FOR TAX YEAR 2022

VERIFIED VOTING.ORG INC

PR CPA SOLUTIONS LLC 10325 KENSINGTON PKWY No 205 Kensington, MD 20895 (202)431-1046

Department of the Treas	ury

Α

в

П

П

П

Form **990**

Name change

Initial return

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 01-01 2022, and ending 12-31 ,2022 Check if applicable: C Name of organization VERIFIED VOTING.ORG INC D Employer identification number Address change 20-0665713 Doing business as E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2320 1500 CHESTNUT ST (760)804-8683 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return PHILADELPHIA, PA 19102 \$ 404,280 H(a) Is this a group return for subordinates? Yes X No Application pending F Name and address of principal officer: PAMELA SMITH

9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 211,899 404,280 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) 255 0 0 17 Other expenses (Part IX, column (D), line 25) 255 1 0 0 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 48,547 138,863 138,863 19 Revenue less expenses. Subtract line 18 from line 12 163,352 265,417 13 Z Total assets (Part X, line 16) 252,220 506,392 21			Same as C above	H(b) Are all sul	oordinat	es included? Yes No
K Form of organization: K Corporation Trut Association Other L Year of formation: 2004 M Statu of legal denicitie: DE Part I Summary I Briefly describe the organization's mission or most significant activities: VERIFIED VOTING.ORG CHAMPIONS RELIABLE AND PUBLICLY VERTFIABLE ELECTIONS IN THE UNITED STATES. WE ADVOCATE FOR POLICIES AND PRACTICES THAT ENSURE RESPONSIBLE USE OF TECHNOLOGY IN ELECTIONS AND RESILIENT SYSTEMS TO ENSURE VOTER: CAN VOTE AND THAT ELECTION OUTCOMES ARE TRUSTWORTHY. 3 7 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 7 3 Number of voting members of the governing body (Part VI, line 1a)	I Ta	x-exem	npt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or 527	If "No," at	tach a lis	st. See instructions
Part I Summary 1 Briefly describe the organization's mission or most significant activities: VERIFIED VOTING.ORG CHAMPIONS RELIABLE AND PUBLICLY VERFITABLE ELECTIONS IN THE UNITED STATES. WE ADVOCATE FOR POLICIES AND PRACTICES THAT ENSURE RESPONSIBLE USE OF TECHNOLOGY IN ELECTIONS AND RESILIENT SYSTEMS TO ENSURE VOTER: CAN VOTE AND THAT ELECTION OUTCOMES ARE TRUSTWORTHY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voling members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of voluneers (esimate if necessary) 7a 7a Total numet of undureers (esimate if necessary) 7a 7a Total numet of voluneers (esimate if necessary) 7b 7a Total numet (Part VIII, line 1h) 211, 899 9 Program service revenue (Part VIII, line 3, 4, and 7d) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), lines 5-10)	JW	ebsite:	WWW.VERIFIEDVOTING.ORG	H(c) Group exe	emption	number
1 Briefly describe the organization's mission or most significant activities: VERIFIED VOTING.ORG CHAMPIONS RELIABLE AND PUBLICLY VERIFIABLE ELECTIONS IN THE UNITED STATES. WE ADVOCATE FOR POLICIES AND PRACTICES THAT ENSURE RESPONSIBLE USE OF TECHNOLOGY IN ELECTIONS AND RESILIENT SYSTEMS TO ENSURE VOTER: CAN VOTE AND THAT ELECTION OUTCOMES ARE TRUSTWORTHY. 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 7 4 Number of volume pendent voling members of the governing body (Part VI, line 1a) 4 7 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 6 7 Total number of volunteers (estimate if necessary) 7a 0 7 Total number of volunteers (estimate if necessary) 7a 0 0 9 Program service revenue from Part VIII, column (C), line 12 7b 0 0 10 Investment income (Part VIII, lines 9) 0 0 0 0 12 Total revenue (Part VIII, column (A), lines 4, and 7d) 0 0 0 0 11 Other expenses (Part X, column (A), lines 13) 0 0 0 0 0 0 0 12 Total revenue (Part VIII, column (A), li	K Fo	rm of o	rganization: 🕱 Corporation 🗌 Trust 🗌 Association 🗌 Other 🛛 L Year of formation: 💈	2004 M Sta	te of leg	al domicile: DE
PUELICLY VERIFIABLE ELECTIONS IN THE UNITED STATES. WE ADVOCATE FOR POLICIES AND PRACTICES THAT ENSURE RESPONSIBLE USE OF TECHNOLOGY IN ELECTIONS AND RESILIENT SYSTEMS TO ENSURE VOTER: CAN VOTE AND THAT ELECTION OUTCOMES ARE TRUSTWORTHY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 7 4 Number of voting members of the governing body (Part VI, line 1a) 4 5 0 6 7 7 Total number of volunteers (estimate if necessary) 5 7 Total number of volunteers (estimate if necessary) 7 7 Total number of volunteers (estimate if necessary) 7 7 Total number of volunteers (estimate if necessary) 7 7 Total number of volunteers (estimate if necessary) 7 7 Total number of volunteers (estimate if necessary) 7 7 Total number of volunt (h), line 12 7 8 Contributions and grants (Part VIII, column (C), line 12 211, 899 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11 Other revenue (Part VIII, column (A), lines 4) 10	Par	t I	Summary			
THAT ENSURE RESPONSIBLE USE OF TECHNOLOGY IN ELECTIONS AND RESILIENT SYSTEMS TO ENSURE VOTERS: CAN VOTE AND THAT ELECTION OUTCOMES ARE TRUSTWORTHY. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Sumber of voting members of the governing body (Part VI, line 1a)		1	Briefly describe the organization's mission or most significant activities: VERIFIED VOTING	.ORG CHAMP	IONS	RELIABLE AND
