** PUBLIC DISCLOSURE COPY **

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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

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change VERIFIED VOTING.ORG INC Name change 20-0665713 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 760-804-8683 1500 CHESTNUT ST STE 2320 termin-ated 58,775. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended PHILADELPHIA, PA 19102 H(a) Is this a group return Applica-F Name and address of principal officer: PAMELA SMITH Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? ∐Yes └── No Tax-exempt status: __ 501(c)(3) **X** 501(c) (4 4947(a)(1) or 527 (insert no.) If "No," attach a list. See instructions WWW.VERIFIEDVOTING.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2004 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: VERIFIED VOTING.ORG CHAMPIONS Activities & Governance RELIABLE AND PUBLICLY VERIFIABLE ELECTIONS IN THE UNITED STATES. WE oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 9 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 58,775. 404,280. Contributions and grants (Part VIII, line 1h) Revenue 0 Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 58,775. 404,280, Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Ō. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, conjugated and professional fundraising fees (Part IX, column (A), line 11e) 227 • Expenses 0. 138,863. 328,655. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 138,863. 328,655. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 265,417. -269,880. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 506,392. 245,012. 20 Total assets (Part X, line 16) 3,000. 11,500. 21 Total liabilities (Part X, line 26) 503,392. 233,512. Net assets or fund balances. Subtract line 21 from line 20

Part II | Signature Block

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

	James Want		11/12/2024
Sign	Signature of officer		Date
Here	PAMELA SMITH, CEO & PRES	IDENT	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	ADAM WATSON	ADAM WATSON	11/08/24 self-employed P01367206
Preparer	Firm's name WITHUMSMITH+BROW		Firm's EIN 22-2027092
Use Only	Firm's address 1835 MARKET STREI	3T	
	PHILADELPHIA, PA	19103	Phone no. 215 - 567 - 7770
May the II	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No

Pa	Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part I	II
1	Briefly describe the organization's mission:	AND DIDITOLY UNDITABLE
	VERIFIED VOTING.ORG CHAMPIONS RELIABLE	
	ELECTIONS IN THE UNITED STATES. WE ADVO	
	THAT ENSURE RESPONSIBLE USE OF TECHNOLO	
_	SYSTEMS TO ENSURE VOTERS CAN VOTE AND T	
2	Did the organization undertake any significant program services during the year	
	prior Form 990 or 990-EZ?	Yes △ No
_	If "Yes," describe these new services on Schedule O.	onducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it c	onducts, any program services? Yes \(\Delta\) No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its the	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a) (Revenue \$)
	TO ADVOCATE FOR RELIABLE, RESILIENT AND	
	PROCESSES, ESPECIALLY OF THE IMPORTANCE	
	BALLOTS AND POST-ELECTION AUDITS; TO PO	
	ARE WITHIN REACH AND TO SUPPORT SOUND P	
	RESPONSIBLE USE OF TECHNOLOGY IN ELECTI	
	ASSURED THEIR VOTES WILL BE COUNTED COR	RECTLY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)	
+u) (Parama t
40	(Expenses \$ including grants of \$ Total program service expenses 314,015.) (Revenue \$
<u>4e</u>	Total program service expenses 314, U15.	Form 990 (2023)
		Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	/	Ε-
	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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	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,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in 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		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	,		
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24a		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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			٠,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 31		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		٠,,	
0.5	Part V, line 1	34	Х	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Б	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?	00.0		
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. ui	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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023) VERIFIED VOTING.ORG INC 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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	G L		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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		Х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
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	4		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a	4		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
19a	amounts due or received from them.) 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	IZG		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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		Х
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.			
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.			

