PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2018

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.

► Go to www.irs.gov/Form990 for instructions and the latest information. JUL 1, 2018 and ending JUN 30, A For the 2018 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change VERIFIED VOTING.ORG INC 20-0665713 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 760-804-8683 1608 WALNUT STREET, 12TH FL termin-ated G Gross receipts \$ 223,192. City or town, state or province, country, and ZIP or foreign postal code Amended return PHILADELPHIA, PA 19103 H(a) Is this a group return Applica-F Name and address of principal officer: MARIAN K. SCHNEIDER for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes 501(c)(3) X 501(c) () ◀ (insert no.) 4947(a)(1) or Tax-exempt status: If "No," attach a list. (see instructions) J Website: ► VERIFIEDVOTING.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2004 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: TO INFORM THE PUBLIC OF Activities & Governance ELECTRONIC VOTING PROBLEMS AND PROVIDE SOLUTIONS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 0. 223,191. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 0. 1. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 223,192. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 160,446. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0. 160,446. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 62,746. 0. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 93,420. 21,705. 20 Total assets (Part X, line 16) 50,482. 59,451. 21 Total liabilities (Part X, line 26) Net/ 28,777. 33,969. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature 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. Signature of officer Date Sign MARIAN K. SCHNEIDER, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 7/7/20 JENNIFER SOLOT Lypo P00749373 Paid 23-2896692 Firm's name BBD, LLP Preparer Firm's EIN Firm's address 1835 MARKET STREET, Use Only 3RD FLOOR

X Yes No

Phone no. 215 - 567 - 7770

May the IRS discuss this return with the preparer shown above? (see instructions)

PHILADELPHIA, PA 19103

Га	Check if Schoolule O contains a response or note to any line in this Part III	X
1	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u> _
•	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-VARIFIABLE AUDIT TRAIL; TO POINT TO REASONABLE SOLUTIONS T	HAT
	ARE WITHIN REACH; AND TO PROVIDE A LIST OF ACTIONS VOTERS CAN TA	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	1103 === 110
3		Yes X No
3	If "Yes," describe these changes on Schedule O.	1163 [110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	oneoe
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper	
	revenue, if any, for each program service reported.	ises, and
4a	141 060	
4a	(Code:) (Expenses \$ 141,868 including grants of \$) (Revenue \$ INFORMED THE PUBLIC AND POLICYMAKERS OF THE PROBLEMS WITH RELYING	G ON
	ELECTRONIC ELECTION SYSTEMS TO RECORD AND COUNT OUR VOTES, WHEN	
	SYSTEMS LACK RELIABLE VERIFIABILITY, USABILITY AND ACCESSIBILITY	
	POINTED OUT REASONABLE SOLUTIONS THAT ARE WITHIN REACH; AND PROV	
	ACTIONS VOTERS CAN TAKE AND ENCOURAGED THE PUBLIC TO ACT ON THEIR	
	BEHALF TO ENSURE THAT ALL THEIR VOTES ARE CAPTURED AND COUNTED I	
	FUTURE ELECTIONS.	<u>.N</u>
	FOTORE ELECTIONS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 141,868.	
	F	orm 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ا ۔۔
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37 /	_
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			\ _{3,7}
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		\ _{3,7}
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/1	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	- 110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ \ _{\\\\}
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ا		₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		_ <u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domocio government ori i artizz, columni (ri), inte 1: ii 100, complete contedite i, i arte i arte i i i i i i			

Checklist of Required Schedules (continued)

	<u>-</u>		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		X
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? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		Гокт	990	(2010)

832004 12-31-18

Form 990 (2018) VERIFIED VOTING.ORG INC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a (
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at						
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		Х		
b	If "Yes," enter the name of the foreign country: ▶						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act		_		v		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b				
C Go	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 any contributions that were not tax deductible as charitable contributions?		6a		х		
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		Ua				
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).		0.5				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ces provided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?		7с		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h	N/	A		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by						
_	sponsoring organization have excess business holdings at any time during the year?	N/A	8				
9	Sponsoring organizations maintaining donor advised funds.	N/A	0-				
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	37 / 3	9a 9b				
10	Section 501(c)(7) organizations. Enter:		90				
а	37/3	10a					
b		10b					
11	Section 501(c)(12) organizations. Enter:		1				
а	Gross income from members or shareholders N/A	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
		11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{L}$	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	NT / 7					
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	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	101-					
		13b	-				
C 1/1-2		13c	14a		Х		
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	 O	14a 14b				
15	Is the organization subject to the section 4960 tax on payments? If No, provide an explanation in schedule		140				
.5	excess parachute payment(s) during the year?		15		х		
	If "Yes," see instructions and file Form 4720, Schedule N.	•••••					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.						
	· · · · · · · · · · · · · · · · · · ·		Eorn	990	(2019)		