Program service revenue (Part VIII, clime 1h) Prior Year Current Year 8 Contributions and grants (Part VIII, clime 1h) 7a 0 0 9 Program service revenue (Part VIII, clime 1h) 7b 0 9 Program service revenue (Part VIII, clime 1h) 7b 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other venue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total numbars (Part IX, column (A), lines 1-3) 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16 Profersesse (Part IX, column (A), line 25) 255 48,547 138,863 19 Revenue less expenses. Subtract line 18 from line 12 163,352 265,417			PUBLICLY VERIFIABLE ELECTIONS IN THE UNITED STATES. WE ADVOCAT	CIES	AND PRACTICES	
Program service revenue (Part VIII, clime 1h) Prior Year Current Year 8 Contributions and grants (Part VIII, clime 1h) 7a 0 0 9 Program service revenue (Part VIII, clime 1h) 7b 0 9 Program service revenue (Part VIII, clime 1h) 7b 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other venue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total numbars (Part IX, column (A), lines 1-3) 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16 Profersesse (Part IX, column (A), line 25) 255 48,547 138,863 19 Revenue less expenses. Subtract line 18 from line 12 163,352 265,417	nce		THAT ENSURE RESPONSIBLE USE OF TECHNOLOGY IN ELECTIONS AND RES	ILIENT SYS	TEMS	TO ENSURE VOTERS
Program service revenue (Part VIII, clime 1h) Prior Year Current Year 8 Contributions and grants (Part VIII, clime 1h) 7a 0 0 9 Program service revenue (Part VIII, clime 1h) 7b 0 9 Program service revenue (Part VIII, clime 1h) 7b 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other venue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total numbars (Part IX, column (A), lines 1-3) 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16 Profersesse (Part IX, column (A), line 25) 255 48,547 138,863 19 Revenue less expenses. Subtract line 18 from line 12 163,352 265,417	rna		CAN VOTE AND THAT ELECTION OUTCOMES ARE TRUSTWORTHY.			
Program service revenue (Part VIII, clime 1h) Prior Year Current Year 8 Contributions and grants (Part VIII, clime 1h) 7a 0 0 9 Program service revenue (Part VIII, clime 1h) 7b 0 9 Program service revenue (Part VIII, clime 1h) 7b 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other venue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total numbars (Part IX, column (A), lines 1-3) 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16 Profersesse (Part IX, column (A), line 25) 255 48,547 138,863 19 Revenue less expenses. Subtract line 18 from line 12 163,352 265,417	ove	2	Check this box 🔲 if the organization discontinued its operations or disposed of more than 25% of	its net assets.		
9000000000000000000000000000000000000		3	Number of voting members of the governing body (Part VI, line 1a)		3	7
7a 1 otal unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 8 Contributions and grants (Part VIII, line 1h) 211, 899 404, 280 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 211, 899 404, 280 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5) 0 0 15 Total fundraising fees (Part IX, column (A), line 12) 255 1 0 16 Professional fundraising fees (Part IX, column (A), line 25) 255 1 163, 352 265, 417 18 Total expenses. Add lines 13-17 (must equal Part IX, colu	ŝ	4		-	4	7
7a 1 otal unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 8 Contributions and grants (Part VIII, line 1h) 211, 899 404, 280 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 211, 899 404, 280 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5) 0 0 15 Total fundraising fees (Part IX, column (A), line 12) 255 1 0 16 Professional fundraising fees (Part IX, column (A), line 25) 255 1 163, 352 265, 417 18 Total expenses. Add lines 13-17 (must equal Part IX, colu	/itie	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
7a 1 otal unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 8 Contributions and grants (Part VIII, line 1h) 211, 899 404, 280 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 211, 899 404, 280 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5) 0 0 15 Total fundraising fees (Part IX, column (A), line 12) 255 1 0 16 Professional fundraising fees (Part IX, column (A), line 25) 255 1 163, 352 265, 417 18 Total expenses. Add lines 13-17 (must equal Part IX, colu	vctiv	-			6	7
Prior Year Current Year 9 Program service revenue (Part VIII, line 1h) 211,899 404,280 9 Program service revenue (Part VIII, column (A), lines 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 211,899 404,280 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 0 17 Other expenses (Part IX, column (A), line 25) 255 255 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 48,547 138,863 18 Total expenses. Subtract line 18 from line 12 163,352 265,417 20	٩				7a	0
B Contributions and grants (Part VIII, line 1h) 211,899 404,280 9 Program service revenue (Part VIII, line 2g) 0 <td></td> <td>b</td> <td>Net unrelated business taxable income from Form 990-T, Part I, line 11</td> <td></td> <td>7b</td> <td>0</td>		b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 211,899 404,280 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) 255 0 0 17 Other expenses (Part IX, column (D), line 25) 255 1 0 0 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 48,547 138,863 138,863 19 Revenue less expenses. Subtract line 18 from line 12 163,352 265,417 13 Total assets (Part X, line 16) 252,220 506,392 21 Total				Prior Year		Current Year
Image: Section of the section of th		8	Contributions and grants (Part VIII, line 1h)	211,	899	404,280
