Form <b>990</b>
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## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

омв No. 1545-0047 20**09** 

		the Treasury use Service ► The organization may have to use a copy of this return to satisfy sta	ate repo	rting requ	irements.	Open to Public Inspection
A	For the	e 2009 calendar year, or tax year beginning July 01 , 2009, and en	nding	June	e 30,	, 20 10
B	Check if a	applicable: Please C Name of organization League of Women Voters of the United	d State	es	D Employ	er identification number
		change label or Doing Business As			53	0115655
ALC: NOT THE OWNER.	Name ch		n/suite		E Telepho	ne number
	nitial ret	See 1730 M Street, NW	100	0	(202)	263-1300
<b></b>	Ferminat	ted City or town, state or country, and ZIP + 4				
$\Box$ A	Amende	d return tions. Washington, DC 20036- 4542			G Gross red	ceipts \$ 3,962,532
	Applicatio	n pending <b>F</b> Name and address of principal officer:	1	H(a) is this	a group return	for affiliates? Yes No
		Nancy E. Tate, LWVUS 1730 M St, NW, Washington DC	I	H(b) Are a	II affiliates in	ncluded? Yes No
		empt status: $\boxed{2}$ 501(c) ( <b>4</b> ) $\triangleleft$ (insert no.) $\boxed{2}$ 4947(a)(1) or $\boxed{527}$		lf "No	o," attach a	list. (see instructions)
		te: ▶ www.lwv.org			xemption nun	
-		organization: 🗹 Corporation 🗌 Trust 🗌 Association 🗌 Other 🕨 📃 L Year of for	rmation:	1920	M State of	legal domicile: DC
Pa	art I	Summary		C 144		
	1	Briefly describe the organization's mission or most significant activities: Th	ie Leag	jue of W	omen vo	ters, a nonpartisan
e		political organization, encourages the informed and active participation				
and		increase the understanding of major public policy issues, and influence	s publi	ic policy	through	education and
Governance	-	advocacy.	050/ /			
Ğ		Check this box $\blacktriangleright$ if the organization discontinued its operations or disposed of more than				40
			• • •		. <u>3</u> 4	13
ities		Number of independent voting members of the governing body (Part VI, line			. 4	<u>13</u> 35
Activities &		Total number of employees (Part V, line 2a)			. 5	61,211
٩		Total number of volunteers (estimate if necessary)			. 0 7a	01,211
		Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34.	•••		74 75	0
			<u> </u>	Prior Ye	-	Current Year
	8	Contributions and grants (Part VIII, line 1h)			449,541	3,590,772
Jue	1	Program service revenue (Part VIII, line 2g)		186,0		357,865
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		58,261		13,895
å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	0		0
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	) –	3,0	693,861	3,962,532
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0	0
	1	Benefits paid to or for members (Part IX, column (A), line 4)	•	0		0
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,	307,726	1,354,977
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			543,277	415,144
Ă		Total fundraising expenses (Part IX, column (D), line 25) ►				
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,	003.579	2,193,162
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).			854,582	3,963,283
	19	Revenue less expenses. Subtract line 18 from line 12			160,721	-751
Assets or Balances			Begi	inning of Cu		End of Year
sset	20	Total assets (Part X, line 16)	·		408,381	1,619,540
Net A		Total liabilities (Part X, line 26)	·		733,314	827,732
		Net assets or fund balances. Subtract line 21 from line 20	-		675,067	791,808
Pa	art II	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying s				
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is base				
e:/	~ ~	hailer Arough and		1/	0/26	12010
Sig	ere	Signature of officer		Dat		/
116				Dui	0	
		Type or print name and title				
			Check	if	Preparer's	identifying number
<u> </u>		Preparer's signature	self-	yed 🕨 🗌	(see instruc	
Pai				,		
	parer's	Firm's name (or yours		EIN	•	· · · · · · · · · · · · · · · · · · ·
USE	e Only	if self-employed), address, and ZIP + 4		Phone n	io. ► (	)
Ma	ay the	IRS discuss this return with the preparer shown above? (see instructions)		<u> </u>		. 🗌 Yes 🗌 No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form	990 (2009) Page <b>2</b>
Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The League of Women Voters, a nonpartisan political organization, encourages the informed and active participation of citizens in government, works to increase the understanding of major public policy issues, and influences public policy through education and advocacy.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 726,488 including grants of \$) (Revenue \$) Communications: Expenditures are used to maintain the League's web site, prepare and diseminate materials and publications which promote political awareness and responsibility and which address selected issues.
	Schedule O provides additional detailed description of the League's program service achievements.
4b	(Code:) (Expenses \$ 622,318 including grants of \$) (Revenue \$) Member services: Expenditures are used to assist state and local leagues with member recruitment and various programs.
	Schedule O provides additional detailed description of the League's program service achievements.
	Schedule O provides additional detailed description of the League's program service achievements.
	·
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	·
4c	(Code:) (Expenses \$ 289,357 including grants of \$ 3,500 ) (Revenue \$)         Lobbying: Expenditures are used to promote political responsibility through informed and active participation
	of citizens in govenment and to act on selected issues.
	Schedule O provides additional detailed description of the League's program service achievements.
	Other program services. (Describe in Schedule O.)         (Expenses \$ 204,677 including grants of \$ 13,000 ) (Revenue \$ 190,240 )
4e	Total program service expenses ► 1,842,840

