** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047
2023

Department of the Treasury Internal Revenue Service

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2023 calendar year, or tax year beginning an	d ending				
В	Check if	C Name of organization		D Employer identific	cation number		
	Addre]			
	Name chang	Doing business as		20-07657	43		
	∏lnitial _return ∏Fiṇal	1500 CUECONITO CO	Room/suite # 2315	E Telephone number (760)804-8683			
	—return termir		11 2 3 1 3	G Gross receipts \$	3,463,871.		
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19102		<u> </u>			
F	⊥return ∏Applid	FILLIADEDFILA, FA 1910Z		H(a) Is this a group re			
	tion pendi	F Name and address of principal officer: FAMEDA SMIIII		for subordinates			
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
<u>I</u>	Tax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527	If "No," attach a	list. See instructions		
	Websi			H(c) Group exemption	n number		
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2004 N	$^{ m I}$ State of legal domicile: ${ m DE}$		
P	art I	Summary					
_	1	Briefly describe the organization's mission or most significant activities: STRI	ENGTHEN	N DEMOCRACY	FOR ALL		
& Governance		VOTERS BY PROMOTING THE RESPONSIBLE USE	OF TEC	CHNOLOGY IN	ELECTIONS.		
'n	2	Check this box if the organization discontinued its operations or disp	osed of mor	e than 25% of its net as	sets		
ě	-	- · · · · · · · · · · · · · · · · · · ·		3	9		
ဗိ	1	Number of independent voting members of the governing body (Part VI, line 1b)			9		
ళ					14		
ţį		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			10		
Activities		Total number of volunteers (estimate if necessary)			0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····				
				Prior Year	Current Year		
ě	8	Contributions and grants (Part VIII, line 1h)		1,987,852.	3,456,788.		
en	1	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	7,077.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,309.	6.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,997,161.	3,463,871.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ý	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		809,415.	1,316,325.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	/ ·····	0.	0.		
þe	h	Total fundraising expenses (Part IX, column (D), line 25)	493. 				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		835,110.	725,930.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,644,525.	2,042,255.		
	1	Revenue less expenses. Subtract line 18 from line 12		352,636.	1,421,616.		
<u> c</u>	19	nevertue less expenses. Subtract line 16 from line 12		eginning of Current Year	End of Year		
Net Assets or Fund Balances		T (D) (D) (B)	F	1,387,846.	2,758,169.		
SSE	20	Total assets (Part X, line 16)		103,398.	52,105.		
et/	21	Total liabilities (Part X, line 26)		1,284,448.	2,706,064.		
		Net assets or fund balances. Subtract line 21 from line 20		1,204,440.	2,700,004.		
	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		alties of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is		
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	which prepare				
				11/12/2	2024		
Sig	n	Signature of officer		Date			
He	re	PAMELA SMITH, PRESIDENT AND CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai	d	ADAM WATSON ADAM WATSON		L0/28/24 self-employe			
Pre	parer	Firm's name WITHUMSMITH+BROWN, PC			2-2027092		
Use	Only	Firm's address 1835 MARKET STREET					
	-	PHILADELPHIA, PA 19103		Phone no. 21	5-567-7770		
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		1	X Yes No		
ivid	, [103110		

Form	990 (2023) VERIFIED VOTING FOUNDATION	20-0765743	Page 2
	t III Statement of Program Service Accomplishments		Ĭ
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: STRENGTHEN DEMOCRACY FOR ALL VOTERS BY PROMOTING THE	RESPONSIBLE US	E
	OF TECHNOLOGY IN ALL ELECTIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O.	Yes	L ∆ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services.	ces? Yes	X No
3	If "Yes," describe these changes on Schedule O.	.es? L1es	_ <u></u>
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by expenses	S.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.	, , ,	
4a		Revenue \$,
	CHAMPIONED THE RESPONSIBLE USE OF TECHNOLOGY IN ELECT		G
	RELIABLE, ACCESSIBLE, USABLE, VERIFIABLE VOTING TECHN		
	SUPPORTED BEST PRACTICES IN ELECTION ADMINISTRATION I		
	REGULAR CONDUCT OF POST-ELECTION AUDITS, AND PROMOTED		VIA
	EARNED MEDIA, PARTICIPATION AT CONFERENCES, OUTREACH		
	OFFICIALS, AND PARTICIPATION IN ELECTION PROTECTION E	FFORTS.	
	UPDATED AND MAINTAINED INTERACTIVE MAPS AND DATABASE	DDOUTDING	
	STATE/LOCAL LEVEL INFORMATION ON ELECTION EQUIPMENT B		
	THROUGHOUT THE UNITED STATES TO THE GENERAL PUBLIC.	EING OPED	
	THROUGHOUT THE UNITED STATES TO THE GENERAL PUBLIC.		
	MAINTAINED STRONG NON-PARTISAN ALLIANCES WITH ELECTIO	N OFFICIALS	
4b	(Code:) (Expenses \$,
	/ Lexpenses #		·
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	·
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,195,688.		
	SEE SCHEDIILE O FOR CONTINUATIO		90 (2023

