** PUBLIC DISCLOSURE COPY **

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)

2020

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

		e 2020 calendar year, or tax year b	eginning JUL 1,	2020	and end	ing JUN	130,	2021			
В	Check is applicat	C Name of organization				ı	D Employe	r identification number			
	\neg	ess change									
	Nam		OTING.ORG INC				20-0665713				
	Initia	Number and street (or P	2.0. box if mail is not delivered to stree	et address)		Room/suite	E Telephone number				
	Final term	itial return nal return/ reminated 1735 MARKET STREET, SUITE A435			760-	-804-8683					
	Ame	011					F Group Ex	kemption			
	\square_{Applic}	ation ponding	IA, PA 19103				Number	>			
		nting Method: Cash					H Check ► X if the organization is				
		Vebsite: ▶ VERIFIEDVOTING.ORG					not required to attach Schedule B				
		exempt status (check only one) — $\boxed{}$ 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) ($\boxed{4}$) $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1) or $\boxed{}$ 527 (For						90, 990-EZ, or 990-PF).			
K	Form of organization: X Corporation Trust Association Other										
			nine gross receipts. If gross receipts a								
			rm 990 instead of Form 990-EZ	·····			🕨				
P	art I		and Changes in Net Asse								
	1		schedule O to respond to any question					<u>X</u>			
	1	Contributions, gifts, grants, and sir	milar amounts received				1	6,936.			
	2		g government fees and contracts								
	3		ts								
	4				ı		4	_			
	5a		other than inventory		5a						
	b		s expenses		5b						
	°		other than inventory (subtract line 5b	from line 5a)			5c				
	6	Gaming and fundraising events:									
ī	a	a Gross income from gaming (attach Schedule G if greater than \$15,000)									
Revenue	١,	Gross income from fundraising evo			of contributions						
æ	"		•		• 01 0011011000110						
		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b									
	,	=			6c		-				
	4	Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					6d				
	7a		rns and allowances		7a						
	'u				7b						
		Less; cost of goods sold				7c					
	8		ile O)								
	9	Total revenue. Add lines 1, 2, 3, 4	, 5c, 6d, 7c, and 8				▶ 9	6,936.			
	10		list in Schedule 0)								
	11	Benefits paid to or for members	,				11				
Ø	12	Salaries, other compensation, and					····				
Expenses	13	alaries, other compensation, and employee benefits rofessional fees and other payments to independent contractors					51,788.				
	14		ntenance								
ш	15	Printing, publications, postage, and	d shipping								
	16	Other expenses (describe in Sched	dule 0)	SEE	SCHED	ULE O	16	97,066.			
	17	Total expenses. Add lines 10 thro					▶ 17	148,854.			
<u> </u>	18	Excess or (deficit) for the year (sub	otract line 17 from line 9)				18	-141,918.			
set	19	_	inning of year (from line 27, column (. ,,							
As		(must agree with end-of-year figur	e reported on prior year's return)				19	225,865.			
Net Assets	20	Other changes in net assets or fun	d balances (explain in Schedule 0)				20	0.			
_	21	Net assets or fund balances at end	of year. Combine lines 18 through 2	0			▶ 21	83,947.			