Form §	990 (2009)		Pa	age <b>3</b>
Par	t IV Checklist of Required Schedules			
	r		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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	$\checkmark$	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, Part I</i>	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		√
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓	
٠	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
٠	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? <i>If "Yes," complete Schedule D, Part VII.</i>			
٠	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? <i>If "Yes," complete Schedule D, Part VIII.</i>			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>			
٠	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
	Was the organization included in consolidated, independent audited financial statements for the tax year?       Yes       No         If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.       124       ✓	10		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		$\checkmark$
	Did the organization maintain an office, employees, or agents outside of the United States?	140		<b>V</b>
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	✓

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Form	990 (2009)		Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Yes	No √
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<ul> <li></li> </ul>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	~	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c 24d		✓ ✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disgualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	240 25a		<ul> <li>✓</li> </ul>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		$\checkmark$
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\checkmark$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	•

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Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         1a       Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable       1 <td< th=""><th>Form</th><th>990 (2009)</th><th></th><th>F</th><th>age 5</th></td<>	Form	990 (2009)		F	age 5							
1a       Enter the number of Forms 1046, Annual Summary and Transmittal of U.S. Information Returns. Enter -0: If not applicable <u>1a</u> 13 <td< th=""><th>Par</th><th>t V Statements Regarding Other IRS Filings and Tax Compliance</th><th></th><th></th><th></th></td<>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance										
U.S. Information Returns. Enter -0: if not applicable       1a       13         b       Enter the number of Forms W-26 included in line 1a. Enter -0: if not applicable       1a       1a         c       V       V       V       V         2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return       2a       35         3b       If at least on is reported on line 2a, did the organization file all required federal employment tax returns?       2b       ✓         3a       If at least on is reported on line 2a, did the organization file all required federal employment tax returns?       2b       ✓         3b       If at least on is reported on line 2a, did the organization is on a signature or other authority this return?       3a       ✓         3b       If at a signature or other subtority is a signature or a signature or other authority accounty?       3a       ✓         4a       At any time during the calendary ear, did the organization have an interest in or a signature or other authority accounty?       3a       ✓         5a       Was the organization a party to a prohibited tax sheart transaction at any time during the tax year?       5a       Á         5a       Was the organization aparty to a prohibited tax sheart transaction?       5a       ✓       ✓         5a				Yes	No							
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize wirners?     The number of employees reported on Form W-3, Transmittal of Wage and Tax (2a) 35     Statements, filed for the calendar year ending with or within the year covered by this return.     The set is reported on line 2a, diff 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 <i>e-file</i> this return. (see instructions)     The set is the dia form 990-T for this year? If "No," <i>provide an explanation in Schedule</i> 0.     At any time during the calendar year, diff we organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial account)     See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?,     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     Did any taxable party notify the organization file Form 888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelf Transaction?     Did any taxable party notifibution stat were not tax deductible?     Did any taxable party notifibutions tax ever not tax deductible?     Jo and services apayment in excess of 375 made party as a contribution and party for goods and services provide of the payor?     Jo did the organization neceive a payment in excess of 375 made party as a contribution and party for goods and services induced the payor?     Jo did the organization file Form 8282 filed during the year?     Jo did the organization file form 8282 filed during the year?     Jo did the organization number of Form 8282 filed during the year?     Jo did the org	1a	U.S. Information Returns. Enter -0- if not applicable										
gamping (gambling) winnings to prize winners?       1c       1c       1c       1c         2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax [2a]       35         2b       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 -//ife this return.       3b         2b       If "ves," has it filed a Form 990-T for this year? If "Vo," provide an explanation in Schedule O.       3a         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other financial account;       3b         5e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       5a       ✓         5a       Wast the organization have annual greas receipts that are normally greater than \$100,000, and did the organization file form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shetter Transaction?       5a       ✓         5a       V       So       5a       ✓       5a       ✓         5a       Vast to reganization near excess of \$75 made party as contributions and party to greanization field we organization field we fort tax	b											