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		1 1	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?	·	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real		0.0		
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such or				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay boloro ming the form.			
12a	Did the supplied in the supplied of interest and in O. If IIA and a line 10		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		120		
·	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
			14	25	
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
_			15a		Х
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
104			16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization the organiz		104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization				
			16h		
800	exempt status with respect to such arrangements? tion C. Disclosure		16b		
	List the states with which a copy of this Form 990 is required to be filed ▶CA				
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T /Saction 501/a\/	S)e only) availa	able
10	for public inspection. Indicate how you made these available. Check all that apply.	110 330-1 (35011011301(C)(c	JO UIIIY	, availe	aDI C
		n in Schedule O)			
10		,	d finar	cial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ornilot or interest policy, at	ıu iirlan	udl	
20	statements available to the public during the tax year.	ooko and rasards			
20	State the name, address, and telephone number of the person who possesses the organization's be THE ORGANIZATION $-(760)-804-8683$	DONS AND TECORDS -			
	1608 WALNUT STREET, 12TH FLOOR, PHILADELPHIA, PA	19103			
	1000 WILMOI DIREBI, 12111 FLOOR, FIIILADEBEILIA, FA	±2±03			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Compensation from related organizations below line) Darkbar Member David Dear Me	(A)	(B)	Docition				(D)	(E)	(F)		
Week (list any hours for related organizations below line) Figure 1 Figure 2 Figure 2 Figure 3 Fig	Name and Title	Average hours per	box	not c , unle	heck ss pe	more rson	than is bot	h an	Reportable compensation	compensation	Estimated amount of
BOARD CHAIR		(list any hours for related organizations below line)		_					the organization	organizations	other compensation from the organization and related organizations
(2) DAVID JEFFERSON, PH.D 2.00 X 0. 0.			\v_		v				0	0	0
BOARD MEMBER 2.00 X 0.00 0.00			1						0.	0.	
BOARD MEMBER 2.00 X 0.00 0.00			x						0.	0.	0
(4) JOSEPH LORENZO HALL, PH.D BOARD MEMBER (5) RON RIVEST, PH.D BOARD MEMBER (6) KEVIN SHELLEY BOARD MEMBER (7) PHILIP B. STARK PH.D BOARD MEMBER (8) MARIAN K. SCHNEIDER 2.00 X 0. 0. 0. 0. 0. 0. 0. 0.	(3) DAVID L. DILL, PH.D										
BOARD MEMBER 2.00 X 0.00			Х						0.	0.	0
(5) RON RIVEST, PH.D BOARD MEMBER (6) KEVIN SHELLEY BOARD MEMBER (7) PHILIP B. STARK PH.D BOARD MEMBER (8) MARIAN K. SCHNEIDER 2.00 X 0. 0. 0. 0. 0.			×						0.	0.	0
BOARD MEMBER											
BOARD MEMBER	•		х						0.	0.	0
(7) PHILIP B. STARK PH.D BOARD MEMBER (8) MARIAN K. SCHNEIDER 2.00 X 0. 0.	(6) KEVIN SHELLEY										
BOARD MEMBER 2.00 X 0. (8) MARIAN K. SCHNEIDER 2.00 X			X						0.	0.	0
(8) MARIAN K. SCHNEIDER 2.00			×						0.	0.	0
TRESIDENT 37.00 X 0. 135,000. 3,											
	PRESIDENT	37.00			Х				0.	135,000.	3,000