12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)211,899404,28013Grants and similar amounts paid (Part IX, column (A), lines 1-3)014Benefits paid to or for members (Part IX, column (A), line 4)015Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)016aProfessional fundraising fees (Part IX, column (A), line 11e)25517Other expenses (Part IX, column (A), line 25)25518Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)48,54719Revenue less expenses. Subtract line 18 from line 12163,35220Total assets (Part X, line 16)252,22021Total liabilities (Part X, line 26)4,92222Net assets or fund balances. Subtract line 21 from line 20247,298503,392	iue	9				0
12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)211,899404,28013Grants and similar amounts paid (Part IX, column (A), lines 1-3)014Benefits paid to or for members (Part IX, column (A), line 4)015Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)016aProfessional fundraising fees (Part IX, column (A), line 11e)25517Other expenses (Part IX, column (A), line 25)25518Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)48,54719Revenue less expenses. Subtract line 18 from line 12163,35220Total assets (Part X, line 16)252,22021Total liabilities (Part X, line 26)4,92222Net assets or fund balances. Subtract line 21 from line 20247,298503,392	Ven	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
13Grants and similar amounts paid (Part IX, column (A), lines 1-3)014Benefits paid to or for members (Part IX, column (A), line 4)015Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)016aProfessional fundraising fees (Part IX, column (A), line 11e)25517Other expenses (Part IX, column (D), line 25)25517Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)48,54718Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)163,35219Revenue less expenses. Subtract line 18 from line 12163,35220Total assets (Part X, line 16)252,22020Total liabilities (Part X, line 26)4,92221Total liabilities (Part X, line 26)4,92222Net assets or fund balances. Subtract line 21 from line 20247,298503,392	Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
14 Benefits paid to or for members (Part IX, column (A), line 4)15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)016a Professional fundraising fees (Part IX, column (A), line 11e)0b Total fundraising expenses (Part IX, column (D), line 25)25517 Other expenses. (Part IX, column (A), lines 11a-11d, 11f-24e)48,54718 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)48,54719 Revenue less expenses. Subtract line 18 from line 12163,35220 Total assets (Part X, line 16)252,22020 Total assets (Part X, line 26)4,92221 Total liabilities (Part X, line 26)4,92222 Net assets or fund balances. Subtract line 21 from line 20247,298503,392		12		211,	899	404,280
Section15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)016aProfessional fundraising fees (Part IX, column (A), line 11e)255bTotal fundraising expenses (Part IX, column (D), line 25)25517Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)48,54718Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)48,54719Revenue less expenses. Subtract line 18 from line 12163,35220Total assets (Part X, line 16)252,22021Total liabilities (Part X, line 26)4,92222Net assets or fund balances. Subtract line 21 from line 20247,298503,392		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
Solution16aProfessional fundraising fees (Part IX, column (A), line 11e)255bTotal fundraising expenses (Part IX, column (D), line 25)25517Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)25518Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)48,54719Revenue less expenses. Subtract line 18 from line 12163,35220Total assets (Part X, line 16)End of Year21Total liabilities (Part X, line 26)44,92222Net assets or fund balances. Subtract line 21 from line 20247,298503,392		14				0
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 48,547 138,863 19 Revenue less expenses. Subtract line 18 from line 12 163,352 265,417 10 Total assets (Part X, line 16) End of Year End of Year 20 Total liabilities (Part X, line 16) 252,220 506,392 21 Total liabilities (Part X, line 26) 4,922 3,000 22 Net assets or fund balances. Subtract line 21 from line 20 247,298 503,392	6					0
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 48,547 138,863 19 Revenue less expenses. Subtract line 18 from line 12 163,352 265,417 10 Total assets (Part X, line 16) End of Year End of Year 20 Total liabilities (Part X, line 16) 252,220 506,392 21 Total liabilities (Part X, line 26) 4,922 3,000 22 Net assets or fund balances. Subtract line 21 from line 20 247,298 503,392	Ise					0
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 48,547 138,863 19 Revenue less expenses. Subtract line 18 from line 12 163,352 265,417 10 Total assets (Part X, line 16) End of Year End of Year 20 Total liabilities (Part X, line 16) 252,220 506,392 21 Total liabilities (Part X, line 26) 4,922 3,000 22 Net assets or fund balances. Subtract line 21 from line 20 247,298 503,392	per	b				
19 Revenue less expenses. Subtract line 18 from line 12 163,352 265,417 8 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 252,220 506,392 21 Total liabilities (Part X, line 26) 4,922 3,000 22 Net assets or fund balances. Subtract line 21 from line 20 247,298 503,392	Ш	17				138,863
b % g to set g for the set g						138,863
20 Total assets (Part X, line 16) 252,220 506,392 21 Total liabilities (Part X, line 26) 4,922 3,000 21 Total liabilities (Part X, line 26) 247,298 503,392		19	Revenue less expenses. Subtract line 18 from line 12	163,	352	265,417
	ces Ces					
	sets					506,392
	at As nd B					3,000
Part II Signature Block				247,	298	503,392