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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	1a	9 🖳		
	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	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass		5		Х
6	Did the organization have members or stockholders?		6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or ap		<u> </u>		
7 4	more members of the governing body?		7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		14		
			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		,,,		
	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		OD	 -	
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
	atom DTT Grotos (This occitor B requests information about policies not required by the internal re-	overiae dode.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		100		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y before filling the form:	IIa		
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye		120	122	
С			12c	х	
10	on Schedule O how this was done		13	X	
13	Did the organization have a written whistleblower policy?		_	X	
14	Did the organization have a written document retention and destruction policy?		14	- 25	
15	Did the process for determining compensation of the following persons include a review and approva	a by muependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		450		Х
	The organization's CEO, Executive Director, or top management official				X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		15b		- 22
10-					
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entitle during the year?		40-		х
	taxable entity during the year?		16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial and a grant and a gr				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		466		
800	exempt status with respect to such arrangements?tion C. Disclosure		16b		
	List the states with which a copy of this Form 990 is required to be filed CA, CO, DC, GA, T	T. ME MD N.T N	V NC	' ОН	OR
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar				
10	for public inspection. Indicate how you made these available. Check all that apply.	in 990-1 (96011011 901(0)(uja urii)	ı, avalli	aDIC
		on Schedulo Ol			
10		on Schedule O)	nd #:	noial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	minut of interest policy, a	ııu ilna	iicial	
20	statements available to the public during the tax year.	also and received			
20	State the name, address, and telephone number of the person who possesses the organization's both THE ORGANIZATION $-760-804-8683$	uks and records			
	1500 CHESTNUT ST STE 2320, PHILADELPHIA, PA 19102				
	SEE SCHEDILE O FOR FILL LIST OF STATES		Form	1 99 0	(2022)

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.

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

- 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.

(A)	(B)	- <u>J</u>		((C)			(D)	(E)	(F)
Name and title	Average		not cl		more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	or director	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	Individual trustee	Institutional trustee		/ee	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	idual t	ution:	Je	Key employee	est co oyee	ıer	10001120,		organizations
	line)	Indiv	Instit	Officer	Keye	High emp	Former			
(1) MARK LINDEMAN, PH. D.	2.00								4.40.404	
POLICY & STRATEGY DIRECTOR	37.00					Х		0.	148,491.	30,646.
(2) PAMELA W. SMITH	2.00							_	154 455	F06
CEO & PRESIDENT	37.00			Х				0.	154,455.	586.
(3) CARLOS DIAZ LIVINGSTON	2.00					37		_	110 272	7 (70
MANAGING DIRECTOR	37.00					Х		0.	118,372.	7,678.
(4) CHRISSA LAPORTE SENIOR POLICY & TECHNICAL ASSOCIATE	2.00 37.00					х		0.	107,976.	11,259.
(5) CORRIE B. EMERSON	2.00					25		•	107,570.	11,233.
COMMUNICATIONS DIRECTOR	37.00					х		0.	103,981.	10,049.
(6) BARBARA SIMONS, PH.D.	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(7) ALLEGRA CHAPMAN	2.00									_
BOARD MEMBER (FROM 06/01/23)		Х						0.	0.	0.
(8) DAVID L DILL, PH.D.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MARTIN HELLMAN, PH.D.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) NEAL MCBURNETT	2.00	,,						_	0	0
BOARD MEMBER		Х						0.	0.	0.
(11) BERTRALL ROSS	2.00	х						0.	0.	0.
BOARD MEMBER (FROM 06/01/23) (12) EILEEN SEGALL	2.00	Δ						0.	0.	0.
BOARD MEMBER/TREASURER		Х						0.	0.	0.
(13) KEVIN SHELLEY	2.00							0.	0.	0.
BOARD MEMBER		х						0.	0.	0.
(14) POORVI VORA, PH.D.	2.00									
BOARD MEMBER		х						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Es	timate	d
	hours per week					is bot or/trus		compensation	compensatio			nount o	of
	(list any	Į.					ŕ	from the	from related organization		l	other pensa	tion
	hours for	direc				pe		organization	(W-2/1099-MIS			om the	
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizati	on
	organizations	al trus	onal tr		loyee	comp		1099-NEC)				d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
		드	드	ğ	\$	ᄪ	요						
		1											
1b Subtotal								0.	633,2	75.	6	0,2	
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								0.	633,2	75.	6	0,2	18.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			_
compensation from the organization												1	5
										ļ		Yes	No
3 Did the organization list any former officer,													v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	-		-					•	-		4	х	
and related organizations greater than \$15Did any person listed on line 1a receive or a											4		
rendered to the organization? If "Yes," com	-				-			_			5		X
Section B. Independent Contractors	prote Corrodar	 	0, 00	1011	<i>p</i> 0, c								
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	/ear.				
(A)								(B)			(C		
Name and business	address	N	INC	<u> </u>				Description of s	ervices	C	ompe	nsatior	1
							_						
							_						
2 Total number of independent contractors (ncluding but n	ot li	mito	d to	tho	ا مع	ster	d ahove) who received m	ore than				
\$100,000 of compensation from the organi	•	OL III		u 10		5e 113)	J. GC	a above, who received it	ioro triali				
, , , , , , , , , , , , , , , , , , ,									- I		Form	990 (2	2023)