16351028 793760 4397

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		х
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,		v	
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "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	37	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_{1,7}
46	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,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

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Form 990 (
Part IV	Che	ecklist of Required Sched	dules (continu	ued)

	one shiet of frequency continued			
00	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		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	
2 4a	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		X
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	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 of 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			X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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? <i>If</i>			
-	"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
	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		Х
29	Did the organization receive more than \$25,000 in noncash 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	20		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	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	4		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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VERIFIED VOTING FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	<u>l</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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		
	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial 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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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 and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	37./	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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? N/A			
•		8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	00		
a	37/3	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
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:	1		
	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	_		
	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		
	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? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
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.			
17	Section 501(c)(21) organizations. Did the trust, or 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? N/A	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			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	Enter the number of voting members included on line 1a, above, who are independent 1b	1					
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		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct 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		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		Х			
	more members of the governing body?	7a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		Х			
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		Λ			
8		8a	Х				
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X				
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	60					
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3					
	tion Divideo (mis seed on Divideo to mornation about policio not required by the mornal netwinds code.)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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	Х				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
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?		37				
	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	Х				
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х			
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		<i>1</i> 1			
Ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
		16b					
Sec	exempt status with respect to such arrangements?tion C. Disclosure	100					
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed CA, PA, CO, DC, FL, GA, IL, ME, MI	MI,	, MN	, NH			
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						
	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, a	nd fina	ncial				
	statements available to the public during the tax year.	_					
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	THE ORGANIZATION - (760)-804-8683						
	1500 CHESTNUT ST, #2315, PHILADELPHIA, PA 19102						
33200	SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	990	(2023)			

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

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

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

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

Check this box if neither the organization n	or any related	orga	aniza	ation	oo r	npe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ot check more than one inless person is both an r and a director/trustee)		h an	compensation	compensation	amount of	
	week	_	cer ar	ia a a	irecto	or/trus	itee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	æ			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	trust		ee ee	ubeu		1099-NEC)	1099-NEC)	and related
	below	dualt	tiona	١	nploy	st cor	_	1033 (420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			9
(1) MARK LINDEMAN	37.00	_	 -							
POLICY & STRATEGY DIRECTOR	2.00					Х		148,491.	0.	30,646.
(2) PAMELA W. SMITH	37.00									
CEO AND PRESIDENT	2.00			Х				154,455.	0.	586.
(3) CORRIE B. EMERSON	37.00									
COMMUNICATIONS DIRECTOR	2.00					Х		130,981.	0.	10,049.
(4) CARLOS DIAZ LIVINGSTON	37.00	-						110 200	_	F 6F0
MANAGING DIRECTOR	2.00					Х		118,372.	0.	7,678.
(5) CHRISSA LAPORTE	37.00							100 006		11 050
SENIOR POLICY & TECHNICAL ASSOCIATE	2.00					Х		107,976.	0.	11,259.
(6) BARBARA SIMONS, PH.D	5.00	١		l						•
BOARD CHAIR	2.00	X		Х				0.	0.	0.
(7) EILEEN SEGALL	2.00							_	_	0
TREASURER	2.00	X						0.	0.	0.
(8) DAVID L. DILL, PH.D	2.00							_		0
BOARD MEMBER	2.00	X						0.	0.	0.
(9) BERTRALL ROSS	2.00	,,						_		0
BOARD MEMBER (FROM 6/23)	2.00	X						0.	0.	0.
(10) KEVIN SHELLEY	2.00	l								•
BOARD MEMBER	2.00	Х						0.	0.	0.
(11) MARTIN HELLMAN, PH.D	2.00	l								•
BOARD MEMBER	2.00	Х						0.	0.	0.
(12) POORVI VORA, PH.D	2.00	١								•
BOARD MEMBER	2.00	X						0.	0.	0.
(13) NEAL MCBURNETT	2.00							_		0
BOARD MEMBER	2.00	X						0.	0.	0.
(14) ALLEGRA CHAPMAN	2.00							_		0
BOARD MEMBER (FROM 6/23)	2.00	X						0.	0.	0.
		1								

_		
	compensation from the organization	
		Y
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	

line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person.