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.

	PAMELA SM	IITH				
Sign	Signature of officer	Date				
Here	PAMELA SM					
	Type or print name and tit	le				
	Print/Type preparer's name		Preparer's signature	Date	Check X	if PTIN
Paid	ISMENIA PENA-ROMERO		ISMENIA PENA-ROMERO	10-30-2023	self-employed	P02039808
Preparer	Firm's name	PR CPA S	SOLUTIONS LLC		Firm's EIN	
Use Only	Firm's address	Phone no.				
		Kensingt	on MD 20895	2-431-1046		
May the IRS	discuss this return v	with the preparer sh	nown above? See instructions .			Yes 🛛 No

Form	990 (2022) VERIFIED VOTING.ORG INC 20-0665713 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	VERIFIED VOTING.ORG CHAMPIONS RELIABLE AND PUBLICLY VERIFIABLE ELECTIONS IN THE UNITED STATES. WE
	ADVOCATE FOR POLICIES AND PRACTICES THAT ENSURE RESPONSIBLE USE OF TECHNOLOGY IN ELECTIONS AND
	RESILIENT SYSTEMS TO ENSURE VOTERS CAN VOTE AND THAT ELECTION OUTCOMES ARE TRUSTWORTHY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 130,355 including grants of \$) (Revenue \$)
та	TO ADVOCATE FOR RELIABLE, RESILIENT AND VERIFIABLE ELECTION SYSTEMS AND PROCESSES, ESPECIALLY OF
	THE IMPORTANCE OF VOTER-VERIFIABLE PAPER BALLOTS AND POST-ELECTION AUDITS; TO POINT TO REASONABLE
	SOLUTIONS THAT ARE WITHIN REACH AND TO SUPPORT SOUND POLICY DECISIONS REGARDING THE RESPONSIBLE
	USE OF TECHNOLOGY IN ELECTIONS, SO THAT ALL VOTERS CAN BE ASSURED THEIR VOTES WILL BE COUNTED
	CORRECTLY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 130,355
EEA	Form 990 (2022)

