yes," complete Schedule C, Part I: □ 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 E.
48  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

49a  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."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
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<tbody>
<tr>
<td>N/A</td>
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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."

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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</table>

49b  Total number of other employees paid 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
Marian K. Schneider, President
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name
LaVon Chancy
Preparer's signature

Date 1/24/2020  Time 10:25 AM
Check [ ] self-employed

PTIN P00765200

Firm's name ▶ J. MILLER & ASSOCIATES
Firm's address ▶ 1617 John F. Kennedy Blvd.
Philadelphia, PA 19103
Firm's EIN ▶ 27-2001590
Phone no. 215-600-1701

May the IRS discuss this return with the preparer shown above? See Instructions □ Yes □ No

Form 990-EZ (2017)
Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:  

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>540</td>
</tr>
<tr>
<td>Travel and Meetings</td>
<td>1,019</td>
</tr>
<tr>
<td>Licensing/Tax/Reporting Fees</td>
<td>250</td>
</tr>
<tr>
<td>Software</td>
<td>127</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>1,631</td>
</tr>
<tr>
<td><strong>Total to Form 990-EZ, line 16</strong></td>
<td>3,567</td>
</tr>
</tbody>
</table>

Form 990-EZ, Part I, Line 20, Changes in Net Assets:

Changes in Net Assets or Fund Balances:  

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior period adjustment 47,893</td>
</tr>
</tbody>
</table>

Form 990-EZ, Part II, Line 26, Other Liabilities:

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to Related Organization</td>
<td>46,413</td>
<td>50,482</td>
</tr>
</tbody>
</table>

Form 990-EZ, Part III, Primary Exempt Purpose - VERIFIED VOTING.ORG

CHAMPIONS RELIABLE AND PUBLICLY VERIFIABLE ELECTIONS IN THE UNITED STATES. OUR PURPOSE IS THREFOELD; 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.

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

Schedule O (Form 990 or 990-EZ) [2017]

732211 06-07-17
Form 990-EZ, Part III, Line 28, Program Service Accomplishments:
INFORMED THE PUBLIC AND POLICYMAKERS OF THE PROBLEMS WITH
RELYING ON ELECTRONIC ELECTION SYSTEMS TO RECORD AND COUNT
OUR VOTES, WHEN SUCH SYSTEMS LACK RELIABLE
VERIFIABILITY, USABILITY AND ACCESSIBILITY; POINTED OUT REASONABLE
SOLUTIONS THAT ARE WITHIN REACH; AND PROVIDED ACTIONS VOTERS CAN TAKE
AND ENCOURAGED THE PUBLIC TO ACT ON THEIR OWN BEHALF TO ENSURE THAT ALL
THEIR VOTES ARE CAPTURED AND COUNTED ACCURATELY IN FUTURE ELECTIONS.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.