Part VII Section A. Officers, Direct	ctors, Trustees, Key Em	ployee	s, an	ıd Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	Individual trustee or director (po you on the control of the contr	Pos check less pe and a c	erson	than is bot	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organizatior (W-2/1099-MI	on amount d other ns compens		imate ount o other oensat om the anizati	of tion e on ed
	,	-	0		H	<u> </u>						
1b Sub-total c Total from continuation sheets							0.	135,0	00.		3,00	00.
d Total (add lines 1b and 1c) 2 Total number of individuals (inclu compensation from the organiza	uding but not limited to th					<u> </u>	0.	135,0 0,000 of reportab	00.		3,00	00.
 3 Did the organization list any form line 1a? If "Yes," complete Scheet 4 For any individual listed on line 1 	dule J for such individual a, is the sum of reportab	le com	 pens	atior	and	d otl	her compensation from			3	Yes	No X
and related organizations greate 5 Did any person listed on line 1a rendered to the organization? If Section B. Independent Contractors	receive or accrue comper	nsation	fron	n any	/ unr			idual for services	 S	5		X
Complete this table for your five the organization. Report comper	nsation for the calendar y						n the organization's tax		mpens			
Name and	(A) d business address	NON	ΙE				(B) Description of s	services	(C) Compensation			
2 Total number of independent co \$100,000 of compensation from		ot limit	ed to	tho	se lis	sted	d above) who received m	nore than)OO (0	

ıa	L V			or note to any line	e in this Part VIII			
		Check if Schedule O contain	ila a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a					
Gra	ŀ	b Membership dues	1b					
ts, (Arr	(c Fundraising events	1c					
Giff lar	(d Related organizations	1d					
ıs, imi	•	e Government grants (contribution	ns) 1e					
tior S	f	f All other contributions, gifts, grants,	and					
ibu		similar amounts not included above	1f	223,191.				
nt d O	ç	g Noncash contributions included in lines 1a	n- 1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	h Total. Add lines 1a-1f		>	223,191.			
				Business Code				
ice	2 8	a						
ne v	ŀ	b						
n S	•	С						
lrar Rev	•	d						
Program Service Revenue		e						
ъ.		f All other program service revenue						
		g Total. Add lines 2a-2f						
	3	, ,			1.			1.
		other similar amounts)						_ + •
	4	Income from investment of tax-6						
	5	Royalties						
	•		(i) Real	(ii) Personal				
	6 a			+				
		b Less: rental expenses		-				
		c Rental income or (loss)						
		d Net rental income or (loss) a Gross amount from sales of						
	, ,	assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis						
	•	and sales expenses						
	,	c Gain or (loss)						
		d Net gain or (loss)						
ne		a Gross income from fundraising	events (not					
Other Revenu		including \$						
Re		contributions reported on line 1						
Jer		Part IV, line 18						
ō		b Less: direct expenses						
		c Net income or (loss) from fundra		P				
	9 8	a Gross income from gaming activ						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gamin	-	······				
	IU a	a Gross sales of inventory, less re						
		and allowances						
		b Less: cost of goods sold						
		c Net income or (loss) from sales Miscellaneous Revenue	or inventory	Business Code				
	11 8							
		b						
		С						
		d All other revenue						
	•	e Total. Add lines 11a-11d						
	12	Total revenue. See instructions			223,192.	0.	0.	1.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying	73,300.	73,300.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	78,058.	64,628.	13,250.	180.
12	Advertising and promotion				
13	Office expenses	1,209.		1,209.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	5,628.	3,940.		1,688.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	1,915.		1,915.	0.
b	BANK AND CREDIT CARD FE	336.		336.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	160,446.	141,868.	16,710.	1,868.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-31-18				Form 990 (2018

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	21,705.	1	93,420
2			2	
3			3	
4			4	
5				
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ر ا	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
1 7			7	
Assets 8			8	
9			9	
1 -	a Land, buildings, and equipment: cost or other		-	
"	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
			11	
11			12	
ı	,		13	
13	,		 	
14			14	
15	,	21,705.	15	93,420
16	3 \ ,	21,703.	16	12,480
17			17	12,400
18	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		18	
19			19	
20	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		20	
21	, , , , , , , , , , , , , , , , , , , ,		21	
22				
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	1,		23	
24			24	
25	, , ,			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	FO 400		46 071
	Schedule D	50,482.	25	46,971
26		50,482.	26	59,451
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
SS	complete lines 27 through 29, and lines 33 and 34.	00 555		22.060
≝ 27		-28,777.	27	33,969
ਰ 28	Temporarily restricted net assets		28	
29	,		29	
2	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
5	and complete lines 30 through 34.			
<u>2</u> 30	Capital stock or trust principal, or current funds		30	
27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	-28,777.	33	33,969
34		21,705.	34	93,420