	1 990 (2022) VERIFIED VOTING.ORG INC 20-0665	713	F	age 3
Pa	rt 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		v
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	x
2	Did the organization equired to complete schedule b, schedule of contributors, see instructions	-		
Ū	candidates for 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 during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 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 provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
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? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		x
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.45		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	v	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	x	
N N	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
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		х
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			
40	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		v
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form	990 (2022) VERIFIED VOTING.ORG INC 20-0665	5713	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			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		х
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		х
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		
25a	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II	32		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	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	3		
b		0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	x	
			~ 000	(2022

Form	990 (2022) VERIFIED VOTING.ORG INC 20-0665	13	P	age 5			
Par	Tt 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 returm						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
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 Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x			
С	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						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
-	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-					
	and services provided to the payor?	7a 7b					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С		7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year	10					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	_					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	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 organization is licensed to issue qualified health plans	-					
C 140	Enter the amount of reserves on hand	14-		72			
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x			
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 0	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v			
	excess parachute payment(s) during the year?	15		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x			
	If "Yes," complete Form 4720, Schedule O.	10		4			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

For	rm 990 (2022) VERIFIED VOTING.ORG INC 20-0665	13	Р	age 6
P	art 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 instruction	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ection A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	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 on Schedule O.			
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		v
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		x
5	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		
Sor	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
	CION D. I ONCIES (This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b				
	affiliates, 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 body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b		12b	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		x
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		X
16a				
Tou	with a taxable entity during the year?	16a		x
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.			

Form 990 (202	2) VERIFIED VOTING.ORG INC	20-0665713	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee										
	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 Er	mployees								
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with	or within the								
organization's	ax year.									
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ss of amount of								
compensation.	mpensation. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C)	.,				
	Position									
(A)	(B)	· ·		eck m	ore th	an one		(D)	(E)	(F)
Name and title	Average hours					both ar		Reportable compensation	Reportable compensation	Estimated amount of other
	per week			aun	rector/trustee)			from the	from related	compensation
	(list any	9 5	5	o	Z	ęд	Т	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	divic	stitu	Office	ey er	nplo	Former	1099-MISC/	1099-NEC)	related organizations
	related organizations	Individual trustee or director	Institutional trustee		Key employee	st co	ñ	,	,	-
	below	rust	l tru		yee	mpe				
	dotted line)	ee	stee			Highest compensated employee				
						ed				
(1) PAMELA SMITH	2.00									
PRESIDENT & CEO	37.00			х				0	134,750	0
(2) POORVI VORA, PH.D.	2.00									
BOARD MEMBER	2.00	х						0	0	0
(3) MARTIN HELLMAN. PH.D.	2.00									
BOARD MEMBER	2.00	х						0	0	0
(4) EILEEN SEGALL	2.00									
BOARD MEMBER / TREASURER	2.00	х						0	0	0
(5) NEAL MCBURNETT	2.00									
BOARD MEMBER	2.00	х						0	0	0
(6) DAVID L. DILL, PH.D.	2.00									
BOARD MEMBER	2.00	х						0	0	0
(7) RON RIVEST, PH.D. (TILL 3/31/22)	2.00									
BOARD MEMBER	2.00	х						0	0	0
(8) KEVIN SHELLEY	2.00									
BOARD MEMBER	2.00							0	0	0
(9) BARBARA SIMONS, PH.D.	2.00									
BOARD CHAIR	5.00			х				0	0	0
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
<u>(14)</u>										
										Form 000 (2022)

	90 (2022) VERIFIED VOTING.O										0-0665			Page 8
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp	oloy	yee	s, an	h b	Highest Comp	ensated	Emplo	oyees	(cont	tinued
	(A) Name and title	(B) Average hours per week	box	, unles	Pos eck m ss per	rson is	nan one s both ai /trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related	able ation ated	cor	(F) ated am of other mpensati	r
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatior 1099-MI 1099-NE	SC/	orga	rom the nization d organiz	
(15)														
(17)														
(18)														
<u>(</u> 19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal	ion A .		•••	•••	•••	•••	•	0	134	,750			0
2	Total number of individuals (including but not limite reportable compensation from the organization								ore than \$100,000		<u>//30</u>			0
													Yes	No
3	Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Schedul</i>						-					3		x
4	For any individual listed on line 1a, is the sum of re- organization and related organizations greater the													
5	individual											4		x
Socti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Schec	dule .	J for	SUC	h pers	son				5		х
1	Complete this table for your five highest compensat	ted indepen	dent co	ontrac	ctors	s that	t recei	ved	more than \$100,00	0 of				
	compensation from the organization. Report comp	ensation for	the ca	lenda	ar ye	ear e	nding	with	n or within the organ	nization's ta	ax year.			
	(A) Name and business addres	s							(B) Description of servic	es		(C) Compens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-			e lis	ted a	above) wh	10					