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EP PRODUCTIONS, INC, 2288 FULTON ST, SUITE 302, BERKELEY, CA 94704	IT, INTERNET/WEBSITE	144,000.
NEW HEIGHTS COMMUNICATIONS, LLC 6632 32ND STREET, NW, WASHINGTON, DC 20015	CONSULTING/PUBLIC AFFAIRS & RELATIONS	120,000.
WARREN STEWART, SCHILLERSTRASSE 94, 10625, BERLIN, GERMANY	DATA SPECIALIST	102,000.
2 Total number of independent contractors (including but not limited to those liste		

Form 990 (2023)

\$100,000 of compensation from the organization

Form 990 (202	3) VERIFIED	VOTING	FOUNDATION
Part VIII	Statement of Revenue		

			Check if Schedule O contains a respons	e or note to any lin	ne in this Part VIII			
			Official in Confedence of Confedence a recoporate	ic or riote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
(0 (0								Sections 512 - 514
ants unts			Federated campaigns 1a					
Si Di	ŀ	b	Membership dues 1b					
Arr.	(С	Fundraising events1c					
la git	(d	Related organizations 1d					
ï,	•	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	f	All other contributions, gifts, grants, and					
			similar amounts not included above 1f 3	,456,788.				
			Noncash contributions included in lines 1a-1f		1			
a S	•	_	Total. Add lines 1a-1f		3,456,788.			
		_	Totall / Ida III/00 Ta 11	Business Code				
a l	2 8	_		240000 0040				
Š				-				
Jer ine		b		-				_
Wen S		С						
gra Re	•	d						
Program Service Revenue	•	е		-				
-	f		All other program service revenue					
_			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)		7,077.			7,077.
	4		Income from investment of tax-exempt bond	l proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6 a	а	Gross rents 6a					
	ŀ	b	Less: rental expenses 6b					
	(С	Rental income or (loss) 6c					
	(d	Net rental income or (loss)					
			Gross amount from sales of (i) Securities					
			assets other than inventory 7a		1			
	ŀ		Less: cost or other basis					
ē	-		and sales expenses 7b					
en			Gain or (loss) 7c		1			
Revenue			Net gain or (loss)					
her			Gross income from fundraising events (not					
g	0 0		including \$ of					
Ŭ								
			contributions reported on line 1c). See					
			Part IV, line 18		-			
				b				
			Net income or (loss) from fundraising events	·				
	9 a		Gross income from gaming activities. See					
			Part IV, line 19		_			
				b				
	(С	Net income or (loss) from gaming activities_					
	10 a	а	Gross sales of inventory, less returns					
			and allowances10	Оа				
	ŀ	b	Less: cost of goods sold10	Ob				
	(С	Net income or (loss) from sales of inventory					
s				Business Code				
og e	11 a	а	MISCELLANEOUS	900099	6.			6.
an Fin	ŀ	b						
e e	(С						
Miscellaneous Revenue	(d	All other revenue					
_			Total. Add lines 11a-11d		6.			
	12		Total revenue. See instructions		3,463,871.	0.	0.	7,083.

332009 12-21-23

Part IX | Statement of Functional Expenses

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

D-	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 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				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	155,041.	119,381.	1,551.	34,109
	trustees, and key employees	133,041.	119,301.	1,331.	34,109
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	983,775.	464,496.	378,564.	140,715
7	Other salaries and wages	703,773.	404,470.	370,304.	140,713
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	86,461.	44,329.	28,859.	13,273
9 10		91,048.	46,681.	30,390.	13,273
11	Payroll taxes Fees for services (nonemployees):	J1,040.	10,001.	30,3301	13,311
	` ' ' '				
a h		9,561.	7,465.	2,056.	40
b		30,530.	23,836.	6,565.	129
q	5 ······	30,330.	23,030.	0,3031	127
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	// // Add				
9	column (A), amount, list line 11g expenses on Sch 0.)	558,846.	436,319.	120,173.	2,354
12	Advertising and promotion	1,329.	100.	1,094.	135
13	Office expenses	32,296.	2,419.	26,588.	3,289
14	Information technology	17,034.	1,276.	14,023.	1,735
15	Royalties		_,		
16	Occupancy				
17	Travel	39,744.	35,064.	1,182.	3,498
18	Payments of travel or entertainment expenses		, , , ,	, -	.,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,432.	8,322.	280.	830
20	Interest	- ,	, ,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,875.		1,875.	
23	Insurance	7,249.		7,249.	
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	MISCELLANEOUS	17,258.	5,742.	11,125.	391
b	STAFF DEVELOPMENT	776.	258.	500.	18
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,042,255.	1,195,688.	632,074.	214,493
<u> 26</u>	Joint costs. Complete this line only if the organization			·	·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,300,211.	1	1,943,560		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			80,263.	3	775,182
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul		' '			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9					9	28,224
		Land, buildings, and equipment: cost or other					-
		basis. Complete Part VI of Schedule D		29,302.			
	Ь	Less: accumulated depreciation		18,099.	4,829.	10c	11,203
	11	Investments - publicly traded securities		,		11	·
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	2,543.	15			
	16	Total assets. Add lines 1 through 15 (must ed			1,387,846.	16	2,758,169
	17	Accounts payable and accrued expenses			103,398.	17	49,457
	18	Grants payable			,	18	- ,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
s	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sul					
ᅙ		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unr		Г		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,		Г			
		parties, and other liabilities not included on lin					
		of Schedule D	.00 11 2). Complete Fall X	0.	25	2,648
	26	Total liabilities. Add lines 17 through 25			103,398.	26	52,105
		Organizations that follow FASB ASC 958, c			,		,
Ses		and complete lines 27, 28, 32, and 33.		` <u> </u>			
anc	27	Net assets without donor restrictions			1,204,185.	27	1,555,882
Bal	28	Net assets with donor restrictions			80,263.	28	1,150,182
p		Organizations that do not follow FASB ASC			,		, ,
Ε		and complete lines 29 through 33.	, 555, 51.				
ō	29	Capital stock or trust principal, or current fund	ds	ľ		29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,284,448.	32	2,706,064
_	33	Total liabilities and net assets/fund balances			1,387,846.	33	2,758,169