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Page 2

Part II	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res					X
		(/	A) Beginning of year		(B) E	nd of year
22 Cash	h, savings, and investments		219,599	• 22		93,886.
23 Land	d and buildings er assets (describe in Schedule 0) SEE SCHEDULE (23		
24 Othe	er assets (describe in Schedule 0) SEE SCHEDULE ()	7,500			0.
25 Tota	al assets al liabilities (describe in Schedule 0) SEE SCHEDULE (227,099			93,886.
			1,234			9,939.
	assets or fund balances (line 27 of column (B) must agree with line 21)		225,865	• 27	_	83,947.
Part III	Statement of Program Service Accomplishme	,	,	₹		(penses for section
\A/I+ !- +I	Check if the organization used Schedule O to reserganization's primary exempt purpose? SEE SCHEDULE (in this Part III	X	501(c)(3)	and 501(c)(4)
					organization	ons; optional for
	organization's program service accomplishments for each of its three largest program cribe the services provided, the number of persons benefited, and other relevant infor		s. In a clear and concise		0111013.)	
28 SEE	SCHEDULE O					
20 511	- Benebold 0					
(Grant	ts \$) If this amount includes foreign	grants check here		\Box	28a	137,166.
29) II this amount molddes foreign	grants, oncorriere				
(Grant	ts \$) If this amount includes foreign	grants, check here	•		29a	
30	,	g				
(Grant	ts \$) If this amount includes foreign	grants, check here	>		30a	
31 Other						
(Grant	ts \$) If this amount includes foreign	grants, check here	>		31a	
32 Total	program service expenses (add lines 28a through 31a)			▶		137,166.
Part IV	List of Officers, Directors, Trustees, and Key I	• •		see the	instructions f	or Part IV)
	Check if the organization used Schedule O to res	pond to any question	in this Part IV			<u></u>
		(b) Average hours	(C) Reportable compensation (Forms		alth benefits, ibutions to	(e) Estimated
	(a) Name and title	per week devoted to position	W-2/1099-MISC)	emplo	yee benefit and deferred	amount of other compensation
		position	(if not paid, enter -0-)		pensation	Compensation
	RA SIMONS, PH.D				•	
	CHAIR	2.00	0.		0.	0.
	JEFFERSON, PH.D	1 2 20			^	
	MEMBER	2.00	0.		0.	0.
	D L. DILL, PH.D MEMBER	1 200	ا م		^	_
	PH LORENZO HALL, PH.D	2.00	0.		0.	0.
	MEMBER (TIL 2/1/21)	2.00	0.		0.	_
	RIVEST, PH.D.	2.00	0.		0.	0.
	MEMBER	2.00	0.		0.	0.
	SHELLEY	2.00	"		· ·	· •
	MEMBER	2.00	0.		0.	0.
	N HELLMAN	2.00	"		· ·	· ·
	MEMBER (FROM 3/4/21)	2.00	0.		0.	0.
	VI VORA	2.00				•
	MEMBER (FROM 12/14/20)	2.00	0.		0.	0.
	MCBURNETT	1 2.00			•	<u> </u>
	MEMBER (FROM 4/9/21)	2.00	0.		0.	0.
	N K. SCHNEIDER				•	· · · · ·
	DENT (TIL 9/9/20)	2.00	0.		0.	0.
	LINDEMAN					
	IM CO-DIRECTOR (FROM 9/10/20)	2.00	0.		0.	0.
	LANDA					
	IM CO-DIRECTOR (FROM 9/10/20)	1 2.00	0.		0.	0.