Form 9	90 (20			VOTING.	ORG	INC			20-06657	13 Page 9
Part	VIII	Statement of Rev	venu	le						
		Check if Schedule O co	ontair	ns a response	e or n	ote to any line in this	A Part VIII	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
<i>(</i>)	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	c Fundraising events									
อีอี	d	Related organizations								
sifts ar A	е	Government grants (contr	ributi	ons)	1e					
s, o mits	f	All other contributions, gif	ts, gi	rants,						
rtion Si Si		and similar amounts not i	ncluc	led above	1f	404,280				
Sthe	g	Noncash contributions inc	clude	d in						
nd		lines 1a-1f			1g	\$				
ъО	h	Total. Add lines 1a-1f					404,280			
						Business Code				
6)	2a									
ž či	b									
Ser	C									
Program Service Revenue	d									
2 B	е									
Ţ,		All other program service								
	g	Total. Add lines 2a-2f .	••							
	3	Investment income (includi								
		other similar amounts) .				F				
		Income from investment of		•	•					
	5	Royalties	<u></u>							
		0		(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)	6c			-				
		Net rental income or (loss)) ·			(1) Other				
	7a	Gross amount from		(i) Securitie	es.	(ii) Other				
		sales of assets other than inventory	7a							
	h	Less: cost or other basis	14							
۵		and sales expenses	76							
nue	c	Gain or (loss)								
Other Revenue		Net gain or (loss)								
Per Fe		Gross income from fundra								
đ		events (not including \$								
-		of contributions reported o								
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	c	Net income or (loss) from	fundı	raising events	s					
	9a	Gross income from gaming	g							
		activities, See Part IV, line	19		9a					
	b	Less: direct expenses .	•••		9b					
	C	Net income or (loss) from	gami	ng activities	<u>· ·</u>					
	10a	Gross sales of inventory, I								
		returns and allowances .			10a					
		Less: cost of goods sold			1 0 k					
	C	Net income or (loss) from	sales	s of inventory						
						Business Code				
Miscellanous Revenue	11a									
anc	b									
cell	C .									
Mis R		All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instru	ICTION	15			404,280	0	0	0

Part IX

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other orgar	nizations must complet	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			[]
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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 (nonemployees):				
а	Management				
b	Legal				
с		1,740		1,740	
d	Lobbying	128,729	128,729		
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 Schedule O.)	552	297		255
12	Advertising and promotion				
13	Office expenses				
14	Information technology	977		977	
15	Royalties				
16	Occupancy				
17	Travel	951	951		
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 on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	LICENSES & REGISTRATION FEES	5,164		5,164	
b	BANK & CREDIT CARD FEES	32		32	
С	OTHER EXPENSES	718	378	340	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	138,863	130,355	8,253	255
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				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20		20	0-066	5713 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			X
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	251,757	1	496,555
	2	Savings and temporary cash investments	463	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	6,900
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	2,937
	16	Total assets. Add lines 1 through 15 (must equal line 33)	252,220	16	506,392
	17	Accounts payable and accrued expenses		17	3,000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	4,922	25	
	26	Total liabilities. Add lines 17 through 25	4,922	26	3,000
		Organizations that follow FASB ASC 958, check here			
6		and complete lines 27, 28, 32, and 33.			
Cei	27	Net assets without donor restrictions	247,298	27	503,392
alar	28	Net assets with donor restrictions		28	
ä		Organizations that do not follow FASB ASC 958, check here			
ņ		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
jts (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et⊿	32	Total net assets or fund balances	247,298	32	503,392
	33	Total liabilities and net assets/fund balances	252,220	33	506,392

EEA

Form 990 (2022)

Form	990 (2022) VERIFIED VOTING.ORG INC 2	20-066571	3	Pa	age 12
Par	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		404,	,280
2	Total expenses (must equal Part IX, column (A), line 25)	2		138,	,863
3	Revenue less expenses. Subtract line 2 from line 1	3		265,	,417
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		247,	,298
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,	,323)
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		503,	, 392
Par	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 🛛 🖾 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	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				
	reviewed 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 basis, consolidated basis, or both:				
	X 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	n 990	(2022)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number
VERIFIED VOTING.ORG INC	20-0665713
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization
	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

X 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.

