

990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Form 990EZ
Department of the Treasury
Internal Revenue Service

- A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022
B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
League of Women Voters of South Carolina
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO Box 5324
City or town, state or province, country, and ZIP or foreign postal code
Columbia, SC 29202

D Employer identification number
57-6026436
E Telephone number
(843) 475-7993
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.LWVSC.COM
J Tax-exempt status (check only one) 501(c)(3) 501(c)(4) (insert no. 4947(a)(1) or 527)

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 60,691

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Table with 3 columns: Line number, Description, and Amount. Rows include Contributions, gifts, grants, and similar amounts received (38,261); Program service revenue including government fees and contracts; Membership dues and assessments (18,325); Investment income (27); Gross amount from sale of assets other than inventory (5a); Less: cost or other basis and sales expenses (5b); Gain or (loss) from sale of assets other than inventory (5c); Gaming and fundraising events (6); Gross income from gaming (6a); Gross income from fundraising events (6b); Less: direct expenses from gaming and fundraising events (6c); Net income or (loss) from gaming and fundraising events (6d); Gross sales of inventory, less returns and allowances (7a); Less: cost of goods sold (7b); Gross profit or (loss) from sales of inventory (7c); Other revenue (8); Total revenue (9) 60,505.

Table with 3 columns: Line number, Description, and Amount. Rows include Grants and similar amounts paid (10) 5,815; Benefits paid to or for members (11); Salaries, other compensation, and employee benefits (12); Professional fees and other payments to independent contractors (13) 5,140; Occupancy, rent, utilities, and maintenance (14); Printing, publications, postage, and shipping (15) 7,519; Other expenses (16) 27,108; Total expenses (17) 45,582; Excess or (deficit) for the year (18) 14,923.

Table with 3 columns: Line number, Description, and Amount. Rows include Net assets or fund balances at beginning of year (19) 59,980; Other changes in net assets or fund balances (20) 10,000; Net assets or fund balances at end of year (21) 84,903.

Part II Balance Sheets(see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	59,980	22 84,903
23 Land and buildings		23
24 Other assets (describe in Schedule O)	186	24
25 Total assets	60,166	25 84,903
26 Total liabilities (describe in Schedule O).	186	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,980	27 84,903

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?
 Promote Political responsibility via informed participation

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 Voter services through VOTE411 a highly effective online election guide servicing over 32,200 voters and voter registration assistance to 6,168 persons across the state (Grants \$ 3,800) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 6,950
29 Program Education reaching well over 1,000,000 persons through basic eBlasts,newsletters, webinars,and citizening to actively citizens in their state government (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 13,832
30 Local league support through financial support, operational guidance and state membership management of over 1,130 persons (Grants \$ 2,015) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 7,001
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 27,783

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Nancy Williams President	40.00	0		
Lynn Teague Vice President	50.00	0		
Elizabeth Jones Vice President	30.00	0		
Janelle Rivers Secretary	30.00	0		
Connie Deerin Treasurer	30.00	0		
JoAnne Day Director	30.00	0		
Sharda Jackson Smith Director	15.00	0		
Mary Agnes Garman Director	40.00	0		
Matthew Saltzman Director	30.00	0		
Nancy Moore Director	40.00	0		
Christe McCoy-Lawerence Director	30.00	0		
Joyce Franklin Director	5.00	0		
Hannah Parker Director	10.00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

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

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI Section 501(c)(3) Organizations Only

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

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

	Yes	No
47		
48		
49a		
49b		

47 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

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

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here	Signature of officer	2023-01-20
	Nancy L Williams President Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name Gary Jenkins	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01857932
	Firm's name ▶ Accurate Professional Tax Services			Firm's EIN ▶ 81-5270534	
	Firm's address ▶ 66 Ponsbury Rd Mount Pleasant, SC 29464			Phone no. (843) 872-2862	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

[Return to Form](#)

Software ID: 21013485

Software Version: 2021v4.1

Form 990-EZ, Special Condition Description:

Special Condition Description

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
League of Women Voters of South Carolina

Employer identification number

57-6026436

Return Reference	Explanation
Other Revenue.1	State Meeting fees \$2530
Other Revenue.2	Misc \$1415
Other Expenses.2	Ed Program: \$6313
Other Expenses.3	Fundraising: \$5978
Other Expenses.4	General Management \$5526
Other Expenses.5	Local League Support: \$4986
Other Expenses.6	Other Voter Service: \$3150
Other Expenses.7	Misc: \$931
Other Expenses.8	National Dues \$224
Other Assets.1010	Inventories - Beginning \$186 Inventories - Ending \$0
Total Liabilities.1	- Beginning \$186 - Ending \$0

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