orm	1 990 (2023) VERIFIED VOTING FOUNDATION	20-07	55743	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,463		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,042	2,2	55.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,42	1,6	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,28	4, 4	48.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	2,70	5,0	64.
Pa	rt XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part XII				
	· ,			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	. O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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	Х	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	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	e audit.			
Ī	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		" "		
					ı

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

VERIFIED VOTING FOUNDATION

Employer identification number

20-0765743 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop	p here					
Sec	tion C. Computation of Publ						
14	Public support percentage for 2023 (line 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2022	2 Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets tl						
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
							(Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	ciow, piedec comp	ioto i art iii,					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and	(a) 2019	(b) 2020	(0) 2021	(u) 2022	(6) 2020	(i) Total	
'	membership fees received. (Do not							
	include any "unusual grants.")	1563772.	2532904.	819,938.	1987852.	1356606.	8261072.	
_		1303772.	2332304.	017,730.	1707032.	1330000.	0201072•	
2	Gross receipts from admissions, merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the	25 540	12 625	400			40 E67	
	organization's tax-exempt purpose	35,540.	13,625.	402.			49,567.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	4500040	0546500	000 040	400000	4056606	0010600	
6	Total. Add lines 1 through 5	1599312.	2546529.	820,340.	1987852.	1356606.	8310639.	
7a	Amounts included on lines 1, 2, and	400 001				200 000	0.455600	
	3 received from disqualified persons	422,391.	707,605.	444,049.	528,867.	372,786.	2475698.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the						_	
	amount on line 13 for the year						0.	
c	Add lines 7a and 7b	422,391.	707,605.	444,049.	528,867.	372,786.	2475698.	
	Public support. (Subtract line 7c from line 6.)						5834941.	
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total 8310639.	
	Amounts from line 6	1599312.	2546529.	820,340.	1987852.	1356606.	8310639.	
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	97.	41.	402.		7,077.	7,617.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975			100				
	Add lines 10a and 10b	97.	41.	402.		7,077.	7,617.	
11	Net income from unrelated business activities not included on line 10b,							
	whether or not the business is							
	regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital					_		
	assets (Explain in Part VI.)	59.	117.	1,600.	9,309.	6.	11,091.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	1599468.	2546687.	822,342.	1997161.	1363689.	8329347.	
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third,	fourth, or fifth tax y	year as a section 5	601(c)(3) organizati	ion,	
	check this box and stop here						<u></u>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	70.05 %	
	16 Public support percentage from 2022 Schedule A, Part III, line 15							
	ction D. Computation of Inves							
	Investment income percentage for 20			ne 13, column (f))		17	.09 %	
	Investment income percentage from 2	•				18	.01 %	
19a	33 1/3% support tests - 2023. If the							
	more than 33 1/3%, check this box as	=	-				X	
b	33 1/3% support tests - 2022. If the	· ·			•			
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	rted organization		
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19	a or 19b check th	is box and see ins	structions		

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	ฮม		
	9с		
	10a		
	10b		
4	A /Ears	~ 000	0000

332024 12-21-23 Schedule A (Form 990) 2023

Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi			
	detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membersh	ip of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	·		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than on organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ction C. Type II Supporting Organizations			<u> </u>
	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prio	r tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided'			
		· •		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	v		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ction E. Type III Functionally Integrated Supporting Organizations			<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatse			
' a		, man actionaj.		
b				
c		al entity (see instruction	ne)	
	Activities Test. Answer lines 2a and 2b below.	ar errity (see motractic	Yes	No
			103	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Trustees of each of the supported organizations? If Fes of No provide details in Fart VI.			

