

Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2017**Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**Open to Public  
Inspection****A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018****B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☒ Amended return  
☐ Application pending**C** Name of organization**Verified Voting.Org, Inc.**

Number and street (or P.O. box, if mail is not delivered to street address)

**1608 Walnut Street, 12th Floor**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**Philadelphia, PA 19103****D** Employer identification number**20-0665713****E** Telephone number**(760) 804-8683****F** Group Exemption  
Number ▶**H** Check ☒ if the organization is  
not required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF).**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **verifiedvoting.org****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( **4** ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,  
column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **16,856.****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>16,856.</b>
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	
	<b>4</b>	Investment income	<b>4</b>	
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b>	Less: cost of goods sold	<b>7b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>16,856.</b>	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	<b>30,713.</b>
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	<b>20,643.</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>746.</b>
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b>	Other expenses (describe in Schedule O) <b>See Schedule O</b>	<b>16</b>	<b>3,567.</b>
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>55,669.</b>
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-38,813.</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>-37,857.</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) <b>See Schedule O</b>	<b>20</b>	<b>47,893.</b>
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>-28,777.</b>

**LHA** For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2017)



Form 990-EZ (2017)

Verified Voting.Org, Inc.

20-0665713

Page 3

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	CA	
42a The organization's books are in care of	The Organization	
Located at	1608 Walnut Street, 12th Floor, Philadelphia, PA	
Telephone no.	(760) 804-8683	
ZIP + 4	19103	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

Form 990-EZ (2017)

Form 990-EZ (2017) **Verified Voting.Org, Inc.**

20-0665713 Page 4

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

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

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

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

**Sign Here**

Signature of officer

Marian K. Schneider, President

Type or print name and title

Date

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

LaVon Chancy

1/24/2020 | 10:25 AM EST

P00765200

Firm's name ▶ J. MILLER &amp; ASSOCIATES

Firm's EIN ▶ 27-2001590

Firm's address ▶ 1617 John F. Kennedy Blvd.  
Philadelphia, PA 19103

Phone no. 215-600-1701

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Form 990-EZ (2017)

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

Verified Voting.Org, Inc.

Employer identification number  
20-0665713**Form 990-EZ, Part I, Line 16, Other Expenses:**

Description of Other Expenses:	Amount:
Telephone	540.
Travel and Meetings	1,019.
Licensing/Tax/Reporting Fees	250.
Software	127.
Othe Expenses	1,631.
Total to Form 990-EZ, line 16	3,567.

**Form 990-EZ, Part I, Line 20, Changes in Net Assets:**

Changes in Net Assets or Fund Balances:	Amount:
Prior period adjustment	47,893.

**Form 990-EZ, Part II, Line 26, Other Liabilities:**

Description	Beg. of Year	End of Year
Due to Related Organization	46,413.	50,482.

**Form 990-EZ, Part III, Primary Exempt Purpose - VERIFIED VOTING.ORG****CHAMPIONS RELIABLE AND PUBLICLY VERIFIABLE ELECTIONS IN THE UNITED****STATES. OUR PURPOSE IS THREEFOLD; 1) TO INFORM THE PUBLIC OF THE****PROBLEMS WITH RELYING ON ELECTRONIC VOTING MACHINES TO RECORD AND COUNT****OUR VOTES, WITHOUT THE BACKUP OF A VOTER-VERIFIABLE AUDIT TRAIL, 2) TO****POINT TO REASONABLE SOLUTIONS THAT ARE WITHIN REACH, AND 3) TO PROVIDE****A LIST OF ACTIONS VOTERS CAN TAKE AND TO ENCOURAGE THEM TO ACT ON THEIR****OWN BEHALF TO ENSURE THAT ALL THEIR VOTES COUNT ACCURATELY IN FUTURE****ELECTIONS.**

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

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)

Page 2

Name of the organization

Verified Voting.Org, Inc.

Employer identification number

20-0665713

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

INFORMED THE PUBLIC AND POLICYMAKERS OF THE PROBLEMS WITH  
RELYING ON ELECTRONIC ELECTION SYSTEMS TO RECORD AND COUNT  
OUR VOTES, WHEN SUCH SYSTEMS LACK RELIABLE  
VERIFIABILITY,USABILITY AND ACCESSIBILITY; POINTED OUT REASONABLE  
SOLUTIONS THAT ARE WITHIN REACH; AND PROVIDED ACTIONS VOTERS CAN TAKE  
AND ENCOURAGED THE PUBLIC TO ACT ON THEIR OWN BEHALF TO ENSURE THAT ALL  
THEIR VOTES ARE CAPTURED AND COUNTED ACCURATELY IN FUTURE ELECTIONS.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly,  
or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,  
or indirectly, on a personal benefit contract.