Pa	r L V	Ш	_				a in this Dort VIII			
			Check if Schedule O con	itains a respor	nse or	note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	sections 512 - 514
ts t	1	а	Federated campaigns	1a						
ran	-		Membership dues							
Y, G			Fundraising events							
ar /			Related organizations							
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contribu							
ion			All other contributions, gifts, gran	· -						
the			similar amounts not included abo			58,775.				
d Offi		g	Noncash contributions included in line							
au		_	Total. Add lines 1a-1f				58,775.			
						Business Code				
ġ.	2	а								
e Ž		b								
Sur		С								
eve eve		d								
Program Service Revenue		е								
<u> </u>		f	All other program service rev	enue	<u>[</u>					
			Total. Add lines 2a-2f							
	3		Investment income (including							
			other similar amounts)							
	4		Income from investment of ta	ax-exempt bor	nd pro	ceeds				
	5		Royalties							
				(i) Real		(ii) Personal				
	6	а	Gross rents6	а						
		b	Less: rental expenses 6k	b						
			Rental income or (loss) 60							
			Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Securitie	es	(ii) Other				
			assets other than inventory 7	а						
		b	Less: cost or other basis							
Revenue			and sales expenses 71							
eve			Gain or (loss) 70							
er R			Net gain or (loss)		·····					
Othe	8	а	Gross income from fundraising e	`						
0			including \$							
			contributions reported on line		اما					
		L	Part IV, line 18		8a 8b					
			Less: direct expenses							
	Ω		Net income or (loss) from fun Gross income from gaming a	-	 					
	9	а	Part IV, line 19		9a					
		h	Less: direct expenses		9b					
			Net income or (loss) from gar							
	10		Gross sales of inventory, less	· .	, <u></u>					
			and allowances		10a					
		b	Less: cost of goods sold		10b					
			Net income or (loss) from sale	-	у					
<u></u>			, , , , ,			Business Code				
Miscellaneous Revenue	11	а								
ane		b			_					
e e		С								
Ais H		d	All other revenue		[
			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				58,775.	0.	0.	0.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		'	j	,
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,027.		1,027.	
С	Accounting	10,000.		10,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	210 014	210 505		0.77
	column (A), amount, list line 11g expenses on Sch 0.)	310,814.	310,787.		27.
12	Advertising and promotion	2 (50		2 (50	
13	Office expenses	2,659.		2,659.	
14	Information technology				
15	Royalties				
16	Occupancy	1 700	1,707.	2.	
17	Travel	1,709.	1,/0/•	۷.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23					
23 24	Other expenses. Itemize expenses not covered				
27	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 0.)				
а	MISCELLANEOUS	2,446.	1,521.	725.	200.
b		,	, -	-	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	328,655.	314,015.	14,413.	227.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	496,555.	1	202,744.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	26,640.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	6,900.	9	12,980.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,937.		2,648.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	506,392.		245,012.
	17	Accounts payable and accrued expenses	3,000.	17	11,500.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 359			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	11 500
	26	Total liabilities. Add lines 17 through 25	3,000.	26	11,500.
ģ		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.	502 200		022 510
<u>a</u>	27	Net assets without donor restrictions		27	233,512.
Q B	28	Net assets with donor restrictions	<u>.</u>	28	
ڃ		Organizations that do not follow FASB ASC 958, check here	_		
P.		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
τA	31	Retained earnings, endowment, accumulated income, or other funds		31	022 542
ž	32	Total net assets or fund balances		32	233,512.
	33	Total liabilities and net assets/fund balances	506,392.	33	245,012.