Schedule A (Form 990) 2023

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations						
1									
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see					
	instructions).								

Schedule A (Form 990) 2023

	Total of lifes oa tillough se		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D,		
	line 7: \$		
а	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
С	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
а	Excess from 2019		
b	Excess from 2020		
С	Excess from 2021		
d	Excess from 2022		
е	Excess from 2023		
		So	hedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: **MISCELLANEOUS** 59. 2019 AMOUNT: \$ 2020 AMOUNT: 117. 2021 AMOUNT: 1,600. 9,309. 2022 AMOUNT: 2023 AMOUNT: 6.

Schedule A (Form 990) 2023

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2023

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
BARBARA SIMONS	212,391.	31,500.	25,549.	272,217.	212,136.
DAVID DILL	50,000.	0.	50,000.	0.	20,000.
RON RIVEST	20,000.	20,000.	100,000.	20,000.	0.
DEER CREEK FOUNDATION	100,000.	100,000.	115,000.	115,000.	115,000.
WALLACE GLOBAL FUND	40,000.	50,000.	50,000.	0.	0.
DAVID JEFFERSON	0.	1,200.	0.	0.	0.
JOSEPH LORENZO HALL	0.	630.	0.	0.	0.
KEVIN SHELLEY	0.	1,000.	0.	1,000.	0.
MARTIN HELLMAN	0.	2,500.	2,500.	2,500.	2,500.
NEAL MCBURNETT	0.	250.	1,000.	0.	1,000.
POORVI VORA	0.	525.	0.	3,150.	3,150.
FIDELITY INVESTMENTS CHARITABLE GIFT FUN	0.	250,000.	0.	0.	0.
THE PATTI AND EVERETT B. BIRCH FOU	0.	250,000.	0.	0.	0.
EILEEN SEGALL	0.	0.	0.	15,000.	18,000.
KOHLBERG FOUNDATION	0.	0.	100,000.	100,000.	0.
ALLEGRA CHAPMAN	0.	0.	0.	0.	1,000.
Total to Schedule A, Part III, Line 7a	422,391.	707,605.	444,049.	528,867.	372,786.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

VERIFIED VOTING FOUNDATION

Employer identification number

20-0765743

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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, durin 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\$							
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 grequirements 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) (2023) Page

Name of organization Employer identification number

VERIFIED VOTING FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,100,182.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 250,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>150,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 130,333.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

VERIFIED VOTING FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>115,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

VERIFIED VOTING FOUNDATION

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13		\$15,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

VERIFIED VOTING FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
23453 12-26	3-23	<u> </u>	Schedule B (Form 990) (2023

Schedule B (Form 990) (2023) Name of organization **Employer identification number** 20-0765743 VERIFIED VOTING FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

		01(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam	ne of orga				Em	ployer identification number
_			D VOTING FOUNDAT			20-0765743
Pa	rt I-A	Complete if the org	anization is exempt un	der section 501(c)	or is a section 527	organization.
2	Political	campaign activity expendit	ation's direct and indirect politi ures gn activities			
Pa	rt I-B	Complete if the org	anization is exempt un	der section 501(c)	(3).	
_	F			1 1 1055	•	\$
2	Enter the	e amount of any excise tax	incurred by the organization un incurred by organization managen A 4955 tax, did it file Form 4720	pers under section 4955	;	\$
3	If the ord	panization incurred a section	n 4955 tax, did it file Form 4720) for this vear?		Yes No
		describe in Part IV.				
			anization is exempt und	der section 501(c),	except section 50	1(c)(3).
1	Enter the	e amount directly expended	by the filing organization for se	ection 527 exempt funct	tion activities	\$
			ization's funds contributed to o			
	exempt	function activities				\$
3			. Add lines 1 and 2. Enter here			
	line 17b					\$
4			1120-POL for this year?			
5	made pa	ayments. For each organiza tions received that were pr	mployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	id from the filing organize a separate political organize	zation's funds. Also enter anization, such as a sepa	the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990) 2023