Pa	rt 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		3,1			
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,4			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2	8,7	77.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	3	3,9	<u>69.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

VERIFIED VOTING.ORG INC 20-0665713 Organization type (check one): Filers of: Section: X = 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule

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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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;

Special Rules

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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

20 - 0.665.713

VERIF:	IED VOTING.ORG INC	20	0-0665713
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

VERIFIED VOTING.ORG INC

20-0665713

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(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
23453 11-08			990 990-F7 or 990-PF) (2

Employer identification number

Name of organization

20-0665713 VERIFIED VOTING.ORG INC Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

VERIFIED VOTING, ORG INC

Employer identification number 20-0665713

Pai	t I Organizations Maintaining Donor Advise		or Accour	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fund	s and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			-	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically importa	ant land area
	Protection of natural habitat	Preservation of a certif	ied historic st	ructure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	of a conservat	ion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation ease	ments during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easement	s during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, ar	nd balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization	on's accounting for
	conservation easements.	(4) 10) 17	. 0: ::	
Pai		•	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	· · · · · · · · · · · · · · · · · · ·	ice of public s	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, pr	ovide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	,	gaın, provide	
	the following amounts required to be reported under SFAS 1		. .	
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		🟲 🖇	

832051 10-29-18

Schedule D (Form 990) 2018

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

Pai	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, d	or Other	Simila	r Asse	ts (continu	ied)
3	Using the organization's acquisition, accession	on, and other record	ds, check a	any of the	following tha	at are a sig	nificant us	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d	I 🗌 Lo	an or exc	hange progra	ams				
b	Scholarly research	е	e 🔲 Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	y further t	he organizati	on's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	the organiz	zation's c	ollection?			\square	Yes	No_
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the o	rganizatio	n answered	"Yes" on F	orm 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for co	ntribution	ns or other as	sets not ir	cluded		_	
	on Form 990, Part X?							L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tak	ole:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	crow or c	ustodial acco	ount liability	/?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.								<u></u>	
Pai	T V Endowment Funds. Complete it	f the organization an	swered "Y	es" on Fo	1					
		(a) Current year	(b) Pric	r year	(c) Two year	rs back (d) Three year	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	and administe	ered for the	organiza	ation	Γ.	
	by:									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									-
b	If "Yes" on line 3a(ii), are the related organiza				· · · · · · · · · · · · · · · · · · ·				3b	
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment fui	nas.						
Pal) Dort IV	ino 11a (Soo Form OO) Dort V III	20.10			
	Complete if the organization answered				1				(-1) D l-	
	Description of property	(a) Cost or o basis (investr			or other (other)		umulated eciation	'	(d) Book	value
	Lond	<u> </u>	iiciii)	Dasis	(Guilei)	uepii	JoiatiOi i			
	Land									
	Buildings Leasehold improvements							+		
	Leasehold improvements							+		
	Equipment Other							-		
	Other		X column	(R) line	10c)					0.
· Jua	,	g.a	., Joidini	1-/, 11110	· • • · /			- 1		- •

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 VERIFIED VC	TING.ORG IN	ıc	20-	-0665713	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"		line 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV,				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.		•			
Complete if the organization answered "Yes'	on Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.		
	Description	·	·	(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		•		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11e or 11f. See Forr	n 990. Part X. line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes		. ,			
(2) DUE TO RELATED ORGANIZATI	ION	46,971.			
(3)	1				
(4)					
(4)			1		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(6) (7) (8)

46,971.

ı aı	t XI Reconciliation of Revenue per Audited Financia		-	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li			
Par	rt XII Reconciliation of Expenses per Audited Financi	-	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Par	·		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	' <u>'</u>		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		1 1		
	,	' <u>'</u>		
	Add lines 4a and 4b			
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I</i> ,			
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	line 18.)	5	. VI
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VERIFIED VOTING.ORG INC

Employer identification number 20-0665713

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

ENCOURAGE THEM TO ACT ON THEIR OWN BEHALF TO ENSURE THAT ALL THEIR

VOTES COUNT ACCURATELY IN FUTURE ELECTIONS.

