990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-

								Inspection		
۱ F	or th	e 2019 ca	lendar year, or tax year begin	ning 07-01-2019 , and ending 06-30-202	20					
		applicable:	C Name of organization LEAGUE OF WOMEN VOTERS OF T	THE UNITED		D Employ	er identif	fication number		
_		s change change	STATES			53-01	15655			
	itial re	eturn	Doing business as							
	nal rn/term	ninated		E Telephor	ne number					
		ed return	1222 20TH CTREET NW NO EOO	mail is not delivered to street address) Room/su	ite	·	(202) 263-1308			
A	эрнсас	tion pending		ountry, and ZIP or foreign postal code		(202)	203-130	0.6		
			WASHINGTON, DC 200364542	ountry, and zir or foreign postal code		G Gross re	ceipts \$ 9,	183,106		
			F Name and address of prince	cipal officer:	H(a) Is	this a group re	eturn for			
			VIRGINIA KASE 1233 20TH STREET NW NO	2.500	SL	ıbordinates?		☐ Yes 🔽 No		
			WASHINGTON, DC 20036			re all subordina cluded?	ates	Yes No		
[Ta	ıx-exe	empt status	: 501(c)(3) 501(c)(4)	(insert no.) 4947(a)(1) or 527	If	"No," attach a	list. (se	e instructions)		
ı w	ebsi	ite:▶ WV	VW.LWV.ORG		H(c) G	roup exemptior	n number	•		
							1			
∢ For	m of o	organizatior	n: Corporation Trust Assoc	iation Other	L Year of f	formation: 1920	M State DC	of legal domicile:		
P	art I	Sum	nmary							
			•	ion or most significant activities:						
				THE UNITED STATES, A NONPARTISA						
Ce				TION OF CITIZENS IN GOVERNMENT, AND INFLUENCES PUBLIC POLICY TH						
<u> </u>										
e		-								
9	2	Check tl	his box 🛌 if the organizatior	discontinued its operations or disposed	of more th	nan 25% of its	net asse	ets.		
8	_		of voting members of the gove		3	12				
acuvides & Governance	4	Number	of independent voting member		4	1 2				
Ä	5	Total nu	mber of individuals employed	in calendar year 2019 (Part V, line 2a) .			5	3 2		
ğ			•	f necessary)			6	50,000		
				Part VIII, column (C), line 12			7a	0		
	D	Net unre	elated business taxable income	e from Form 990-T, line 39	· ·	Prior Year	7b	Current Year		
	8	Contribu	itions and grants (Part VIII, line		6,188,5	599	7,247,855			
Revenue			-	e 2g)		75,1		68,264		
lave		_	ent income (Part VIII, column (89,7	89,740 145,					
ш	11	0+1		423,7	619,835					
		Other re	evenue (Part VIII, column (A), li	nes s, ou, oc, se, roc, and rre,		723,7	/56			
	12			(must equal Part VIII, column (A), line 12)	6,777,2		8,081,144		
	_	Total re	venue—add lines 8 through 11)		253			
voc-16	_	Total red Grants a Benefits	venue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part I)	(must equal Part VIII, column (A), line 12 IX, column (A), lines 1-3)		6,777,2	253	8,081,144		
ses	13 14 15	Grants a Benefits Salaries	venue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part I) , other compensation, employe	(must equal Part VIII, column (A), line 12 IX, column (A), lines 1-3)		6,777,2 86,7 1,459,1	253 774 0	8,081,144 196,298 0 1,664,706		
enses	13 14 15 16a	Total red Grants a Benefits Salaries Professi	venue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part I) , other compensation, employed ional fundraising fees (Part IX,	(must equal Part VIII, column (A), line 12 IX, column (A), lines 1-3) K, column (A), line 4) te benefits (Part IX, column (A), lines 5-1 column (A), line 11e)		6,777,2 86,7	253 774 0	8,081,144 196,298 0		
Exp enses	13 14 15 16a b	Total red Grants a Benefits Salaries a Professi Total fund	venue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part I) , other compensation, employe ional fundraising fees (Part IX, traising expenses (Part IX, column (I	(must equal Part VIII, column (A), line 12 IX, column (A), lines 1–3)		6,777,2 86,7 1,459,1 621,3	253 774 0 157 388	8,081,144 196,298 0 1,664,706 966,254		
Exp enses	13 14 15 16a b	Total red Grants a Benefits Salaries a Professi Total fund Other es	venue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part IX, other compensation, employed ional fundraising fees (Part IX, Iraising expenses (Part IX, column (Expenses (Part IX, column (A),	(must equal Part VIII, column (A), line 12 IX, column (A), lines 1-3)		6,777,2 86,7 1,459,1 621,3	253 774 0 157 388	8,081,144 196,298 0 1,664,706 966,254 3,999,246		
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	13 14 15 16a b	Total red Grants a Benefits Salaries a Professi Total fund Other ex	venue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part IX, other compensation, employed ional fundraising fees (Part IX, Iraising expenses (Part IX, column (IX, penses (Part IX, column (A), penses (Part IX, column	(must equal Part VIII, column (A), line 12 IX, column (A), lines 1-3)	.0)	6,777,2 86,7 1,459,1 621,3 3,670,1 5,837,4 939,7 inning of Currer	253 774 0 157 388 149 468	8,081,144 196,298 0 1,664,706 966,254 3,999,246		
	13 14 15 16a b 17 18	Total red Grants a Benefits Salaries a Professi Total fund Other ex	venue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part IX, other compensation, employed ional fundraising fees (Part IX, Iraising expenses (Part IX, column (IX, penses (Part IX, column (A), penses (Part IX, column	(must equal Part VIII, column (A), line 12 IX, column (A), lines 1–3)	.0)	6,777,2 86,7 1,459,1 621,3 3,670,1 5,837,4	253 774 0 157 388 149 468	8,081,144 196,298 0 1,664,706 966,254 3,999,246 6,826,504 1,254,640		
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	13 14 15 16a b 17 18 19	Total red Grants a Benefits Salaries A Professi Total fund Other e: Total ex Revenue Total as Total lia	venue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part IX, other compensation, employed ional fundraising fees (Part IX, Iraising expenses (Part IX, column (IX, column (A), expenses (Part IX, column (A), expenses. Add lines 13–17 (must be less expenses. Subtract line expenses (Part X, line 16) bilities (Part X, line 26)	(must equal Part VIII, column (A), line 12 IX, column (A), lines 1–3)	.0)	6,777,2 86,7 1,459,1 621,3 3,670,1 5,837,4 939,7 inning of Currer Year 5,543,7 1,276,3	253 774 0 157 388 149 468 785 nt	8,081,144 196,298 0 1,664,706 966,254 3,999,246 6,826,504 1,254,640 End of Year 6,904,984 1,380,540		
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Jude Balances	13 14 15 16a b 17 18 19 20 21 22 22 21 22	Total red Grants a Benefits Salaries Total fund Other e: Total ex Revenue Total lia Net asse Sigr nalties of	venue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part IX, , other compensation, employe ional fundraising fees (Part IX, lraising expenses (Part IX, column (IX expenses (Part IX, column (A), expenses. Add lines 13–17 (mus expenses. Subtract line expenses (Part X, line 16) bilities (Part X, line 26) ets or fund balances. Subtract mature Block perjury, I declare that I have expelief, it is true, correct, and contents.	(must equal Part VIII, column (A), line 12 IX, column (A), lines 1-3) K, column (A), lines 4) the benefits (Part IX, column (A), lines 5-1 column (A), line 11e) column (A), line 11e) column (A), line 11e) column (A), line 11e) column (A), line 25) 3,723,815 lines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20	Begi	6,777,2 86,7 1,459,1 621,3 3,670,1 5,837,4 939,7 inning of Currer Year 5,543,7 1,276,3 4,267,4	253 774 0 157 388 149 468 785 nt 745 306 439	8,081,144 196,298 0 1,664,706 966,254 3,999,246 6,826,504 1,254,640 End of Year 6,904,984 1,380,540 5,524,444 and to the best of		
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Net Assels or Jude my k	13 14 15 16a b 17 18 19 20 21 22 22 21 22 22 17 Open (1)	Total red Grants a Benefits Salaries Professi Total fund Other ex Revenue Total as Total lia Net asse Sigr ledge and has any k	venue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part IX, , other compensation, employe ional fundraising fees (Part IX, lraising expenses (Part IX, column (IX expenses (Part IX, column (A), expenses. Add lines 13–17 (mus expenses. Subtract line expenses (Part X, line 16) bilities (Part X, line 26) ets or fund balances. Subtract mature Block perjury, I declare that I have expelief, it is true, correct, and contents.	(must equal Part VIII, column (A), line 12 IX, column (A), lines 1–3)	Begi	6,777,2 86,7 1,459,1 621,3 3,670,1 5,837,4 939,7 inning of Currer Year 5,543,7 1,276,3 4,267,4 dules and state) is based on a	253 774 0 157 388 149 468 785 nt 745 306 439	8,081,144 196,298 0 1,664,706 966,254 3,999,246 6,826,504 1,254,640 End of Year 6,904,984 1,380,540 5,524,444 and to the best of		
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Judes Paragraph of	13 14 15 16a b 17 18 19 20 21 22 22 21 12 12 16 17 18 19	Total red Grants a Benefits Salaries a Professi Total fund Other e: Total ex Revenue Total lia Net asse Sign nalties of ledge and has any k VIRGI Type	venue—add lines 8 through 11 and similar amounts paid (Part paid to or for members (Part IX, , other compensation, employe ional fundraising fees (Part IX, lraising expenses (Part IX, column (IX expenses (Part IX, column (A), expenses. Add lines 13–17 (mus expenses. Subtract line expenses (Part X, line 16) bilities (Part X, line 26) ets or fund balances. Subtract hature Block perjury, I declare that I have expensed to the subtract of the subtract o	(must equal Part VIII, column (A), line 12 IX, column (A), lines 1–3)	Begi	6,777,2 86,7 1,459,1 621,3 3,670,1 5,837,4 939,7 inning of Currer Year 5,543,7 1,276,3 4,267,4 dules and state) is based on a	253 774 0 157 388 149 468 785 nt 745 306 439	8,081,144 196,298 0 1,664,706 966,254 3,999,246 6,826,504 1,254,640 End of Year 6,904,984 1,380,540 5,524,444 and to the best of ation of which		
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May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (20	19)					Pa	age 2
Pa	rt III S	tatement of Progr	am Service A	ccompli	shments			
	С	heck if Schedule O cont	ains a response o	or note to a	any line in this Part III			
1	Briefly d	escribe the organization	n's mission:					
GOV	ERNMENT		SE THE UNDERS			ACTIVE PARTICIPATION OF POLICY ISSUES, AND INFL		
2	the prio	organization undertake r Form 990 or 990-EZ?			vices during the year w	hich were not listed on	Yes V No	
_	•	describe these new se						
3	services	organization cease cond ??		significant (changes in how it cond	ducts, any program	Yes V No	
4	Describe expense	the organization's pro	gram service acco d 501(c)(4) organ	nizations a	re required to report t	e largest program services, a he amount of grants and allo	,	
4a	(Code:) (Ex	penses \$	770,765	including grants of \$) (Revenue \$)	
-14	COMMU PROMOT	NICATIONS: EXPENDITURES	ARE USED TO MAINTA	AIN THE LEAG AND WHICH A	GUE'S WEBSITE, PREPARE A	ND DISSEMINATE MATERIALS AND I SCHEDULE O PROVIDES ADDITION	PUBLICATIONS, WHICH	ON OF
4b	(Code:) (Ex	penses \$	695,630	including grants of \$	196,298) (Revenue \$)	
70	ADVOCA	ACY: EXPENDITURES ARE USE	ED TO PROMOTE POLI	TICAL RESPO	NSIBILITY THROUGH INFOR	RMED PARTICIPATION OF CITIZENS GUE'S MEMBER SERVICES ACHIEVER	IN GOVERNMENT AND AC	CTION
4c	(Code:) (Ex	penses \$	366,274	including grants of \$) (Revenue \$)	
		R SERVICES: EXPENDITURES ES ADDITIONAL DETAILED DI				MBER RECRUITMENT AND VARIOUS ENTS.	PROGRAMS.SCHEDULE O	1
-	(Code:) (Fx	penses \$	289,762	including grants of \$) (Revenue \$)	
	MISSIO	, , ,	ACT FUNCTION INCLU	JDES ACTIVIT		D INFORMING THE PUBLIC ABOUT V	,	D THE
	(Code:) (Ex	penses \$	76,358	including grants of \$) (Revenue \$	68,264)	
	COUNCI	, , ,				RELATED TO MEETINGS AND OTHER		
	(Code:	\	penses \$	34,848	including grants of \$) (Revenue \$)	
	•	, , ,) (Revenue \$ IALYZING DATA TO MEASURE OUR I	•	
4d	Other	program services (Desc	rihe in Schedula	0.)				
4u	(Exper		0,968 including	,	\$) (Revenue \$	68,264)	
4e	Total r	program service expense	es 2	233,637				
				,			Form 990 (2	2019)