2a       Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax       2a       35         bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       ✓         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>file</i> this return. (see instructions)       3a       ✓         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.       3a       ✓         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: b       3a       ✓         See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       ✓       ✓         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.       5a       ✓         5a       Was the organization neak eanual gross receipts that are normally greater than \$100,000, and did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?       ✓         6a       ✓       ✓       ✓       ✓         7b       Did any taxable party notify the organization file form 8886-7. Disclosure by Tax-Exempt Entity Negarding Prohibited Tax Shelter Transaction?       ✓       ✓         7b       Tran	c											
b       If at least one is reported on line 2a, did the organization file ail required tearl employment tax returns?       2b       V         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)       3a       Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.       3a       Did         3b       Did       At any time during the calendar year, did the organization have an interest in, or a signature or other dinancial account in a foreign country (such as a bank account, securities account, or other financial account?       4a       ✓         5a       Max the organization a party to a prohibited tax shelter transaction at any time during the tax year?.       5a       ✓         5a       Was the organization a party to a prohibited tax shelter transaction?       5a       ✓         6a       Do any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding prohibited Tax Shelter Transaction?       5a       ✓         6a       V       Did any taxele party notify the organization inclue where yeal clation an express statement that such contributions or granization notely the organization and party for goods and services provided?       5a       ✓         7b       Organization shat mare not tax deductible?       7a       7b       7a       7b         7c       Organization shat mare not stax deductible?       7a       7a <td< th=""><th><b>2</b>a</th><th>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax</th><th></th><th></th><th></th></td<>	<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax										
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?       3a       3a       ✓         3b       3c       ✓       3a       ✓         3b       3c       ✓       3a       ✓         3c       4       At any time during the calendar year, difted he organization have an interest in, or a signature or other uthority over, a financial account in a foreign country.       5a       ✓         3c       accountly?       4a       ✓         3c       bit "Yes," enter the name of the foreign country.       5a       ✓         3c       bit "Yes," enter the name of the foreign country.       5a       ✓         3c       bit instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       5a       ✓         3c       bit in \$a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5a       ✓         3c       Do be the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions that was receive a paymant in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       5b       ✓         7	b		2b	$\checkmark$								
this return?       3a       V         b If "Yes," has it filed a Form 990-T for this year? // "No," provide an explanation in Schedule 0.       3b         A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?)       4a       ✓         b If "Yes," enter the name of the foreign country >       See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       5a       ✓         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       ✓         5a       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       5a       ✓         7       Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7b       7c         7       Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       7d         7       Organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contrat??       7t       7d		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see										
a 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)?         b If "Yes," enter the name of the foreign country be seen to the section of the section store exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.         b Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction?         c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?         b If "Yes," did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization shat may receive deductible contributions under section 170(c).         c Draganization shat may receive deductible contributions under section 170(c).       To did the organization notify the donor of the value of the goods or services provided?       7a         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c Did the organization, during the year, neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7b         f If "Yes," indicat the humber of Forms 8282 filed during the year?       7d       7d         f Did the organiza		this return?			✓							
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c       If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?.       5c         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       ✓         7       Organization solicit any contributions that were not tax deductible?       6b       ✓         6       Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       ✓         7       Organizations receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       7b         16       "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       7c         7d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d         6       Ho "Yes," indicate the number of Forms 8282 filed during the year?       7d       7g       7d         7       Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7g         7       Did the organizations and qualified intellectual property, did the organization file a Form 1098-C as required?       7h	5a											
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		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									

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

Section A. Governing Body and Management									
			Yes	No					
1a	Enter the number of voting members of the governing body	3							
b	Enter the number of voting members that are independent	3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?	2		$\checkmark$					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		$\checkmark$					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		$\checkmark$					
5									
6									
- 7a									
	of the governing body?	7a	$\checkmark$						
b	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8									
Ū	the year by the following:								
а		8a	1						
b		8b	$\checkmark$						
9	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	. 9a		✓					
6	tion P. Delicion (This Section P. requests information shout policics not required by the In	tornal							