Sch			TING FOUNDA			765743 Page 2
Pa	rt II-A Complete if the org	janization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
	section 501(h)).					
Α	Check if the filing organiza	tion belongs to an aff	iliated group (and list in	n Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and sha	re of excess lobbying	expenditures).			
В	Check if the filing organiza	tion checked box A a	nd "limited control" pro	ovisions apply.		
		ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
12	a Total lobbying expenditures to infl	uence public opinion	(grassroots lobbying)			
	b Total lobbying expenditures to influence a legislative body (direct lobbying)					
	Total lobbying expenditures (add I	-			15,479.	
	d Other exempt purpose expenditur				1,843,241.	
6	Total exempt purpose expenditure	es (add lines 1c and 1	d)		1,858,720.	
1	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			h columns.	242,936.	
	If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:		
	not over \$500,000,	20% of	the amount on line 1e.			
	over \$500,000 but not over \$1,000	0,000, \$100,00	00 plus 15% of the exc	ess over \$500,000.		
	over \$1,000,000 but not over \$1,5	00,000, \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,	000,000, \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
	over \$17,000,000,	\$1,000,	,000.			
ç	g Grassroots nontaxable amount (er	nter 25% of line 1f)			60,734.	
ł	Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i	Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j	i If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
	reporting section 4911 tax for this				L	Yes No
	(Some organizations t	hat made a section 5 See the separ	ate instructions for li	have to complete all nes 2a through 2f.)	of the five columns b	elow.
		Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
28	a Lobbying nontaxable amount	230,049.	146,500.	225,995.	242,936.	845,480.
	Lobbying ceiling amount (150% of line 2a, column(e))					1,268,220.
c	Total lobbying expenditures	687.	451.	10,117.	15,479.	26,734.

36,625.

57,512.

Schedule C (Form 990) 2023

211,370.

317,055.

60,734.

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

56,499.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(k	o)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)	on 501/o\/	5) or so	otion	
Fai	501(c)(6).	511 50 1(C)(<i>5)</i> , 01 56	Cuon	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from to till-B Complete if the organization is exempt under section 501(c)(4), section 50				
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).		1		
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1	and 2 (see	
instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047
2023
Open to Public

Open to Public Inspection

4397___1

Employer identification number

Name of the organization

VERTETED VORTNG FOINDAY

VERIFIED VOTING FOUNDATION 20-0765743

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line	e 6.	·	
		(a) Donor advised funds	(b) Funds and other accour	nts
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 v	vriting that the assets held in donor adv	ised 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 ad	dvisors in writing that grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	e conferring	
	impermissible private benefit?		Yes	No_
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreated	tion or education)	of a historically important land area	
	Protection of natural habitat	Preservation of	f a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forn		
	day of the tax year.		Held at the End of the	Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic stru		2c	
d	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the	ne organization during the tax	
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	·	
	violations, and enforcement of the conservation easements it	holds?	Yes	└── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the y	ear
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes	└── No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stater	nents that describes the	
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.	
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,	
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financ	al gain, provide	
	the following amounts required to be reported under FASB A	_		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X		\$	
HA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 9	2001 2023

332051 09-28-23

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	easures, o	or Other	Similar As	sets(continued)
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following tha	t make sigr	nificant use of	its
	collection items (check all that apply).							
а	Public exhibition	c	ı 🗌	Loan or exc	hange progra	am		
b	Scholarly research	e	, .	Other				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	in how th	ney further	the organizati	on's exemp	t purpose in I	Part XIII.
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar as	ssets	
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?			Yes No
Pai	t IV Escrow and Custodial Arran							V, line 9, or
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contributio	ns or other a	ssets not in	cluded	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII							
								Amount
С	Beginning balance						1c	
	Additions during the year						1d	
	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fo						?	Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	on has beer	provided in	Part XIII		
Pai								
	·	(a) Current year	(b) P	rior year	(c) Two year	rs back (d)	Three years ba	ck (e) Four years back
1a	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the curr	ent vear end balanc	ce (line 1	a. column (a)) held as:	I		
	Board designated or quasi-endowment		%	3,	,,			
	Permanent endowment	%	<u> </u>					
С	Term endowment	<u></u> '						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	•	ation tha	at are held a	and administe	ered for the		
	organization by:							Yes No
	(i) Unrelated organizations?							
	(ii) Related organizations?							
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
	t VI Land, Buildings, and Equipm							
	Complete if the organization answered		0, Part I\	/, line 11a.	See Form 990), Part X, lin	e 10.	
	Description of property	(a) Cost or o	ther	(b) Cos	t or other (other)	(c) Accı	ımulated ciation	(d) Book value
1a	Land	,			•			
	Buildings							
	Leasehold improvements							
	Equipment			2	29,302.	1	8,099.	11,203.
	Other				-		-	
	. Add lines 1a through 1e. (Column (d) must e		X. line 1	0c. columi	n (B))			11,203.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 VERIFIED VO	TING FOUNDATI	ON 20	-0765743 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
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 income taxes			
(2) DUE TO RELATED PARTY			2,648
(3)			
(4)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO RELATED PARTY	2,648.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	2,648.