Form	990 (2019)			Page :
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥦	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
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. 20	11a	Yes	
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		No
	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 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	114		No
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part X	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	i
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	1	1	1

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a ប៊ីលើវិទាទ ទល្បានខែង និក្សានាមែន និក្សានាខែង និក្សានាខែង និក្សានាខេង និក្សានេះ និក្សានិក្សាននិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្ស

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) 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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

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11f

12a

12b

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14a

14b

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20a

20b

Yes

Form 990 (2019)

Nο

Nο

Nο

Νo

Nο

Νo

Nο

Nο

Nο

Nο

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

orm 990 (2019)							
Part IV	Checklist of Required Schedules (continued)						
,			Yes	No			

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

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

Did the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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 in line 1a. Enter -0- if not applicable .

Hid the Granketation field to the schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🖠 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🥦 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

 ${f b}$ A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

Yes

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

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1a

1b

Yes

Yes

Yes

Yes

Yes

Form 990 (2019)

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Νo

Nο

No

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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	4a		No					
b	account, a manifest decount in a foreign country (seen as a bank account, seed the seed the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts								
	WBAThe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes						
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes						
7	Organizations that may receive deductible contributions under section 170(c).	_							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
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 to								
	file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club								
11	ຮື ection S 01(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.	l							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No					
16	If the sort game is a strong car on the strong to the section 4968 excise tax on net investment income?	16		No					
	If "Yes," complete Form 4720, Schedule O.	F	orm 990	(2019)					

Part VI

13 14

Section C. Disclosure

10a

10b

11a

12a

12b

12c

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15a

15b

16a

16b

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,NV

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

0 (2019)	Pa
Governance, Management, and Disclosure For each	"Yes" response to lines 2 through 7b below, and for a "No" response to lines

Check if Schedule O contains a response or note to any line in this Part VI	ie 0. S	ee ins	structio	ons.				
ection A. Governing Body and Management								
						Ye	s	
Enter the number of voting members of the governing body at the end of the tax	1a				1 2			Ī
Vear.		T						

Section A. Governing Body and Management											
			Yes	No							
1a Enter the number of voting members of the governing body at the end of the tax	1a	12									
Yearer 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 in Schedule O.											

- Enter the number of voting members included in line 1a, above, who are 1b
- Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any
- Νo
- Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? .
- Did the organization make any significant changes to its governing documents since the prior Form 990 was Yes
- િંગિવદીને organization become aware during the year of a significant diversion of the organization's assets? . 5
- 6 Yes
- Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes
- **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- Yes **b** Each committee with authority to act on behalf of the governing body? 8b Yes
- Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No

10a Did the organization have local chapters, branches, or affiliates?

Did the organization have a written whistleblower policy?

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

List the states with which a copy of this Form 990 is required to be filed

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . 12a Did the organization have a written conflict of interest policy? If "No," go to line 13

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ▼ Own website ☐ Another's website ▼ Upon request ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

, DC

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 ${\sf VII}\,$.