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	5	8,7	75.		
2		2		8,6			
	Total expenses (must equal Part IX, column (A), line 25)		-26				
3	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 5						
4	Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6						
5	Donated services and use of facilities 6						
6	Donated services and use of facilities 6 Investment expenses 7						
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))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			X		
2a							
	2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both:						
	Separate basis, consolidated basis, 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	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	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 Scl						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit					
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
	or addite, explain my on confeder of and decombe any steps taken to andergo each addite		0.0				

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

Name of the organization

VERIFIED VOTING.ORG INC

20-0665713

Organization type (check one):							
Filers of:		Section:					
Form 990	0 or 990-EZ	$oxed{X}$ 501(c)($oldsymbol{4}$) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990	D-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(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.					
		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 I	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.					
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively 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 requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

20-0665713

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,500.	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.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

VERIFIED VOTING.ORG INC

20-0665713

	Noncash Property (see instructions). Use duplicate copies of P	Part 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
		<u> </u>	

Schedule B (Form 990) (2023)

Name of organization **Employer identification number** 20-0665713 VERIFIED VOTING.ORG INC 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 D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

VERIFIED VOTING.ORG INC

Employer identification number 20-0665713

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	or Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	, ,		• •
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised	d funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose co	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included on line 2	!a	2c
d	Number of conservation easements included on line 2c acqu	•		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the c	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per		tion, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	oforcina conservatio	on easements during the year
•	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and er	norchig conservation	or easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirement	s 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 conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial statemen	ts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	easures, or Oth	ner 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 pul	·	•	·
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furthe	rance 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 tre			gain, provide
	the following amounts required to be reported under FASB A			
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

332051 09-28-23

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

Schedule D (Form 990) 2023

Pai	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures, or	Other	Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following that	make sigr	nificant u	se of its		
	collection items (check all that apply).									
а	Public exhibition	d		Loan or exc	hange progran	า				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	llections and explain	n how th	ney further t	the organization	n's exemp	ot purpos	se in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be mai								Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Part			Ü			ŕ	,	,	
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contributio	ns or other ass	ets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	, 1		3						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo						$\overline{}$		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					-				
	t V Endowment Funds Complete if t									
		(a) Current year		Prior year	(c) Two years		Three ye	ars back	(e) Four	years back
12	Beginning of year balance	, ,		,	1		, ,		,	
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
_	End of year balance		/I: 4		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
2	Provide the estimated percentage of the curre	ent year end balanc	-	g, column (a)) neid as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%	=								
	The percentages on lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administere	ed for the			г	<u> </u>
	organization by:								-	Yes No
	(i) Unrelated organizations?									
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organizat) 				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipmo									
	Complete if the organization answered	"Yes" on Form 990), Part I\	/, line 11a. S	See Form 990,	Part X, lin	ie 10.			
	Description of property	(a) Cost or o			t or other		umulated		(d) Book	value
		basis (investn	nent)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment									
	Other									
	Add lines 1a through 1e. (Column (d) must eq		X line 1	Oc column	n (B))					0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 VERIFIED VC	TING.ORG INC	20	-0665713 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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 900 Part IV line 1	1c. See Form 990. Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(c) Wethod of Valuation. Cost of end	J-01-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"		1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(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 1	1e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability	<u> </u>		(b) Book value