032172 01-08-21

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

So 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 0. 33		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Par		X		
actively in Schedule D AW was any significant changes made to the organization or power ning documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization is name. Otherwise, explain the change on Schedule D. See instructions 4				Yes	No		
34	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each					
documents if they reflect a change to the organization's name. Ditervise, explain the change on Schedule O. See instructions a Did the organization have unresident business gross income of \$1,000 or more during the year from business activities (such as those reported on ince 2, 6a, and 7a, among others)? b) If Yes's to line Sas, has the organization field a form 990-T for the year? If Yeo, provide an explanation in Schedule O. See its See its season of 10(4)4, 501(4)5, 01(6)50, or 501(6)6) organization subject to section 603(3)6) mitics, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III B) Unit the organization anderpo a liquidation, dissolution, itemstand, in regularization schedule O. See its See it							
35. a	34						
on lines 2, 6a, and 7a, among orthers)? b If Ves's to fine \$5a, has the organization filed a form 990-T for the year? If Yo, it provide an explanation in Schedule 0 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes', complete Schedule C, Part II 50 bill the organization interior a flugulation, dissolution, reminitation, or significant disposition of net assets during the year? If Yes', as a flugulation disposition or membrate pollutate appendixture, direct or indirect, as described in the instructions 71 a Enter amount of pollutacl expenditure, direct or indirect, as described in the instructions 72 a Enter amount of pollutacl expenditure, direct or indirect, as described in the instructions 73 a Enter amount or pollutacl expenditure, direct or indirect, as described in the instructions 74 a Direct Pollutary or on the any leasa 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? 15 a Direct Pollutary or on the any leasa 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? 16 a Direct Pollutary or on the any leasa to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and and still outstanding at the end of the tax year covered by this return? 17 a Direct Pollutary or the organization of the tax of the properties of the organization engage in any section 4958 excess benefit transaction of the properties of the properties of the organization engage in any section 4951 to the properties of the properties of the organization engage			34		X		
b If Vest's to line 35a, has the organization filed a form 990-1 for the year? If Yo, 5 provide an explanation is Schodule 0. c Was the organization a section 501(c)4, 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schodule C, Part III 35b Did the organization and expenditures, direct or indirect, as described in the instructions 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b X 38a Did the organization life form 1120-DID to this year; and years 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? a limitation he exa displat contributions included on line 9 38b Section 501(c)(7) organizations. Enter: a limitation he exa displat contributions included on line 9 39c Section 501(c)(7) organizations. Enter: a limitation he exa displat contributions included on line 9 39c Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of lise prior. Firms 990 or 990-EZ If were completed stransaction? 4 Boction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any test of 980 excess benefit transaction? 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax in line 40c reinbursed by the organization manages or disqualified persons during the year under scclines 481; 445, and 4953 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a linancial account in a foreign country > 5 Section 5	35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported					
c Was the organization a section 501 (Ci(4), 50 (Ci(4))s, or 501 (Ci(6))s organization subject to section 6033(e) notice, reporting, and proxy tax 35							
requirements during the year? If "Yes," complete Schedule C, Part III 58 Did the organization undergo a liquidation, dissolution, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule IV sear? 58 a Did the organization file Form 1190-POL for this year? 59 Did the organization file Form 1190-POL for this year? 50 Did the organization file Form 1190-POL for this year? 50 Did the organization file Form 1190-POL for this year? 50 Did the organization file Form 1190-POL for this year? 50 Did the organization file Form 1190-POL for this year? 51 Did the organization file Form 1190-POL for this year? 52 Did the organization file Form 1190-POL for this year? 53 Did the organization file Form 1190-POL for this year? 54 Did Fores receipts, included on line 9, for public use of club facilities 55 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4958 excess benefit transaction during the year of did it engage in an excess benefit transaction during the year of did it engage in an excess benefit transaction for this year, or did it engage in an excess benefit transaction for this year, or did it engage in an excess benefit transaction for this year or did programization engage in any section 4958 excess benefit transaction for this year year that has not been reported on any or this pinor forms 990 or 990-EZ if "Yes," complete Schedule L, Part I 58 Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Enter amount of tax on line 40c reimbursed 50 Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Enter amount of tax on line 40c reimbursed 50 Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Enter amount of tax on line 40c reimbursed 50 Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Enter amount of tax on line 40c reimbursed 50 Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Enter amount of tax on line 40c reimbursed 50 Section 501(c)(3), 501(c)(4), and							
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as a politicable parts of Schedule N 2							
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a 0. 37 b 1	36				37		
b Did the organization file Form 1120-POL for this year? 3a bid the organization for Form Form, or make any hosts 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? 5 b If Yes', complete Schedule I., Part II., and enter the total amount involved 5 Section 501 ((c)) organizations. Enter: a Initiation fees and capital contributions included on line 9 5 B Gross receipts, included on line 9, for public use of club facilities 5 B Gross receipts, included on line 9, for public use of club facilities 5 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 5 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization during the year under section 4915 with a prior year that has not been reported on any of this prior form 990 or 990-EZI If Yes, Complete Schedule I., Part I at prior year that has not been reported on any of this prior form 990 or 990-EZI If Yes, Complete Schedule I., Part I at prior year that has not been reported on any of this prior from 990 or 990-EZI If Yes, Complete Schedule I., Part I at prior year that has not been reported on any of this prior from 990 or 990-EZI If Yes, Complete Schedule I., Part I at prior year that has not been reported on any of this prior in still the organization and party to a prohibited tax shelter 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on ine 40c reimbursed by the organization is books are in care of YER ORGANIZATION 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax shelter 7 Tax by the organization is books are in care of YER ORGANIZATION 7 Telephone no. Y (760) -804-8683 8 Located at YER ORGANIZATION 8 Telephone no. Y (760) -804-8683 1 Located at YER ORGANIZATION 8 Telephone no. Y (760) -804-8683 1 Located at YER ORGANIZATION 9 Telephone no. Y (760) -804-8683 1 Located at YER ORGANIZATI					Λ		
Sala 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 prory rear and still outstanding at the end of the tax year covered by this return?			_		v		
in a prior year and still outstanding at the end of the tax year covered by this return? If Yes, complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 Section 501(c)(3), 501(c)(4), 501(c)(4), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization engage in any section 4958 € access benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of using the year, or did it engage in an excess benefit transaction of using the year, or did it engage in an excess benefit transaction of using the year, or did it engage in any section 4958 € access benefit transaction of using the year, or did it engage in any section 4958 € access benefit transaction of using the year, or did it engage in any section 4958 € access benefit transaction of using the year, or did it engage in any section 4958 € access benefit transaction of using the year, or did it engage in any section 4958 € access benefit transaction? If year, organization and 501(c)(29) organizations 4958 € access the section 4918 € access the section of the authority of the organizations of the access of the access that any time during the tax year, was the organization and part to a principle day and the access that the access of the authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country year and the organization and the organization maintain any dionor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ bid the organization meanta			3/6				
b II "Yes," complete Schedule L, Part II, and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Inhitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 19 N/A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A is section 4915 ► 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 list prior forms 990 or 990-EZ? II "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 anders escitions 4912, 495.5, and 4958 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year anders escitions 4912, 495.5, and 4958 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T 1. List the states with which a copy of this return is filled ► CA 1. List the states with which a copy of this return is filled ► CA 1. List the states with which a copy of this return is filled ► CA 1. All the 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 ► See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 1. H' Yes," enter the name of the foreign country ► See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 1. Yes India 44c, the arm of the fo	38 a		200		v		
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 39b N/A 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 4915 ▶ N/A b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess senseti transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZ? If "ves," complete Schedule I, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization engages or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization engages or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and the year under sections 4912, 4955, and 4958 ▶ 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization aparty to a prohibited tax shetter transaction? If Yes, complete form 8866-1. 40c All organizations shocks are in case of ▶ THE ORGANIZATION Telephone no ▶ (760) → 804 – 8683 Located at ▶ 1735 MARKET STREET, SUITE A435, PHILADELPHIA, PA ZIP+4 ▶ 19103 b At any time during the calendary 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, securitie			38a		Λ		
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 Section 501(c)(3) or proximations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A section 4912 N/A section 4915 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 any of its prior Forms 990 or 990-E27 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 4958 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization with the section of the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8986-1 40e X 11 List the states with which a compy of this return is filled CA 12 The organization's books are in care of THE ORGANIZATION Telephone no. (760) - 804 - 8683 10 - 804 10 - 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804 10 - 804			-				
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 4915 ► N/A b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ► N/A c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are prior year that has not been reported on any of its prior forms 990 or 990-EZ2 If 1*vs; complete Schedule I., Part I volume to tax imposed on organization are organization and solic)(29) organizations. Enter amount of tax imposed on organizations on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of 17 less; organization should be a section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transactor? If Yes; complete form 8866 - 1 40e							
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ► N/A ; section 4915 ► N/A ; section 4915 ► N/A ; section 4915 ► N/A ; section 4916 ► N/A ; section 491			-				
b 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 4956 excess benefit transaction during the year, of 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 of disqualified persons during the year under sections 4912, 4955, and 4958			-				
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-EZP if "Yes," complete Schedule I, 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 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization by the organization by the organization with the during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed CA 1 List the states with which a copy of this return is filed CA 1 Located at 1735 MARKET STREET, SUITE A435, 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 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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42b X 17'Yes," enter the name of the foreign country Accounts the United States? if "Yes," enter the name of the foreign country Accounts the United States? If "Yes," enter the name of the foreign country Accounts the united States? 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 receive any payments for indoor tanning services during the year? If "Yes," Form 990 mu	40 a						
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41 List the states with which a copy of this return is filled ► CA 42a The organization's books are in care of ► THE ORGANIZATION Telephone no. ↑ (760) −804−8683 42b The organization's books are in care of ► THE ORGANIZATION Telephone no. ↑ (760) −804−8683 42c The organization's books are in care of ► THE ORGANIZATION Telephone no. ↑ (760) −804−8683 42c THE ORGANIZATION TELEPHIA, PA 42c THE ORGANIZATION TELEPHIA, PA 42d THE O		· · · · · · · · · · · · · · · · · · ·	40e		Х		
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b							
	D		1Eh				
	_		_	90-F7	(2020) 		