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

- 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.												
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.												
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	m unles	ore these per office	ploye				(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) CHRIS CARSON	7.50	V							0			
CHAIR	7.50	Х		Х				0	0	0		
(2) KAREN NICHOLSON	7.50	Х		Х				0	0	0		
VICE CHAIR	7.50	^		^				O O	0			
(3) TONI ZIMMER SECRETARY		х		Х				0	0	0		
(4) JESSICA LOWE-MINOR	7.50 7.50											
TREASURER	7.50	Х		Χ				0	0	0		
(5) LIZ BANDER	7.50	Х						0	0	0		
DIRECTOR	7.50	^						U	O	0		
(6) SUSAN CARTY DIRECTOR	7.50 7.50	Х						0	0	0		
(7) CATHERINE COTTEN	7.50											
DIRECTOR	7.50	Х						0	0	0		
(8) MELISSA CURRENCE	7.50	Х						0	0	0		
DIRECTOR	7.50											
(9) JULIE HUSSEY		х						0	0	0		
(10) GAYLA MCCLUSKEY	7.50 7.50											
DIRECTOR	7.50	Х						0	0	0		
(11) JESSICA ROHLOFF	7.50	Х						0	0	0		
DIRECTOR	7.50	^						U	0			
(12) DEBORAH TURNER	7.50	Х						0	0	0		
DIRECTOR	7.50											
(13) VIRGINIA KASE	20.00			Х				103,963	103,963	25,428		
CHIEF EXECUTIVE OFFICER	20.00							,	,	,		
(14) ANISA TOOTLA	20.00			Х				86,810	86,810	12,190		
CHIEF OPERATING OFFICER	20.00											
(15) TRACY SPATZ	20.00					Х		69,002	69,002	37,232		
SENIOR DIRECTOR OF FINANCE AND ADMINISTRATION	20.00											
(16) CATHERINE KENNEDY	20.00					Х		69,358	69,358	14,524		
CHIEF DEVELOPMENT OFFICER (17) JASON JOHNSON	20.00											
DIRECTOR OF IT	ļ ·····					Х		69,735	69,735	28,056		
	20.00						<u> </u>			Form 990 (2019)		

	n 990 (2019) art VII Section A. Officers, Director	s, Trustees, K	ey En	ıploy	/ees	s, a	nd Hi	ighe	est Compensate	d Employees (c	ontinued)	Page 8
	(A) Name and title	(B) Average hours per week (list any hours for	more pers	than on is	one bot	no e bo th a	t chec x, unl n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount comper from	ated of other isation the
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organi and re organiz	lated
18)	JEANETTE SENECAL	20.00					Х		62,239	62,239	9	27,760
	OR DIRECTOR, MISSION IMPACT	20.00							02,233	02,232		277700
	SARAH COURTNEY OR DIRECTOR, COMMUNICATIONS	20.00					Х		60,948	60,948	3	10,000
c d	Sub-Total	•							522,055	522,055		155,19
2	Total number of individuals (including t \$100,000 of reportable compensation					DOV	e) wiid	o rec	erved more than		Yes	No
3	Did the organization list any former off on line 1a? <i>If "Yes," complete Schedule</i>			e, ke	•	mplo	oyee,	or hi	ighest compensate		3	No
4	For any individual listed on line 1a, is to organization and related organizations individual	•								om the	1 Yes	
5	Did any person listed on line 1a receive services rendered to the organization?								-	ndividual for	5	No
	ection B. Independent Contract									<u> </u>	•	
1	Complete this table for your five highe compensation from the organization. Re	•										
	-	(A)					, 501			(B)	(0	
RWT	PRODUCTION LLC	business address							PRINTING AND	ion of services POSTAGE	Compei	,828,600
												,

(A)	(B)	(C)
Name and business address	Description of services	Compensation
RWT PRODUCTION LLC	PRINTING AND POSTAGE	1,828,600
8932 HUNT LANE ANNANDALE, VA 22003		
AVALON CONSULTING GROUP	FUNDRAISING AND CONSULTING	387,184
805 15TH ST NW WASHINGTON, DC 20005		
VALUESTREAM CONSULTING	CONSULTING	223,259
PO BOX 370 SAVANNAH, MO 64485		
FOR MOMENTUM LLC	CONSULTING	160,842
1816 INDEPENDENCE SQ SUITE D ATLANTA, GA 30338		
DELUXE	FUNDRAISING AND CONSULTING	134,687
PO BOX 645632		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 9 Form **990** (2019)

		0 (2019)		D						Page S
Part	VII					nonse or note to	any line in this Par	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
. s	1	a Federated camp	aigr	ns	1a					
ant		b Membership due			1b	1,732,418				
5 6	c Fundraising events 1c									
ifts, ar A	d Related organizations e Government grants (contributions) 1d				1a 1e					
Contributions, Gifts, Grants and Other Similar Amounts										
		f All other contributio and similar amount above	s not	included	1f	5,515,437				
		g Noncash contributio lines 1a - 1f:\$	ns in	ciudea in	1g					
	╧	h Total. Add lines	1a-	1f			7,247,855			
						Business Code	E7.61E	E7.61E		
Ф	2 a	a CONVENTION AND CO	OUNC	IL		900099	57,615	57,615		
nua	Ŀ	PUBLICATION SALES				511130	10,649	10,649		
Rev										
vice	c	=								
Ser										
Program Service Revenue										
rog	•	e								
	1	f All other program	ı ser	vice revenu	ue.					
	g	Total. Add lines	2a-	2f		68,264				
		Investment income	e (in	cluding div	idends	, interest, and	114,62	28		114,628
		aincilareathonnita)es	stme	nt of tax-e	xempt	bond proceeds	•			
	5	Royalties					488,54	15		488,545
				(i) Re	al	(ii) Personal				
	6	Gross rents	6a		131,290					
	b	Less: rental expenses	6b		0					
	С	Rental								
		income or	6 c		131,290		131,29	90		131,290
		d (Ness) ental income or (loss) (i) Securities		(ii) Other						
	7 a	Gross amount from sales of assets other than inventory	7a	1,	.132,524					
	b	Less: cost or other basis and sales expenses	7b	1,	.101,962					
		Gain or (loss)	7 c		30,562					
		d Net gain or (loss a Gross income from fu			· · ·		30,56	02		30,562
Other Revenue		(not including \$ contributions reported See Part IV, line 18	d on l	of line 1c).	8a					
Re		b Less: direct expe c Net income or (lo			8b aising e	events				
her						>	_			
Ö		Gross income from activities. See Part IV, line 1 b Less: direct expe	_		9a 9b					
	•	c Net income or (lo	ss)	from gamin	ng activ	rities 🕨				
		a Gross sales of inv	ance	es	10a					
		b Less: cost of goo c Net income or (lo			of inve	ntory				
	<u>'</u>	- Net income of (10	.55)							
	1.	Miscellaneo 1a	us F	Revenue		Business Code				
		b								
		с								
	ľ	-								
		d All other revenue								
		e Total. Add lines								
	12	2 Total revenue. Se	ee in	structions			8,081,14	68,26	4	765,025

Form 990 (2019) Page 10										
Pa	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 response or note to any line in this Part IX									
	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 and domestic governments. See Part IV, line 21	196,298	196,298							
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	211,201	80,500	31,320	99,381					
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	1,206,596	459,894	178,934	567,768					
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,818	25,849	10,057	31,912					
9	Other employee benefits	73,062	27,848	10,835	34,379					
	Payroll taxes	106,029	40,413	15,724	49,892					
	Fees for services (non-employees):									
	Management									
	Legal	52,689	20,082	7,814	24,793					
	Accounting	75,293	28,698	11,166	35,429					
	Lobbying									
	Professional fundraising services. See Part IV, line 17	966,254			966,254					
	Investment management fees	12,322	4,697	1,827	5,798					
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule	1,067,392	406,837	158,290	502,265					
12	O) Advertising and promotion	1								
	Office expenses	1,668,514	514,476	276,544	877,494					
	Information technology	351,928	134,138	52,189	165,601					
	Royalties		,	- , -						
	Occupancy	470,089	179,175	69,712	221,202					
	Travel	49,914	19,025	7,402	23,487					
	Payments of travel or entertainment expenses for any federal, state, or local public officials .		-		·					
19	Conferences, conventions, and meetings	19,912	7,589	2,953	9,370					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	155,940	59,437	23,125	73,378					
	Insurance	31,616	12,050	4,689	14,877					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
i	a LIST RENTAL	285,932	108,983	42,403	134,546					
!	b CONTRACT WITH LEAGUES	209,188	79,732	31,022	98,434					
•	c MISCELLANEOUS	61,645	23,496	9,142	29,007					
- •	d PROFESSIONAL DEVELOPMEN	11,263	4,293	1,670	5,300					
	e All other expenses	-524,391	-199,873	-77,766	-246,752					
25	Total functional expenses. Add lines 1 through 24e	6,826,504	2,233,637	869,052	3,723,815					

1,686,455

926,523

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).