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

THE 990 IS PRESENTED TO THE BOARD FOR REVIEW PRIOR TO FILING.

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

PERSONS COVERED BY THE CONFLICT OF INTEREST POLICY DISCLOSE OR UPDATE, IN WRITING TO THE CHAIR OF THE BOARD OF DIRECTORS ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTERESTS. THE DISCLOSURE MUST INCLUDE SUFFICIENT INFORMATION TO ALLOW THE BOARD OF DIRECTORS TO INVESTIGATE THE POTENTIAL CONFLICT OF INTEREST. THE CHAIR IS EXPECTED TO MAKE INQUIRY IF SUCH CONFLICT APPEARS TO EXIST AND THE BOARD MEMBER OR STAFF HAS NOT MADE IT KNOWN. IN THE EVENT THAT THE CHAIR HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE CHAIR SHALL DISCLOSE THAT INTEREST TO THE FULL BOARD OF DIRECTORS.

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

INFORMATION AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES

64,628.

MANAGEMENT AND GENERAL EXPENSES

13,250.

FUNDRAISING EXPENSES

180.

Schedule O (Form 990 or 990-EZ) (2018)

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

VERIFIED VOTING.ORG INC

Employer identification number 20-0665713

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)		me End-of-yea	ne End-of-year assets		Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organization a	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more	e related tax-exe	empt		
Part II Identification of 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	Direc	(f) ct controlling entity	Section 5	g) 512(b)(13) rolled ity?	
organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Direc	(f)	Section 5	rolled	
organizations during the tax year. (a) Name, address, and EIN of related organization VERIFIED VOTING FOUNDATION - 20-0765743	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direc	(f)	Section 5 conti	rolled ity?	
organizations during the tax year. (a) Name, address, and EIN of related organization VERIFIED VOTING FOUNDATION - 20-0765743 1608 WALNUT STREET, 12TH FLOOR	(b) Primary activity TO STRENGTHEN DEMOCRACY	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direc	(f)	Section 5 conti	rolled ity?	
organizations during the tax year. (a) Name, address, and EIN of related organization VERIFIED VOTING FOUNDATION - 20-0765743 1608 WALNUT STREET, 12TH FLOOR	(b) Primary activity TO STRENGTHEN DEMOCRACY FOR ALL VOTERS THROUGH THE	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f)	Section 5 conti	rolled ity?	
organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity TO STRENGTHEN DEMOCRACY FOR ALL VOTERS THROUGH THE	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f)	Section 5 conti	rolled ity?	

Page 2

832162 10-02-18

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
											
	1										
	1										
	1										
						" =	<u> </u>				

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr enti	o)(13) rolled ity?
		country)						Yes	No
	1								
	1								
	•	2.4		•		•	•		_

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: 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 o	one or more re	lated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
	Gift, grant, or capital contribution to related organization(s)				1b		X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
d	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
•	, , , , , , , , , , , , , , , , , , , ,							
k Lease of facilities, equipment, or other assets from related organization(s)								
- 1	Performance of services or membership or fundraising solicitations for related organization	n(s)			11		X	
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of facilities, equipment, maining lists, or other assets with related organization(s) Sharing of paid employees with related organization(s)								
_	onaning of para on project man related organization (c)				10			
n	Reimbursement paid to related organization(s) for expenses				1p	Х		
a	Reimbursement paid by related organization(s) for expenses				1a		X	
٦					- 4			
r	Other transfer of cash or property to related organization(s)				1r		Х	
	Other transfer of cash or property from related organization(s)				1s		X	
	If the answer to any of the above is "Yes," see the instructions for information on who mus							
	(a) Name of related organization Trai	(b) ansaction /pe (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved			
(1)								
,								
(2)								
(3)								
(0)								
(4)								
\ ' <i>1</i>								
(5)								
<u>(~)</u>								
(6)								
	2 10 00 10	25		Schedule F	(For	n 000	2012	

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)	(b)	(c)	(d)	(e) Are all partners see 501(c)(3) orgs.?	(f)	(g)	(r	1)	(i)	(j	i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or F	Percentage
of entity		(state or foreign	lexcluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partr	ner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	No	
					1		\vdash			$\vdash \vdash$		
							\vdash			\vdash		
												_
										Ш		
				\vdash	-					\vdash	-	
			l .		1					\perp		