						_		Yes	No
	organization engage, directly or indirectly, in po				· ·				
If "Yes,"	complete Schedule C, Part I						46		X
Part VI	Section 501(c)(3) Organization	-							
	All section 501(c)(3) organizations must	•		-					
	Check if the organization used Schedule	e O to respond to any	y question in this	Part VI					No
47 Did the d	organization engage in lobbying activities or ha	ive a section 501(h) elec	ction in effect durin	n the tay ve	ar2 If "Ves " complete	Sch C Part II	47	163	140
	ganization a school as described in section 17	, ,				_	48		
	prganization make any transfers to an exempt i						49a		
	was the related organization a section 527 org						49b		
	te this table for the organization's five highest o						ach red	ceived	more
than \$10	00,000 of compensation from the organization.	. If there is none, enter "	None."						
	(a) Name and title of each employee)	(b) Average		(C) Reportable	(d) Health benefits contributions to	\-) Estim	
			per week dev		compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferred		ount of	
	N/Z	A	positio	П		compensation	COL	npens	alion
			4						
							\vdash		
			4						
							+		
			1						
f Total nu	mber of other employees paid over \$100,000								
	te this table for the organization's five highest of			n each recei	ved more than \$100	000 of compensa	tion fr	om the	e
-	ation. If there is none, enter "None." N/Z		mic dominations with	0001110001	νοα moro than φ roo,	000 01 00111001100		0111 1111	,
	Name and business address of each independ			(b)	Type of service	(c) (Compensation		
	·			()	71				
	mber of other independent contractors each re	•			🕨				
	organization complete Schedule A? Note: All so ed Schedule A	, , , , -		ı a			Ye		No
	ed Schedule Aes of perjury, I declare that I have examined thi			oc and etate	mante and to the he	et of my knowled			
					•	•	ge and	ı nellel	, 11 13
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known									
Sign	Signature of officer Date								
Here	► PAMELA SMITH, PRESIDENT & CEO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	_	Date	Check	if PTIN			
Paid		,	00 -01	0/44	self- emplo	yed			
Preparer	JENNIFER SOLOT	Johnson J	blot. CAL	<u> </u>	/2022	P007			
Use Only	Firm's name ► BBD, LLP	V			Firm's EIN				
	Firm's address 1835 MARKET STREET, 3RD FLOOR Phone no. 215-56							770	
	PHILADELPH)3						
May the IRS d	liceuse this return with the preparer chown abo	NA2 See instructions				▶ 13	۵۷ ۲	e	No