Forn	n 990	0 (2019)					Page 11
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part IX .			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			374	1	465
	2	Savings and temporary cash investments	2,350,253	2	3,808,004		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	172,810	4	200,885		
	5	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	butor, or 35% ersons		5		
	6	Loans and other receivables from other disquunder section $4958(f)(1)$, and persons desc				6	
22	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges .			315,712	9	289,519
-	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,210,031			
	b	Less: accumulated depreciation	10b	985,596	348,872	10c	224,435
	11	Investments—publicly traded securities .			2,183,130	11	2,342,615
	12	Investments—other securities. See Part IV, Ii	ne 11			12	
	13	Investments—program-related. See Part IV, I			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			172,594	15	39,061
	16	Total'assets: Add lines 1 through 15 (must e	qual lir	ne 34)	5,543,745	16	6,904,984
	17	Accounts payable and accrued expenses .		745,666	17	1,162,318	
	18	Grants payable		18	_		
	19	Deferred revenue				19	_
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Comple	te Part	IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	l contri	butor, or 35%		3	
- 2	22			_		22	
	23	Secured mortgages and notes payable to unro		· —			
	24	Unsecured notes and loans payable to unrela		· —	530,640	24	218,222
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D		,	25	210,222	
	26	Total liabilities. Add lines 17 through 25 .			1,276,306	26	1,380,540
Fund Balances		Organizations that follow FASB ASC 958, che lines 27, 28, 32, and 33.	ck here	e 🕨 🔽 and complete			
3a lar	27	Net assets without donor restrictions			4,142,439	27	5,399,444
nd E	28	Net assets with donor restrictions			125,000	28	125,000
Fu		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🗌 and			
Assets or	29	complete lines 29 through 33. Capital stock or trust principal, or current fun	ıds .			29	
et	30	Paid-in or capital surplus, or land, building or	equipm	nent fund		30	
Ass	31	Retained earnings, endowment, accumulated i	income	, or other funds		31	
Net /	32	Total net assets or fund balances			4,267,439	32	5,524,444
Ž	33	Total liabilities and net assets/fund balances			5,543,745	33	6,904,984
				l .		J.	Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b Form 990 (2019)

Νo

Form 990 (2019)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Descripti	ion:	
	Special Condition Description	

Schedule B Schedule of Contributors (Form 990, 990-EZ, or 990-PF) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

501(c)() (enter number) organization

2019

53-0115655

OMB No. 1545-0047

Employer identification number

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Section:

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Name of the organization

Organization type (check one):

STATES

Filers of:

Form 990 or 990-F7

LEAGUE OF WOMEN VOTERS OF THE UNITED

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations

under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ. or 990-PF).

Name of organization

Employer identification number 53-0115655

ivallic of	or gr	amzacion					
LEAGUE	OF	${\tt WOMEN}$	VOTERS	OF	THE	UNITE	2
CT A T E C							

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

(d)

(a) (c) (b) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4
LEAGUE (rganization DF WOMEN VOTERS OF THE UNITED		Employer identification number
Part III	Exclusively religious, charitable, etc., cont total more than \$1,000 for the year from al line entry. For organizations completing P of \$1,000 or less for the year. (Enter this in Use duplicate copies of Part III if additional space	ny one contributor. Complete col art III, enter the total of exclusive of ormation once. See instructions	umns (a) through (e) and the following ly religious, charitable, etc., contributions
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relati	onship of transferor to transferee
			chedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Political Campaign and Lobbying Activities

	•	"Yes" on Form 990, Part IV, Lir		ine 46 (Political Camp	aign Activities), then
		ns: Complete Parts I-A and B. Do r	•	met commiste Dort I D	
	Section 501(c) (other than se Section 527 organizations: Co	ection 501(c)(3)) organizations: Co	implete Parts I-A and C below. Do	not complete Part I-B.	
	•	"Yes" on Form 990, Part IV, Li	ne 4 or Form 990-F7 Part VI	line 47 (Lohhving Act	ivities) then
	•	ns that have filed Form 5768 (elec		` ,	• •
	()()	ns that have NOT filed Form 5768	` '/'		•
	, , , , ,	"Yes" on Form 990, Part IV, Li		•	•
	35c (Proxy Tax) (see sep	**			
	(/ (/ · (/ ·	organizations: Complete Part III.		T=	
	me of the organization GUE OF WOMEN VOTERS OF THE	UNITED		Employer identif	ication number
STA	ATES			53-0115655	
Par	t I-A Complete if the	e organization is exempt	under section 501(c) or	is a section 527 o	rganization.
1	·	he organization's direct and indir	rect political campaign activities	in Part IV (see instruc	tions for
	definition of "political cam				
2		y expenditures (see instructions			
3		cal campaign activities (see inst			
	-	e organization is exempt			
1	L .	excise tax incurred by the organi		•	
2	►	excise tax incurred by organization	•	•	
3	If the organization incurre	ed a section 4955 tax, did it file	Form 4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV. e organization is exempt	daa.atia 501 (a) a		-1/21
1	L	expended by the filing organizat	·		
2		iling organization's funds contrib			
3	Total exempt function exp	penditures. Add lines 1 and 2. Er	nter here and on Form 1120-POI	_, line 17b\$	
4	Did the filing organization	file Form 1120-POL for this year	?		Yes No
5	organization made payme amount of political contrib	es and employer identification n nts. For each organization listed, outions received that were promp or a political action committee (enter the amount paid from the otly and directly delivered to a s	filing organization's fur eparate political organi:	nds. Also enter the zation, such as a
	separate segregated rund			eu, provide illiorillatio	
(a)	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					

filed Form 5768 (election under section 501(h)).

Total, Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part II-B

Page 3

For a	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(:	a)	(b)
activ	, , , , , , , , , , , , , , , , , , , ,	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			

If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Yes No

Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	1

501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Dues, assessments and similar amounts from members 1

1

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 2 expenses for which the section 527(f) tax was paid).

2a

Carryover from last year 2b

2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5

Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

Open to Public

OMB No. 1545-0047

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Na	me of the organization AGUE OF WOMEN VOTERS OF THE UNITED		Employer identification number
	ATES		53-0115655
Pā	Organizations Maintaining Donor A Complete if the organization answered		nds or Accounts.
	complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
<u>:</u>	Aggregate value of contributions to (during year)		
;	Aggregate value of grants from (during year)		
Ļ	Aggregate value at end of year		
5	Did the organization inform all donors and donor ad the organization's property, subject to the organiza	=	
5	Did the organization inform all grantees, donors, an charitable purposes and not for the benefit of the do impermissible private benefit?	onor or donor advisor, or for any other purpo	se conferring
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
	Purpose(s) of conservation easements held by the		tion to the toron to discount
	Preservation of land for public use (e.g., recreat		historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	ld a qualified conservation contribution in th	ne form of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminated	by the organization during the
	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ea		ling of Yes No
5	Staff and volunteer hours devoted to monitoring, in year	specting, handling of violations, and enforci	ng conservation easements during the
,	Amount of expenses incurred in monitoring, inspect \$	ing, handling of violations, and enforcing co	nservation easements during the year
3	Does each conservation easement reported on line $(B)(i)$ and section $170(h)(4)(B)(ii)$?		
)	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text o	f the footnote to the organization's financial	
aı	the organization's accounting for conservation ease t III Organizations Maintaining Collecti Complete if the organization answered	ions of Art, Historical Treasures, o	or Other Similar Assets.
la	If the organization elected, as permitted under SFA		ue statement and balance sheet
·u	works of art, historical treasures, or other similar a service, provide, in Part XIII, the text of the footnot	ssets held for public exhibition, education, o	or research in furtherance of public
b	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide the following amounts relating to t	ssets held for public exhibition, education, o	
	(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, his following amounts required to be reported under S	storical treasures, or other similar assets for	financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1.	, , ,	
b	Assets included in Form 990, Part X · · · · · ·		
	•		

