

Short Form

OMB No. 1545-0047

Form 990-EZ

Return of Organization Exempt From Income Tax

2020

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

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

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Form 990-EZ header section including: A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021; B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending; C Name of organization: VERIFIED VOTING.ORG INC; D Employer identification number: 20-0665713; E Telephone number: 760-804-8683; F Group Exemption Number; G Accounting Method: Accrual; H Check if the organization is not required to attach Schedule B; I Website: VERIFIEDVOTING.ORG; J Tax-exempt status: 501(c)(4); K Form of organization: Corporation; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total: \$ 6,936.

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Revenue total: 6,936. Expenses total: 148,854. Net Assets total: 83,947.

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

Form 990-EZ (2020)

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	219,599.	93,886.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	7,500.	0.
25 Total assets	227,099.	93,886.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	1,234.	9,939.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	225,865.	83,947.

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

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

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

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

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

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	137,166.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	137,166.

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BARBARA SIMONS, PH.D BOARD CHAIR	2.00	0.	0.	0.
DAVID JEFFERSON, PH.D BOARD MEMBER	2.00	0.	0.	0.
DAVID L. DILL, PH.D BOARD MEMBER	2.00	0.	0.	0.
JOSEPH LORENZO HALL, PH.D BOARD MEMBER (TIL 2/1/21)	2.00	0.	0.	0.
RON RIVEST, PH.D. BOARD MEMBER	2.00	0.	0.	0.
KEVIN SHELLEY BOARD MEMBER	2.00	0.	0.	0.
MARTIN HELLMAN BOARD MEMBER (FROM 3/4/21)	2.00	0.	0.	0.
POORVI VORA BOARD MEMBER (FROM 12/14/20)	2.00	0.	0.	0.
NEAL MCBURNETT BOARD MEMBER (FROM 4/9/21)	2.00	0.	0.	0.
MARIAN K. SCHNEIDER PRESIDENT (TIL 9/9/20)	2.00	0.	0.	0.
MARK LINDEMAN INTERIM CO-DIRECTOR (FROM 9/10/20)	2.00	0.	0.	0.
CRIS LANDA INTERIM CO-DIRECTOR (FROM 9/10/20)	2.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No response. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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

Part VI Section 501(c)(3) Organizations Only

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

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

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

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

Sign Here

Signature of officer: PAMELA SMITH, PRESIDENT & CEO Date: _____

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JENNIFER SOLOT	<i>Jennifer Solot, CPA</i>	2/14/2022		P00749373
	Firm's name ▶ BBD, LLP	Firm's address ▶ 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103		Firm's EIN ▶ 23-2896692	Phone no. 215-567-7770

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

SCHEDULE O
(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

2020

Open to Public
Inspection

Name of the organization **VERIFIED VOTING.ORG INC** Employer identification number **20-0665713**

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

DESCRIPTION OF OTHER EXPENSES:	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	END OF YEAR
ACCOUNTS RECEIVABLE	7,500.	0.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END 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 - VERIFIED VOTING.ORG

CHAMPIONS RELIABLE AND PUBLICLY VERIFIABLE ELECTIONS IN THE UNITED

STATES. OUR PURPOSE IS THREEFOLD; 1) TO INFORM THE PUBLIC OF THE

PROBLEMS WITH RELYING ON ELECTRONIC VOTING MACHINES TO RECORD AND COUNT

OUR VOTES, WITHOUT THE BACKUP OF A VOTER-VERIFIABLE AUDIT TRAIL, 2) TO

POINT TO REASONABLE SOLUTIONS THAT ARE WITHIN REACH, AND 3) TO PROVIDE

A LIST OF ACTIONS VOTERS CAN TAKE AND TO ENCOURAGE THEM TO ACT ON THEIR

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization VERIFIED VOTING.ORG INC	Employer identification number 20-0665713
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OWN BEHALF TO ENSURE THAT THEIR VOTES COUNT ACCURATELY IN FUTURE ELECTIONS.

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

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 BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.