Form **990-EZ** (2020)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

VERIFIED VOTING.ORG INC

Employer identification number 20-0665713

VERIFIED VOIING.ORG INC	20-000.	3/13
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:	i	AMOUNT:
TRAVEL AND MEETING		805.
LICENSING/TAX/REPORTING FEES		1,602.
LOBBYING		93,725.
SOFTWARE		907.
SUPPLIES		27.
TOTAL TO FORM 990-EZ, LINE 16		97,066.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION BEG.	OF YEAR EI	ND OF YEAR
ACCOUNTS RECEIVABLE	7,500.	0.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION BEG.	OF YEAR EI	ND OF YEAR
ACCOUNTS PAYABLE	0.	8,000.
DUE TO RELATED ORGANIZATION	1,234.	1,939.
TOTAL TO FORM 990-EZ, LINE 26	1,234.	9,939.
		_
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - VERIFI	ED VOTING.O	RG
CHAMPIONS RELIABLE AND PUBLICLY VERIFIABLE ELECTIONS I	N THE UNITE	<u> </u>
STATES. OUR PURPOSE IS THREEFOLD; 1) TO INFORM THE PUB	LIC OF THE	
PROBLEMS WITH RELYING ON ELECTRONIC VOTING MACHINES TO	RECORD AND	COUNT
OUR VOTES, WITHOUT THE BACKUP OF A VOTER-VERIFIABLE AU	DIT TRAIL,	2) TO
POINT TO REASONABLE SOLUTIONS THAT ARE WITHIN REACH, A	ND 3) TO PRO	OVIDE
A LIST OF ACTIONS VOTERS CAN TAKE AND TO ENCOURAGE THE		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 99	90 or 990-EZ) 2020

VERIFIED VOTING.ORG INC	20-0665713
OWN BEHALF TO ENSURE THAT THEIR VOTES COUNT ACCURATELY IN	FUTURE
ELECTIONS.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENTS:
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 THAT ARE WITHIN REACH; AND	TO PROVIDE A
LIST OF ACTIONS VOTERS CAN TAKE TO ENCOURAGE THEM TO ACT	ON THEIR OWN
BEHALF TO ENSURE THAT ALL THEIR VOTES COUNT ACCURATELY IN	FUTURE
ELECTIONS.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	