3	Using the organization's acquisition, access	sion, and otl	ner records	, check a	ny of t	he followin	g that	are a signif	icant use o	fits	
а	collection items (check all that apply): Public exhibition			d $ egin{array}{c c c c c c c c c c c c c c c c c c c $	Loan o	or exchang	e progr	ams			
b	Scholarly research			e 🗀		_					
c	✓ Preservation for future generations										
4	Provide a description of the organization's Part XIII.	collections a	nd explain	how they	y furthe	r the orga	nizatior	ı's exempt	purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	✓ No	
Pa	Escrow and Custodial Arran Complete if the organization an Part X, line 21.			m 990,	Part I	V, line 9,	or rep	orted an	amount o	າ Form	990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?								Yes	□ No	
b	If "Yes," explain the arrangement in Part X	III and com	plete the fo	ollowing t	able:			А	mount		_
c	Beginning balance					[:	Lc				
d	Additions during the year					🗀	Ld				_
e	Distributions during the year						Le				<u> </u>
f	Ending balance						Lf				_
2a	Did the organization include an amount on						al accou	nt liability	o	□ No	_
Za	•••	FOI 111 990, 1	art X, IIIIe	21, 101 6	escrow	or custour	ar accou	int nability	1 103		
b	If "Yes," explain the arrangement in Part X	III. Check h	iere if the ϵ	explanati	on has	been prov	ided in	Part XIII	🖂		
Pa	rt V Endowment Funds.										
	Complete if the organization an							I			
	Postosta of a balance	(a) Curre	nt year	(b) Prior	year	(c) Two yea	ers back	(d) Three ye	ears back (e)	Four yea	ars back
	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships				1						
	Other expenditures for facilities		-								
Ī	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	rrent year e	nd balance	(line 1g,	columi	n (a)) held	as:				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment		••••								
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c sl	nould equal	100%.								
3а	Are there endowment funds not in the poss	ession of th	e organizati	ion that a	are held	d and admi	nistere	d for the			
	organization by:								2-(:)	Yes	No
	(i) unrelated organizations (ii) related organizations								3a(i) 3a(ii)		
b	If "Yes" on 3a(ii), are the related organizat			on Sche	• • dule R?				3b		
4	Describe in Part XIII the intended uses of t		tion's endo	wment f	unds.						
Pa	rt VI Land, Buildings, and Equipm		.a" an Fa	000	Dowt II	\/ lina 11	- Coo	. Farm 00	O Dowt V	lina 11	-
	Complete if the organization an Description of property (a) Cost or oth (investme	ner basis	(b) Cost or o							Book valu	
1a	Land										
	Buildings										
	Leasehold improvements				532,523	<u> </u>		397,296			135,227
					677,508			588,300			89,208
a	Equipment				3.7,300	1		300,300			55,200

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D Part VII	(Form 990) 2019 Investments—Other Securities.				Page 3
	Complete if the organization answered "Yes" on Form 99 (a) Description of security or category	00, Part IV (b) Book		Form 990, Method of v	
	(including name of security)	value			r market value
	al derivatives -held equity interests				
(3) Other					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)				
Part	Investments—Program Related.		line 11e Coo	F 000	Doub V. Line 12
VIII	Complete if the organization answered 'Yes' on Form 99 (a) Description of investment	90, Part IV	(b) Book		Part X, line 13. C) Method of valuation:
				Cos	st or end-of-year marke value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	nn (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered 'Yes' on Form 99 (a) Description	0, Part IV,	line 11d. See F	orm 990, Pa	rt X, line 15. (b) Book value
(2)					1
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X	Other Liabilities.				1
	Complete if the organization answered 'Yes' on Form 99 See Form 990, Part X, line 25.	U, Part IV,	lille 11e or 11i	•	
1. (1) Federal	(a) Description of liability income taxes				(b) Book value
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.(B) line 25.)			•	218,222
2. Liability f	for uncertain tax positions. In Part XIII, provide the text of the fo			inancial stat	ements that reports the
organizatio XIII	n's liability for uncertain tax positions under FIN 48 (ASC 740). C	песк here if	tne text of the fo	potnote has	peen provided in Part

Other (Describe in Part XIII.)

Subtract line 2e from line 1 .

Add lines 4a and 4b . .

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Add lines 4a and 4b . .

Supplemental Information

Return Reference

Subtract line 2e from line 1 . .

3

1

2

3

Part XIII

PART III, LINE 1A:

PART III, LINE 4:

Part XII

8,311,020

242,198

12,322

8,081,144

7,054,015

239,833

12,322

6,826,504

Schedule D (Form 990) 2019

6,814,182

8,068,822

1

2e

4c

5

1

2e

4c

239,833

12,322

239,833

12,322

ocinculate b	(101111 550) 2015
Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per
	Return.
	O

Return.			•
Camplete if the amenication and world IVed on Farms 000	20	Daul IV 1: 10-	

2b

2c

2d

4a

4b

2a

2b

2c

2d

4a

4b

Explanation

THE LEAGUE OF WOMEN VOTERS MAINTAINS A PERMANENT COLLECTION OF RARE BOOKS, PAMPHLETS, AND MEMORABILIA RELATING TO WOMEN'S RIGHTS AND THE SUFFRAGE MOVEMENT, WHICH DATE FROM THE MID-NINETEENTH TO THE LATE TWENTIETH CENTURIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED, AND CARED FOR BY LEAGUE OF WOMEN VOTERS, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE ITEMS IN THE COLLECTION WERE DONATED TO LEAGUE OF WOMEN VOTERS AND, AS ALLOWED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, HAVE NOT BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED

THE LEAGUE OF WOMEN VOTERS MAINTAINS A PERMANENT COLLECTION OF RARE BOOKS, PAMPHLETS, AND MEMORABILIA RELATING TO WOMEN'S RIGHTS AND THE SUFFRAGE MOVEMENT, WHICH DATE FROM THE MID-NINETEENTH TO THE LATE TWENTIETH CENTURIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED, AND CARED FOR BY LEAGUE OF WOMEN VOTERS, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTION REPRESENTS IMPORTANT HISTORICAL INFORMATION LEADING TO THE FORMATION OF THE LEAGUE, AND PROVIDES PRIMARY-SOURCE SUPPORT FOR THE LEAGUE'S ACTIVITIES FROM THE PAST TO PRESENT-DAY.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

- Total revenue, gains, and other support per audited financial statements .

Donated services and use of facilities

Recoveries of prior year grants

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

FINANCIAL STATEMENTS.

Add lines **2a** through **2d**

- Amounts included on line 1 but not on Form 990, Part VIII, line 12:

- Net unrealized gains (losses) on investments 2a
- 2,365

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

- 2

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information Name of the organization **Employer identification number** LEAGUE OF WOMEN VOTERS OF THE UNITED STATES 53-0115655 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising Ves No services? If Yes, list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of (vi) Amount paid to (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to individual fundraiser have from activity (or retained by) (or retained by) fundraiser listed in or entity (fundraiser) custody or organization control of col. (i) contributions? Yes No CONSULTANT AVALON CONSULTING **GROUP INC** 805 15TH STREET NW Νo 5,151,158 415,490 4,735,668 SUITE 700 WASHINGTON, DC 20005 TELEMARKETING SD & A TELESERVICES 5757 WEST CENTURY Νo 10,466 24,100 -13,634 BLVD STE 300 LOS ANGELES, CA 10 5,161,624 439,590 4,722,034

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

A L, A K, A Z, A R, C A, C O, C T, D E, F L, G A, H I, I D, I L, I N, I A, K S, K Y, L A, M E, M D, M A, M I, M N, M S, M O, M T, N E, N V, N H, N J, N M, N Y, N C, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c)Other events (a)Event #1 **(b)** Event #2 (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts. 2 Less: Contributions. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) . . . Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive col.(a) through col.(c)) bingo Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities:____ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? . . . ______ Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . Yes \bigcap No 10a If "Yes," explain: _