Special Rules

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

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

Schedule B	(Form	990)	(2022)
------------	-------	------	--------

Name of organization

VERIFIED VOTING.ORG INC

Employer identification number 20-0665713

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A N/A	\$400,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D)
(Form 990)	

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.

OMB No. 1545-0047 2022

Open to Public
Inspection

Department of the Treasury ľ

nternal Revenue Service	
Name of the organization	

Go to www.irs.gov/Form990 for instructions and the latest information of the latest information	ation.
	Emand

oyer	identification numb	ber
20	0665712	

Employ

/ERIE	TED VOTING.ORG INC	20-0665713
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Par	II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	ically important land area
	Protection of natural habitat Preservation of a certifi	ed historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	servation
	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 structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	zation during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds? \ldots	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	B)(i)
	and section 170(h)(4)(B)(ii)?	Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that of	describes the
	organization's accounting for conservation easements.	
Par		r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,
	provide 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 treasures, or other similar assets for financial gain, p	provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	

\$

\$

а

	le D (Form 990) 2022 VERIFIE			_				20-066			Page 2
Par	V									ontin	ued)
3	Using the organization's acquisit		and other record	ds, check a	ny of the fo	blowing that	make się	pnificant use of its			
	collection items (check all that a	pply):			_						
а	Public exhibition			d		r exchange p	-				
b	Scholarly research			е	Other						_
С	Preservation for future generation										
4	Provide a description of the orga	anization's collec	tions and expla	in how they	further the	e organizatio	n's exen	npt purpose in Pa	rt		
	XIII.										
5	During the year, did the organiza									_	-
	assets to be sold to raise funds			part of the	organizatio	on's collectio	n?		. 🗌 Ye	s	No
Par	t IV Escrow and Custo	-		. –						_	
	Complete if the orga		swered "Yes"	" on ⊢orr	n 990, P	art IV, line	9, or	reported an ar	nount on	Forn	n
	990, Part X, line 21,										
1a	Is the organization an agent, trus								Π	_	· · ·
	included on Form 990, Part X?					• • • • • •			🗌 Ye	s	No
b	If "Yes," explain the arrangemen	it in Part XIII and	I complete the fo	ollowing tat	ole:						
	5 · · · · ·								mount		
C	Beginning balance										
d	Additions during the year										
e	Distributions during the year .										
f	Ending balance										1 No
2a	Did the organization include an a							•			No
b Par	If "Yes," explain the arrangement t V Endowment Funds			explanation	nas been	provided on			• • • • •	· []	<u>]</u>
rai	Complete if the orga	-	warad "Vas'	" on Forr	n 000 P	art IV line	10				
			a) Current year	(b) Pri		(c) Two year		(d) Three years back		ır years b	hook
1a	Beginning of year balance				or year		5 Dack	(u) Thee years back		i years c	Jack
b	Contributions										
c	Net investment earnings, gains,										
Ŭ											
d	Grants or scholarships										
e	Other expenditures for facilities a										
•	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentag	L	vear end baland	e (line 1a.	column (a)) held as:		I			
а	Board designated or quasi-endo			J ,		,					
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b	, and 2c should e	equal 100%.								
3a	Are there endowment funds not			zation that a	are held an	nd administer	ed for th	е			
	organization by:		0							Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the rela										
4	Describe in Part XIII the intende	ed uses of the or	ganization's end	dowment fu	nds.						
Par	t VI Land, Buildings, a	nd Equipme	ent.								
	Complete if the orga	anization ans	wered "Yes'	" on Forr	n 990, P	art IV, line	e 11a. S	See Form 990	, Part X,	line 1	10.
	Description of property		(a) Cost or oth	er basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Boo	ok value	
			(investm	ent)	(0	other)	d	epreciation			
1a	Land										
b	Buildings									-	
С	Leasehold improvements										
d	Equipment										
e	Other	<u></u>									
Total.	Add lines 1a through 1e. (Colum		l Form 990, Pa	rt X, colum	n (B), line	10c.)	. <u></u> .				
EEA									hedule D (F	orm 99	0) 2022

Schedule D (Form 990) 2022

Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

20-0665713

Page 3

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	Financial derivatives		
	Closely-held equity interests		
(3)	Other		
(/	A)		
(E			
(0			
])))		
(E			
(F			
((3)		
(H)		
Tot	al. (Column (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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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.