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... X

Schedule D (Form 990) 2023

Par	t XI	Reconciliation of Revenue per Audited Financial Stat		enue per Returr	1
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total r	evenue, gains, and other support per audited financial statements		1	3,463,871.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b	Donate	ed services and use of facilities	2b		
С	Recov	eries of prior year grants	2c		
		(Describe in Part XIII.)			
		nes 2a through 2d		2e	0.
3	Subtra	act line 2e from line 1		3	3,463,871.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes 4a and 4b		4c	0.
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			3,463,871.
Pai	t XII	Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Retu	rn
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total e	expenses and losses per audited financial statements		1	2,042,255.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donate	ed services and use of facilities	2a		
b	Prior y	rear adjustments	2b		
С		losses			
d		(Describe in Part XIII.)			
е	Add lir	nes 2a through 2d		2e	0.
3		act line 2e from line 1			2,042,255.
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes 4a and 4b		4c	0.
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,042,255.
Pai	rt XIII	Supplemental Information			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			X, line 2; Part XI,
PAI	RT X	, LINE 2:			
J. S	G. G	ENERALLY ACCEPTED ACCOUNTING PRINCIE	LES ("GAPP")) REQUIRES	ENTITIES
го	EVA	LUATE, MEASURE, RECOGNIZE AND DISCLO	SE ANY UNCE	RTAIN INCO	ME TAX
POS	SITI	ONS TAKEN ON THEIR TAX RETURNS. GAAR	PRESCRIBES	A MINIMUM	THRESHOLD
ΓΗZ	AT A	TAX POSITION IS REQUIRED TO MEET IN	ORDER TO BI	E RECOGNIZ	ED IN THE
FII	NANC	IAL STATEMENTS. VVF BELIEVES THAT IT	HAD NO UNC	ERTAIN TAX	POSITIONS
		INED IN GAAP.			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

VERIFIED VOTING FOUNDATION

Employer identification number 20-0765743

Pa	art I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year did any parago listed on Form 000 Part VIII. Section A. line 1s, with respect to the filing					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а		4a		х		
h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X		
c		4c		X		
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		X		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
	The organization?	6a		X		
b	Any related organization?	6b		Х		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37		
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			7.7		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9		<u> </u>		

LHA 332111 11-06-23

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	J-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MARK LINDEMAN	(i)	148,491.	0.	0.	30,000.	646.	179,137.	
POLICY & STRATEGY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAMELA W. SMITH	(i)	154,455.	0.	0.	0.	586.	155,041.	0.
CEO AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

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

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

2023

Open to Public Inspection

Name of the organization

VERIFIED VOTING FOUNDATION

Employer identification number 20-0765743

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

VOTING RIGHTS ADVOCATES, LEGAL AND SECURITY/TECHNOLOGY EXPERTS,

ELECTION PROTECTION PARTNERS, VOTERS, FUNDERS, AND OTHERS. SERVED IN

TECHNICAL ADVISORY CAPACITY FOR VARIOUS PROJECTS ON ELECTION

ADMINISTRATION BEST PRACTICES.

CONDUCTED BOTH QUALITATIVE AND QUANTITATIVE RESEARCH AND PUBLISHED
REPORTS, RESOURCES, PROFILES SPOTLIGHTING ELECTION OFFICIALS, AND
GUIDANCE FOR ELECTION OFFICIALS AND OTHER STAKEHOLDERS ON TOPICS
RELATED TO CONDUCTING TRANSPARENT, ACCESSIBLE, AND RESILIENT ELECTIONS,
INCLUDING, BUT NOT LIMITED TO, THE USE OF VOTER MARKED PAPER BALLOT
SYSTEMS, VOTE BY MAIL, RECOUNT PROCEDURES, AUDIT PROCEDURES, BALLOT
ACCOUNTING PROCEDURES, RELATIVE COSTS OF DIFFERENT VOTING SYSTEMS,
OPPORTUNITIES FOR PUBLIC OBSERVATION OF VOTING SYSTEMS.

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

THE BOARD REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING.