Sche	edule G (Form 990 or 990-EZ) 2019				Page 3
11	Does the organization conduct gami	ng activities with nonme	mbers?	Гүе	s No
12			or a member of a partnership or other entity	Гүе	s No
13	Indicate the percentage of gaming a	activity conducted in:			
а	The organization's facility			13a	%
b	-			13b	%
14	Enter the name and address of the I	person who prepares the	organization's gaming/special events books a	and records:	
	Name				
	Address				
15a			whom the organization receives gaming	. <u> </u>	s No
b	If "Yes," enter the amount of gaming amount of gaming revenue retained		e organization 🕨 \$ and	I the	
С	If "Yes," enter name and address of	the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name Name				
	Gaming manager compensation ▶ \$	i.			
	Description of services provided				
	Director/officer	Employee	☐ Independent contractor		
17 a b	retain the state gaming license? .	quired under state law di	stributed to other exempt organizations or sp	TYe ent	s 🗖 No
Pai	Part III, lines 9, 9b, 10b,		olanations required by Part I, line 2b, co b, as applicable. Also provide any additi		
	instructions. Return Reference		Explanation		
	dule G (Form 990 or 990-EZ) 2019 Iditional Data			Retu	rn to Form
		Softwa	re ID:		

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service Name of the organization

LEAGUE OF WOMEN VOTERS OF THE UNITED

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Employer identification number 53-0115655

 Does the organization mai the selection criteria used Describe in Part IV the org 	I to award the gran	ts or assistance?				assistance, and	▼ Yes
			Domestic Governments. additional space is nee		nization answered "Yes" o	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LEAGUE OF WOMEN VOTERS OF FLORIDA 101 NORTH ORANGE AVE ORLANDO,FL 32801	59-6178301	501C3	20,500				ELECTION SERVICE
(2) LEAGUE OF WOMEN VOTERS OF IOWA PO BOX 2251 IOWA CITY,IA 52244	42-6058298	501C3	10,000				ELECTION SERVICE
(3) LEAGUE OF WOMEN VOTERS OF KENTUCKY 115 S EWING ST LOUISVILLE,KY 40206	61-0463058	501C4	14,500				ELECTION SERVICE
(4) LEAGUE OF WOMEN VOTERS OF LOUISIANA PO BOX 851068 NEW ORLEANS,LA 70185	58-1636800	501C3	13,249				ELECTION SERVICE
(5) LEAGUE OF WOMEN VOTERS OF ALASKA PO BOX 22048 ANCHORAGE,AK 99802	92-0117699	501C3	16,000				ELECTION SERVICE
(6) LEAGUE OF WOMEN VOTERS OF OREGON ADVOCACY FUND 1330 12TH ST SE SUITE 200 SALEM, OR 97302	93-0784802	501C3	13,750				ELECTION SERVICE
(7) LEAGUE OF WOMEN VOTERS OF ARIZONA 1934 E CAMELBACK RD PHOENIX, A Z 85016	74-2390846	501C3	12,500				ELECTION SERVICE
(8) LEAGUE OF WOMEN VOTERS OF MAINE PO BOX 863 AUGUSTA, ME 04332	04-3386477	501C3	12,500				ELECTION SERVICE
(9) LEAGUE OF WOMEN VOTERS OF TENNESSEE PO BOX 158369 NASHVILLE,TN 37215	23-7166868	501C3	10,625				ELECTION SERVICE
(10) LEAGUE OF WOMEN VOTERS OF MICHIGAN 600 W SAINT JOSEPH ST SUITE 3G LANSING,MI 48933	05-0592001	501C3	10,000				ELECTION SERVICE
(11) LEAGUE OF WOMEN VOTERS OF ALABAMA 1321 DAUPHIN ST MOBILE, AL 36604	63-0870006	501C3	9,000				ELECTION SERVICE
(12) LEAGUE OF WOMEN VOTERS OF MONTANA 618 EDITH STREET MISSOULA, MT 59801	81-6011225	501C4	7,500				ELECTION SERVICE
(13) LEAGUE OF WOMEN VOTERS OF NEVADA 401 INVERNESS AVENUE PAHRUMP,NV 89048	94-2591461	501C4	5,625				ELECTION SERVICE
(14) LEAGUE OF WOMEN VOTERS OF NATIONAL CAPITAL AREA 1730 M STREET NW SUITE 1000 WASHINGTON, DC 20036	23-7120446	501C4	5,500				ELECTION SERVICE
(15) LEAGUE OF WOMEN VOTERS OF MISSISSIPPI PO BOX 55505 JACKSON,MS 32296	23-7032695	501C4	5,049				ELECTION SERVICE

Enter total number of other organizations listed in the line 1 table $\boldsymbol{.}$

(6) (7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation

PART I, LINE 2: GRANTS ARE PARTIALLY DISTRIBUTED TO RECIPIENTS AND THEN GRANT RECIPIENTS PROVIDE DOCUMENTATION REGARDING THE WORK

COMPLETED BEFORE RECEIVING THE REMAINING GRANT AMOUNT.

Schedule I (Form 990) 2019

Schedule J	Compensation Information							
Partment of the Treasury email Revenue Service Name of the organizat LEAGUE OF WOMEN VOTER	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.							
ternal Revenue Service								
Name of the organization LEAGUE OF WOMEN VOTERS STATES		Emplo						

Open to Public Inspection **Employer identification number**

1b

2

OMB No. 1545-0047

2019

53-0115655 **Questions Regarding Compensation** Yes No 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 Health or social club dues or initiation fees Tax idemnification and gross-up payments

3

8

If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . .

Indicate which, if any, of the following the filing organization used to establish the compensation of the

Independent compensation consultant

Form 990 of other organizations

compensation contingent on the revenues of:

Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

compensation contingent on the net earnings of:

If "Yes," on line 6a or 6b, describe in Part III.

Compensation committee

organization or a related organization:

Discretionary spending account

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

Personal services (e.g., maid, chauffeur, chef)

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. Written employment contract Compensation survey or study

Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

4b

5a

6a

6b

7

8

4a

Νo Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must en				VII, Section A, line	e 1a, applicable co	olumn (D) and (E) amounts for	that individual.
(A) Name and Title		(B) Breakdo	own of W-2 and/or compensation	r 1099-MISC	and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1VIRGINIA KASE CHIEF EXECUTIVE OFFICER	(i)	103,666	0	297	6,500	6,289	116,752	0
	(ii)	103,666	0	 297	 6,500	6,289	116,752	0
2ANISA TOOTLA CHIEF OPERATING OFFICER	(i)	86,562	0	248	2,266	5,373	94,449	0
	(ii)	 86,562		248	2,266	5,373	94,449	 0
3TRACY SPATZ SENIOR DIRECTOR OF FINANCE AND ADMIN	(i)	68,400	0	602	3,750	14,941	87,693	0
	(ii)	68,400		602	3,750	14,941	87,693	
4CATHERINE KENNEDY CHIEF DEVELOPMENT OFFICER	(i)	69,237	0	121	313	7,025	76,696	0
	(ii)	69,237	0	121	313	7,025	76,696	0
5JASON JOHNSON DIRECTOR OF IT	(i)	69,530	0	205	1,199	12,904	83,838	0
	(ii)	69,530	0	205	1,199	12,904	83,838	0
6 JEANETTE SENECAL SENIOR DIRECTOR, MISSION IMPACT	(i)	62,061	0	178	2,717	11,238	76,194	0
	(ii)	62,061	0	178	 2,717	11,238	76,194	0
	<u> </u>						Schedule J (Form 990) 2019