(b) Book value
2,937
2,937

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal ind	come taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b)) must equal Form 990, Part X, col. (B) li	ne 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedul	le D (Form 990) 2022 VERIFIED VOTING.ORG INC	20-0665713	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	404,280
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	404,280
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		404,280
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	138,863
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	138,863
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	138,863
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

VERIFIED VOTING.ORG INC

Employer identification number 20-0665713

01. Form 990 governing body review (Part VI, line 11)

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

02. Conflict of interest policy compliance (Part VI, 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.

03. Form 990 availability to public (Part VI, line 18)

INFORMATION AVAILABLE ON THE ORGANIZATION'S WEBSITE.

04. Governing documents, etc, available to public (Part VI, line 19)

INFORMATION AVAILABLE UPON REQUEST.

05. Balance Sheet (Part X)

PRIOR PERIOD ADJUSTMENT - 2021 BALANCE SHEET

AS A RESULT OF AN AUDIT FOR THE SIX MONTHS ENDING DECEMBER 31ST, 2021, THE ENDING BALANCES

OF THE FOLLOWING ACCOUNTS CHANGED:

CASH	AND	CASH	EQUIVALENTS	DECREASED	BY	(4,888)

ACCOUNTS PAYABLE INCREASED BY (7,095)

Schedule O (Form 990) 2022		Page 2
Name of the organization		Employer identification number
VERIFIED VOTING.ORG INC		20-0665713
DUE TO RELATED ORGANIZATION DECREASED BY	2,660	
NET REPROT IN NET ACCENC	(0.222)	
NET EFFECT IN NET ASSETS	(9,323)	

	SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990)									5-0047	
										2	
	Complete if the orga	Open to F									
Department of the Treasury Internal Revenue Service	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organization								Employ	Inspect ver identification		
VERIFIED VOTING								20-0	665713		
Part I Identific	cation of Disregarded Entities. Comple	ete if the or	ganization a								
Nam	(a) e, address, and EIN (if applicable) of disregarded entity		Prim	(b) hary activity	Legal or fo	(C) domicile (state preign country)	(d) Total income	(e) End-of-year asse	ets Direct co	r) ntrolling ntity	
(1)						<u> </u>					
(2)											
(2)											
(3)											
(4)											
(5)											
Part II	cation of Related Tax-Exempt Organiz		•	e organization a	answe	ered "Yes" or	n Form 990, Part	IV, line 34 l	pecause it ha	ad	
one or n	nore related tax-exempt organizations du	uring the ta	ax year.				(0)	(6)		(a)	
Name	(a) e, address, and EIN of related organization	Prim	(b) ary activity	(C) Legal domicile (state	E	(d) xempt Code section	(e) Public charity status	(f) Direct cont	Sec. :	(g) 512(b)(13) olled entity?	
			,	or foreign country)			(if section 501(c)(3))	enti	Yes		
	NG FOUNDATION, 20-0765743										
1500 CHESTNUT		STRENGTH				(
PHILADELPHIA	PA 19102	DEMOCRAC	Y	DE	501	L (C) (3)	10	N/A		x	
(2)											
(3)											
(4)										+	
()											
(m)										+	
(5)											

20-0665713

Page 2

Part III because it had on					e tax year.	1						
(a) Name, address, and EIN of related organization	(b) Primary activity	domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-o year assets	alloca	ortionate tions?	(i) Code V-UBI amount in box 2 of Schedule K- (Form 1065)	20 mar 1 pai	eral or aging tner?	(k) Percentage ownership
(1)		country)		ections 512-514)			Yes	No		Yes	No	
(2)												
(3)												
(4)												
(5)												
Part IV Identification of I line 34, because it								vered	d "Yes" on F	Form 99	0, Par	t IV,
(a) Name, address, and EIN of related or		(b) Primary activity	(c)	(d) Direct controlling	(е Туре (e)	(f) hare of total income		(g) Share of d-of-year assets	(h) Percentag ownership		(i) on 512(b)(13) controlled entity?
											Ye	s No
(1)												
(2)												
(3)												
(4)												
(5)												

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

No	te: 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 one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x
b	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
	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
j	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)	1k		x
	Performance of services or membership or fundraising solicitations for related organization(s)	11		x
		1m		x
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
ο	Sharing of paid employees with related organization(s)	10		x
р	Reimbursement paid to related organization(s) for expenses	1p	х	
q	Reimbursement paid by related organization(s) for expenses	1q	x	
		1r		x
S	Other transfer of cash or property from related organization(s)	1s		x

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a)	(b)	(c)	(d)
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
EEA				Schedule R (Form 990) 2022

Page 4

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)	(f)	(g)	(h)		(i)	(j)		(k)
	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
					Yes No			Yes	No		Yes	No	ļ
(1)													
2)													
3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
2)													