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

PERSONS COVERED BY THE CONFLICT OF INTEREST POLICY DISCLOSE OR UPDATE, IN WRITING TO THE CHAIR OF THE BOARD OF DIRECTORS ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTERESTS. THE DISCLOSURE MUST INCLUDE SUFFICIENT INFORMATION TO ALLOW THE BOARD OF DIRECTORS TO INVESTIGATE THE POTENTIAL CONFLICT OF INTEREST. THE CHAIR IS EXPECTED TO MAKE INQUIRY IF SUCH CONFLICT APPEARS TO EXIST AND THE BOARD MEMBER OR STAFF HAS NOT MADE IT KNOWN. IN THE EVENT THAT THE CHAIR HAS AN ACTUAL OR POTENTIAL CONFLICT For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization

VERIFIED VOTING FOUNDATION

Employer identification number 20-0765743

OF INTEREST, THE CHAIR SHALL DISCLOSE THAT INTEREST TO THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

IN 2023, VVF REALEASED ITS COMPENSATION AND PROMOTION POLICY, WHICH AIMS TO PROVIDE GUIDANCE AND SUPPORT WITH REGARD TO COMPENSATION AND PROMOTION OF VV'S EMPLOYEES, IN ORDER TO ALIGN THE ORGANIZATION'S COMPENSATION AND PROMOTION PRACTICES WITH ITS COMMITMENT TO BEING AN INCLUSIVE AND EQUITABLE ORGANIZATION, AND ITS INTENTION TO PROVIDE A SUPPORTIVE WORKING ENVIRONMENT GEARED TOWARD CAREER ADVANCEMENT.

THE POLICY DESCRIBES VV'S BENEFITS PACKAGE AND ITS APPROACH TO A FAIR AND EQUITABLE COMPENSATION PACKAGE, AND DESCRIBES THE PROCESS OF SALARY ADJUSTMENTS AND PROMOTIONS.

THE POLICY IS PAIRED WITH A POSITION BANDS FRAMEWORK THAT DESCRIBES THE

VARIOUS POSITIONS AND ROLES AT THE ORGANIZATION, INCLUDING SALARY BANDS FOR

EACH POSITION (ENTRY LEVEL/MID-BAND, AND SENIOR LEVEL).

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, PA, CO, DC, FL, GA, IL, ME, MD, MI, MN, NH, NJ, NH, NY, NC, OH, OR, RI, SC, VA, WA, WI

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

CONSULTING:

Schedule O (Form 990) 2023

Name of the organization VERIFIED VOTING FOUNDATION	Employer identification number 20-0765743
PROGRAM SERVICE EXPENSES	436,319.
MANAGEMENT AND GENERAL EXPENSES	120,173.
FUNDRAISING EXPENSES	2,354.
TOTAL EXPENSES	558,846.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	558,846.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization VERIFIED VOTING FOUNDATION

Employer identification number 20-0765743

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	ome End-of-year		(f) Direct controllin entity		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization a	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more	related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity	cont	g) 512(b)(13) rolled tity?
VERIFIED VOTING.ORG, INC 20-0665713							163	110
1500 CHESTNUT STREET #2320 PHILADELPHIA, PA 19102	VERIFIABLE VOTING ADVOCACY	DELAWARE	501(C)(4)					х

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

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

Organisation to the transfer partial from th													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)				(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Disproportion		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or	or Percentage
or related organization		(state or foreign	entity		income	end-of-year assets		tions?	20 of Schedule	partne	ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		
	1												
	1												
	1												
	1												
	1												
											 		
	1												
	1												
	1												
				l .									

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
	1								
	1								
	1								
	1								
-	1								
	I	12							

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one or	r more r	related organizations listed	I in Parts II-IV?								
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X					
b	b Gift, grant, or capital contribution to related organization(s)				1b		X					
С	c 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	e Loans or loan guarantees by related organization(s)				1e		X					
f	f Dividends from related organization(s)				1f		X					
	g Sale of assets to related organization(s)				1g		X					
h	h Purchase of assets from related organization(s)				1h		X					
i Exchange of assets with related organization(s)												
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		X					
k	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					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses												
р	Reimbursement paid to related organization(s) for expenses				1p		X					
					1q	Х						
r	r Other transfer of cash or property to related organization(s)				1r		X					
	S Other transfer of cash or property from related organization(s)				1s		X					
	If the answer to any of the above is "Yes," see the instructions for information on who must con											
	(a) (b) Name of related organization Transact type (a-		(c) Amount involved	(d) Method of determining amount invo	olved							
1)												
2)			<u> </u>									
3)												
4)												
5)												
6)		_										
3216	163 09-28-23	3		Schedule F	(Forr	n 990)	2023					

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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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Dispro	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	0

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTERS		SL	.000		16	29,302.				29,302.	18,099.		1,875.	19,974.
	* TOTAL 990 PAGE 10 DEPR						29,302.				29,302.	18,099.		1,875.	19,974.

2023 990 VVF_PUBLIC 10.28.24

Final Audit Report 2024-11-12

Created: 2024-11-12

By: Verified Voting (mvandelft@verifiedvoting.org)

Status: Signed

Transaction ID: CBJCHBCAABAA0ZP_--3XmikOhTKkt4cmAx4GFiKK8Ybn

"2023 990 VVF_PUBLIC 10.28.24" History

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