Schedule J (Form 990) 2019



SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

Name of the organization LEAGUE OF WOMEN VOTERS OF THE UNITED

Employer identification number

EAGUE OF WOMEN VOTERS	OF THE UNITED	52.0115655
	Fundamentary	53-0115655
PART III, LINE 4A,B,C,D - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:	THE LEAGUE OF WOMEN VOTERS OF THE UNITED STATES (LWVUS) ENCOURA PARTICIPATION IN GOVERNMENT, WORKS TO INCREASE UNDERSTANDING OF INFLUENCES PUBLIC POLICY THROUGH EDUCATION AND ADVOCACY. DURING, THROUGH JUNE 2020, LWVUS INITIATED 39 ACTION ALERTS THAT YIELDED 26 GAINED 74,198 PETITION SIGNATURES SUPPORTING LWVUS MISSION PRIORITIS AMENDMENT, FOR THE PEOPLE ACT, COVID-19, THE JOHN LEWIS VOTING RIGH STATEHOOD, THE CENSUS, AND THE US. POSTAL SERVICE. THE LEAGUE ALS THROUGH OUR EFFORTS, IN THE FALL OF 2019, LWVUS LAUNCHED PEOPLE POSTATIONAL REDISTRICTING PROGRAM FOCUSED ON CREATING FAIR POLITICAL PLOY. THE PROGRAM MEMERGED IN THE AFTERMATH OF THE US. SUPREME CO. WOMEN VOTERS OF NORTH CAROLINA THAT NO FAIR TEST EXISTS FOR COUR GERRYMANDERING HAS GONE TOO FAR. LWVUS LAUNCHED PEOPLE POWER ENDISTRICTING PROCESSES THAT ELIMINA GERRYMANDERING HAS GONE TOO FAR. LWVUS LAUNCHED PEOPLE POWER TRANSPARENT, PEOPLE-POWERED REDISTRICTING PROCESSES THAT ELIMINA GERRYMANDERING NATIONWIDE. IN THE FIRST YEAR OF THE PPFM PROGRAM CONVENINGS ACROSS THE COUNTRY, WORKED WITH 55 REDISTRICTING CHAY TO STATE AND THE DISTRICT OF COLUMBIA. THE LEAGUE ALSO ACHIEVED MINCLUDED RECRUITING 3,675 REDISTRICTING VOLUNTEERS, HOLDING 11,121 RE ENGAGED 633 PARTICERS TO SUPPORT REDISTRICTING POLICATION AND ENGASEMENT EVENTS, AND HELD A 3-DAY CONVENING WITH 48 STATES AND THE DISTRICT OF COLUMBIA. THE LEAGUE ALSO ACHIEVED MINCLUDED RECRUITING 3,675 REDISTRICTING VOLUNTEERS, HOLDING 1,121 RE ENGAGED 633 PARTICERS TO SUPPORT REDISTRICTING POLICATION AND ENGASTAKEHOLDER MEETINGS, WORKED ON AND SUPPORTED 13 LEGISLATIVE INIT FILED 5 REDISTRICTING, FOR THE SPANNING THIS TIMEFRAME, LWVUS JOINED THREE HIGH-PROFILE CASES. IN COUNTY, ET AL, LWVUS JOINED THAN 50 ORGANIZATIONS ON AN AMICLUMAL STATE OF JUNE MEDICAL SERVICES V. RUSSO, URGING THE COUNTY, ET AL, LWVUS JOINED THAN 50 ORGANIZATIONS ON AN AMICLUMAL STATE OF JUNE MEDICAL SERVICES V. RUSSO, URGING THE COUNTY, ET AL, LWVUS JOINED THERE HIGH-PROFILE CASES. IN COUNTY, ET AL, LWVUS JOINED THE ENDOMENTAL PROFILE COUNT	MAJOR PUBLIC POLICY ISSUES, AND THIS FISCAL YEAR FROM JULY 2019 2,872 LETTERS TO THE HILL AND 25 INCLUDING THE EQUAL RIGHTS ITS ADVANCEMENT ACT, DC 30 ENGAGED 129,720 NEW ACTIVISTS OWERED FAIR MAPS (PPFM), A 1. MAPS NATIONWIDE IN ALL 50 STATES URT RULING IN RUCHO V. LEAGUE OF TS TO DETERMINE WHEN PARTISAN 25 PAIR MAPS TO CREATE FAIR AND ATTE PARTISAN AND RACIAL THE LEAGUE HELD HUNDREDS OF MPIONS NATIONWIDE TO BUILD HA LEAGUE REPRESENTATIVE FROM ANY OF THE YEAR 1 METRICS WHICH DISTRICTING EVENTS FOR THE PUBLIC, AGEMENT PLANNING, ATTENDED 1,537 NATIVES THAT WERE INTRODUCED, LOT INITIATIVES FOR 2020, AND U.S. SUPREME COURT TERM THE CASE OF BOSTOCK V. CLAYTON U.S BRIEF THE COURT SIDED WITH ER TITLE VII. IN THE CASE OF DHS V. NDED ORGANIZATIONS IN FILING AN 10 END DEFERRED ACTION FOR 18 LOCKING THE ADMINISTRATION'S GHTS ORGANIZATIONS ON AN AMICUS RT TO STRIKE DOWN LOUISIANA'S WED IN THE SPRING OF 2020 AND 15 ALL VOTERS COULD SAFELY CAST 10 LWUS AND STATE PARTNERS WERE SON VOTING, RESTRICTIVE ABSENTEE ALL VOTERS COULD SAFELY CAST 10 LWUS AND STATE PARTNERS WERE SON VOTING, RESTRICTIVE ABSENTEE ALL VOTERS COULD SAFELY CAST 10 LWUS AND STATE PARTNERS WERE SON VOTING, RESTRICTIVE ABSENTEE ALL VOTERS COULD SAFELY CAST 10 LWUS AND STATE PARTNERS WERE SON VOTING, RESTRICTIVE ABSENTEE ALL VOTERS COULD SAFELY CAST 10 LWUS AND STATE PARTNERS WERE SON VOTING, RESTRICTIVE ABSENTEE ALL VOTERS COULD SAFELY CAST 10 LWUS AND STATE PARTNERS WERE SON VOTING, RESTRICTIVE ABSENTEE ALL VOTERS ACROSS THE COUNTRY. 10 LWUS AND LWVUS WAS A PARTNER WERE SON VOTING AGE WHO 11 LARL RELEVANT STATES. LEAGUES WATCHDOG ACTIVITIES RELATING TO CURE AN ADDITIONAL 16 DAYS TO UEST FOR EXTENDED TIME TO COUNT. 14 THEIR STATE AND NEARLY A DOZEN IN THE RELEVANT STATES. LEAGUES WATCHDOG ACTIVITIES RELATING TO CURE AN ADDITIONAL 16 DAYS TO UEST FOR EXTENDED TIME TO COUNT. 14 THEIR STATE AND NEARLY A DOZEN IN THE RELEVANT STATES. LEAGUES WATCHDOG ACTIVITIES RELATING TO CURE AN ADDITIONAL 16 DAYS TO UEST FOR EXTENDED TIME TO COUNT. 14 THE RELEVANT STATES.
FORM 990, PART VI, SECTION A, LINE 4	THERE WERE FOUR AMENDMENTS MADE TO THE BYLAWS OF THE LEAGUE OF STATES AT THEIR BIENNIAL CONVENTION, WHICH WAS HELD IN JUNE 2020. THI THE ORGANIZATION'S DIVERSITY, EQUITY AND INCLUSION POLICY AS ONE ITS ELIMINATING THE REQUIREMENT FOR LEAGUES TO PAY A FEE FOR STUDENT M LANGUAGE CHANGES IN ARTICLES III AND XIII. 3. CLARIFYING THE DISSOLUTION ENTITIES BY AMENDING ARTICLE VI. 4. DEFINING THE DUTIES OF BOARD MEMBER	ESE CHANGES INCLUDE: 1. CODIFYING CORE POLICIES IN ARTICLE II. 2. EMBERS, WHICH REQUIRED ON PROCESS FOR STATE AND LOCAL
FORM 990, PART VI, SECTION A, LINE 6	THE LEAGUE HAS VOTING MEMBERS AND ASSOCIATE MEMBERS. VOTING MEMLEAST 16 YEARS OF AGE. ASSOCIATE MEMBERS ARE ALL OTHERS WHO JOIN	
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS SHALL CONSIST OF THE OFFICERS, EIGHT DIRECTORS AND NOT MORE THAN EIGHT DIRECTORS APPOINTED BY THE ELECTED MEMBERS MADE UP OF VOTING MEMBERS OF THE LEAGUE. DELEGATES TO THE CONVITHE LEAGUE. EACH DELEGATE REPRESENTING A LEAGUE SHALL BE ENTITLED	RS OF THE BOARD. THE CONVENTION ENTION ARE VOTING MEMBERS OF