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

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

Part X	[Reconciliation of Revenue per Audited Financia	al Statements With Revenu	e per Return	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1 To	tal revenue, gains, and other support per audited financial statemer	nts	1	58,775.
	nounts included on line 1 but not on Form 990, Part VIII, line 12:			
	et unrealized gains (losses) on investments			
	onated services and use of facilities			
	ecoveries of prior year grants			
d Ot	her (Describe in Part XIII.)	2d		_
	ld lines 2a through 2d			0.
3 Su	ıbtract line 2e from line 1		3	58,775.
4 An	nounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Inv	estment expenses not included on Form 990, Part VIII, line 7b	4a		
b Ot	her (Describe in Part XIII.)	4b		_
c Ac	ld lines 4a and 4b		4c	0.
	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li			58,775.
Part >	III Reconciliation of Expenses per Audited Financi	_	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1 To	tal expenses and losses per audited financial statements		1	328,655.
2 An	nounts included on line 1 but not on Form 990, Part IX, line 25:			
a Do	onated services and use of facilities	2a		
b Pr	ior year adjustments	2b		
c Ot	her losses	2c		
	her (Describe in Part XIII.)			
e Ac	ld lines 2a through 2d		2e	0.
	obtract line 2e from line 1			328,655.
	nounts included on Form 990, Part IX, line 25, but not on line 1:			
a Inv	vestment expenses not included on Form 990, Part VIII, line 7b	4a		
b Ot	her (Describe in Part XIII.)	4b		
	ld lines 4a and 4b		4c	0.
5 To	tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	5	328,655.
Part >	(III Supplemental Information			
lines 2d	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X, LINE 2:		rt V, line 4; Part X,	line 2; Part XI,
U.S.	GENERALLY ACCEPTED ACCOUNTING PRI	NCIPLES ("GAAP") I	REQUIRES E	ENTITIES
TO E	VALUATE, MEASURE, RECOGNIZE AND DI	SCLOSE ANY UNCERTA	AIN INCOME	TAX
POSI	TIONS TAKEN ON THEIR TAX RETURNS.	GAAP PRESCRIBES A	MINIMUM 1	HRESHOLD
THAT	A TAX POSITION IS REQUIRED TO MEE	ET IN ORDER TO BE I	RECOGNIZEI	IN THE
FINA	NCIAL STATEMENTS. VVO BELIEVES THA	T IT HAD NO UNCER	TAIN TAX E	POSITIONS
AS D	EFINED 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.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

VERIFIED VOTING.ORG INC

Employer identification number 20-0665713

	·		Yes	No
1 a	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)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
b		1b		
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	10		
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradices, and officers, including the OLO/Excounted Director, regarding the terms checked of fine rate			
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 Written employment contract			
	☐ 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 person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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			
J	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
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:			
а	The organization?	6a		Х
	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			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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.

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

2023
Open to Public Inspection

Name of the organization

VERIFIED VOTING.ORG INC

Employer identification number 20-0665713

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

ADVOCATE FOR POLICIES AND PRACTICES THAT ENSURE RESPONSIBLE USE OF

TECHNOLOGY IN ELECTIONS AND RESILIENT SYSTEMS TO ENSURE VOTERS CAN VOTE

AND THAT ELECTION OUTCOMES ARE TRUSTWORTHY.

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

TRUSTWORTHY.

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

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

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

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

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

CA,CO,DC,GA,IL,ME,MD,NJ,NY,NC,OH,OR,PA,RI,SC,VA,WA,WV,WI

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization VERIFIED VOTING.ORG INC	Employer identification number 20-0665713
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FINANCIAL STATEMENTS ARE ALSO PUBLISHED ON THE VERIFIED V	OTING.ORG WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	310,787.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	27.
TOTAL EXPENSES	310,814.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	310,814.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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.ORG INC

Employer identification number 20-0665713

Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	" on Form 990, Part IV, line 3	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	(e) ome End-of-year	(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more rela	ated tax-exe	mpt	
(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	(f Direct co ent	ontrolling	1	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
VERIFIED VOTING FOUNDATION - 20-0765743	TO STRENGTHEN DEMOCRACY							
1500 CHESTNUT STREET #2315	FOR ALL VOTERS THROUGH THE							
PHILADELPHIA, PA 19102	RESPONSIBLE USE OF TECH	CALIFORNIA	501(C)(3)	LINE 10				Х

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

Schedule R (Form 990) 2023

Page 2

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

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

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)		,				Yes	No
									├ ─
									

Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses 11									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
					11		X		
					1m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	Х			
					10		X		
р	Reimbursement paid to related organization(s) for expenses				1р	X			
q	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	his line, including covered r	elationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inve	olved				
(1)									
(2)									
(0)									
(3)									
(4)									
(5)									
(6)									
	0.00.00.00	2.9	-	Schadula E	(Eor	n 000	2023		

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) 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
										\sqcup	
										Ш	
										1	

2023 990 VVO_PUBLIC 11.08.24

Final Audit Report 2024-11-12

Created: 2024-11-12

By: Verified Voting (mvandelft@verifiedvoting.org)

Status: Signed

Transaction ID: CBJCHBCAABAAL7XNhuq4IN-nRxPU85q5SeZTRzQCp-ZT

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