MET ITS PER MEMBER PAYMENT RESPONSIBILITIES. VOTING MEMBERS: WOMEN AND MEN AT LEAST 16 YEARS OF AGE WHO JOIN THE LEAGUE SHALL BE VOTING MEMBERS OF LOCAL LEAGUES, STATE LEAGUES AND OF THE

Return Reference	Explanation
	LWVUS; (1) INDIVIDUALS WHO LIVE WITHIN AN AREA OF A LOCAL LEAGUE MAY JOIN THAT LEAGUE OR ANY OTHER LOCAL LEAGUE; (2) THOSE WHO RESIDE OUTSIDE THE AREA OF ANY LOCAL LEAGUE MAY JOIN A LOCAL LEAGUE OR SHALL BE STATE MEMBERS-AT-LARGE; (3) THOSE WHO HAVE BEEN MEMBERS OF THE LEAGUE FOR 50 YEARS OR MORE SHALL BE LIFE MEMBERS EXCUSED FROM THE PAYMENT OF DUES.
FORM 990, PART VI, SECTION A, LINE 7B	THE CONVENTION OF DELEGATES SHALL ADOPT A PROGRAM, ELECT OFFICERS AND DIRECTORS, ADOPT A BIENNIAL BUDGET.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER BEFORE SIGNING. THE 990 IS SENT TO THE BOARD PRIOR TO FILING. THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE FORM 990 WITH THE EXECUTIVE STAFF AFTER FILING.
FORM 990, PART VI, SECTION B, LINE 12C	THE LEAGUE PRESIDENT AND EXECUTIVE STAFF ENSURE THAT ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES SUBMIT WRITTEN CONFLICT OF INTEREST STATEMENTS. THE CHIEF OPERATING OFFICER REVIEWS AND APPROVES ALL CONTRACTS AND PAYMENTS TO ENSURE THAT NO CONFLICTS OF INTEREST EXISTS.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD DETERMINES THE GOALS OF THE CHIEF EXECUTIVE OFFICER EACH YEAR. THE PRESIDENT CONDUCTS AN ANNUAL REVIEW OF THE CHIEF EXECUTIVE OFFICER BASED ON THESE GOALS, WHICH IS SUPPORTED BY WRITTEN DOCUMENTATION. THE PRESIDENT USES THE RESULTS OF THE ANNUAL REVIEW, ALONG WITH INDEPENDENTLY PREPARED COMPARABILITY DATA TO DETERMINE THE CHIEF EXECUTIVE OFFICER'S COMPENSATION, WHICH IS DOCUMENTED ON A PERSONNEL ACTION FORM.
FORM 990, PART VI, SECTION C, LINE 19	THE LEAGUE POSTS COPIES OF ITS FORM 990S ON ITS PUBLIC WEBSITE AND ALSO MAKES THE FORMS AVAILABLE UPON REQUEST BY EMAIL, MAIL, AND FOR PUBLIC INSPECTION AT ITS OFFICE DURING NORMAL BUSINESS HOURS. THE LEAGUE'S FORM 1024, WHICH WAS ORIGINALLY FILED DURING THE 1920S, NO LONGER EXISTS. THE LEAGUE'S ARTICLES OF INCORPORATION, BYLAWS, AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE LEAGUE'S WEBSITE: WWW.LWV.ORG.
FORM 990, PART IX, LINE 11G	OTHER FEES: PROGRAM SERVICE EXPENSES 406,837. MANAGEMENT AND GENERAL EXPENSES 158,290. FUNDRAISING EXPENSES 502,265. TOTAL EXPENSES 1,067,392.
FORM 990, PART XII, LINE 2C:	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2019

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization LEAGUE OF WOMEN VOTERS OF THE UNITED

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.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

2019
Open to Public Inspection

Employer identification number

STATES							53-	0115655				
Part I Identification of Disregarded Entities. Compl	ete if the	organization ar	swere	d "Yes" on F	orm 99	90, Part IV,	line	33.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activi	ty	(c) Legal domicile or foreign cou		(d) Total incom	е	(e) End-of-year assets		(f) Direct control entity	ling	
									-			
									+			
												_
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	a tions. (e tax yea	Complete if the r.	organ	ization answ	ered "\	res" on Fori	n 99	90, Part IV, line	34 l	pecause it had	one	
(a) Name, address, and EIN of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Exempt Code section		(e) blic charity status section 501(c)(3))		(f) Direct controlling entity	Se 51 (con	(g) ection 12(t (13) etrolon tity
(1)LEAGUE OF WOMEN VOTERS EDUCATION FUND 1233 20TH ST NW	CITIZEN I GOVERNN	INVOLVEMENT IN MENT		DC	501(C)((3)	LINE	7	N/A		Yes	
WASHINGTON, DC 20036 53-0239013												1
For Paperwork Reduction Act Notice, see the Instructions for Form 990).		Ca	at. No. 50135	Υ				Sche	edule R (Form 99	0) 20	19

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 3	34,
because it had one or more related organizations treated as a partnership during the tax year.	

	•			,								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(I Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	i) ral or aging :ner?	(k) Percentage ownership
							Yes	No		Yes	No	
			_	•	-							

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

	u organizacions tre	ated as a corporation of t	i ust during ti	ie 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)	(g) Share of end-of- year assets	(h) Percentage ownership		ntrolled ity?
		country)			l i	Ţ	Yes	No

Schedule R (Form 990) 2019					Pag	ge 3	
Part V Transactions With Related Organizations. Complete if the organization answered	d "Yes" on Form 9	90, Part IV, line	34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more rela	ated organizations lis	sted in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b Gift, grant, or capital contribution to related organization(s)							
C Gift, grant, or capital contribution from related organization(s)							
d Loans or loan guarantees to or for related organization(s)				1d	Yes		
e Loans or loan guarantees by related organization(s)							
${f f}$ Dividends from related organization(s)				1f		No	
g Sale of assets to related organization(s)				1g		No	
f h Purchase of assets from related organization(s)				1h		No	
i Exchange of assets with related organization(s) \cdots				1i		No	
${f j}$ Lease of facilities, equipment, or other assets to related organization(s) \cdot · · · · · · · · · · · · · · · · · · ·				1j	Yes		
${f k}$ Lease of facilities, equipment, or other assets from related organization(s) \cdot · · · · · · · · · · · · · · · · · · ·				1k		No	
I 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)						No	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
$oldsymbol{o}$ Sharing of paid employees with related organization(s) $oldsymbol{\cdot}$ $olds$				10	Yes		
P Reimbursement paid to related organization(s) for expenses				1p		No	
q Reimbursement paid by related organization(s) for expenses · · · · · · · · · · · · · · · · · ·				1q	Yes		
• Other transfer of cash or property to related organization(s)				1r		No	
S Other transfer of cash or property from related organization(s)				1s		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete th							
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining am	ount ii	nvolved	i	

q Reimbursement paid by related organization(s) for expenses				14 16	:5			
${f r}$ Other transfer of cash or property to related organization(s)								
s Other transfer of cash or property from related organization(s)								
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved					
(1)LEAGUE OF WOMEN VOTERS EDUCATION FUND	D	447,054	GENERAL LEDGER					
(2)LEAGUE OF WOMEN VOTERS EDUCATION FUND		208,122	FMV					
(3)LEAGUE OF WOMEN VOTERS EDUCATION FUND		532,973	VENDOR INVOICES					
(4)LEAGUE OF WOMEN VOTERS EDUCATION FUND		1,643,457	TIME SHEETS					
(5)LEAGUE OF WOMEN VOTERS EDUCATION FUND	Q	2,455,441	CASH		•			

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.

	revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.												
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated,	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	te	(i) Code V-UBI amount in box 20 of Schedule	(j) General of managing partner?	r 9	(k) Percentage ownership
		country)	excluded from tax under sections 512- 514)					Yes	No	K-1 (Form 1065)	Yes	No	
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Schedule R (Form 990) 2019	Page 5	
Part VII Supplemental In		
Provide additional info	ormation for responses to questions on Schedule R. (see instructions).	
Return Reference	Explanation	
		Schedule R (Form 990) 2019
Additional Data		Return to Form
	Software ID:	
	Software Version:	