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	<u>10</u> a	$\checkmark$	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	✓	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		1
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	$\checkmark$	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	$\checkmark$	
14	Does the organization have a written document retention and destruction policy?	14	$\checkmark$	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	$\checkmark$	
b	Other officers or key employees of the organization	15b	$\checkmark$	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		$\checkmark$
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's event at the preparative organization and taken steps to safeguard the organization of the preparative organization or preparative organization of the preparative organization organization of the preparative organization organizat	4.01		
<u> </u>	the organization's exempt status with respect to such arrangements?	16b	I	V
260	tion C. Disclosure			

17 List the states with which a copy of this Form 990 is required to be filed **See Schedule O.** 

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

- 🗹 Own website 🛛 Another's website 🗹 Upon request
- **19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Zaida Arguedas, League of Women Voters, 1730 M St., NW, Washington, DC telephone:(202) 263-1351

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

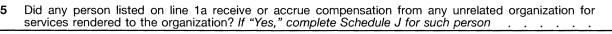
List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)			(0		, u	100	(D)	(E)	(F)	
Name and Title	Average	Position (check all that apply						Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Elisabeth MacNamara						<u> </u>				
President	15	1		$\checkmark$				-	-	-
Judy Duffy	7.50									
1st Vice President	7.50	1		$\checkmark$				-	-	-
Judith Davis	7.50							_	-	_
2nd Vice President	1.50	$\checkmark$		$\checkmark$						-
Susan Morris Wilson	7.50							-	-	-
Secretary/Treasurer				$\checkmark$						
Patricia Donath	7.50							-	-	-
Director Margaret Hawkins Hill (Peggy)										
Director	7.50	1							-	
Mary Klenz		<b>v</b>								
Director	7.50	1						-	-	-
Janis McMillen		· -					1			
Director	7.50	1						-	-	-
Marcia A. Merrins	7.50									
Director	7.50	1						•	-	-
Marlene O'Brien	7.50									_
Director	7.50	1				ļ				
Norman Turrill	7.50							-	_	_
Director		$\checkmark$								
Dianne Wheatley-Giliotti	7.50							-	· -	-
Director '										
Elaine M. Wiant	7.50							-	-	-
Director		<b>√</b>					+			<u> </u>
Nancy Tate Executive Director	- 25			1				184,008	-	-
Greg Leatherwood				<b>v</b>	+					
Director of Finance	- 25			1				97,245	-	-
Zaida Arguedas			+	-	1	-				
Deputy Executive Director	- 25				1			128,688	-	-
				1	1.	1		L		

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	Po or director	6 Institutional trustee	Officer	a Key employee	a Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organization
						ited				
	-									
	-									
	-									
	-						-			
	-									
	-									
	-							409,941		
<ul> <li>2 Total number of individuals (including but reportable compensation from the organiz</li> </ul>	not limited		_			above	e) w		ore than \$100,00	1 00 in

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual.*5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for



### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

	, (A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
Th	e Production Management Group (PMG)	Printing and mailhouse	909,491
Vo	rnado/Charles E. Smith	Office rent	450,913
Av	alon Consulting Group Inc.	Fundraising consulting	274,410
Ge	neral Systems Corporation	Member/donor database	189,102
Atl	anta Marriott Marquis Hotel	Hosting convention	147,489
2			

4

5

✓

Form 990 (2009)

Form 9								Faye J
Part	VIII	Statement of Reven	lue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
gifts, grants ilar amounts	b c	Membership dues Fundraising events	4.	308,724				
Contributions, gifts, grants and other similar amounts	f g	Government grants (contributions). All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$		3,282,048	2 500 772			
	n	Total. Add lines 1a-1f	Business Code	3,590,772				
Program Service Revenue	_	Council and Convention	ļ		100 240	100 240		
eve	2a	Dublication color		<u>900099</u> 511130	190,240 20,647	190,240 20,647	-	-
e e	b			511140	146,429	20,047		146,429
evic	C			900099	549	549		
ي ۲	a	•••••••••••••••••••••••••••••••••••			010	010		
grar	f	All other program service r						
Pro	g	. +			357,865			
	4	Investment income (includi other similar amounts) Income from investment of tax	ng dividends  x-exempt bond	, interest, and ► d proceeds ►	13,895			
	5	Royalties	(i) Real	(ii) Personal				
	b	Gross Rents						
		Net rental income or (loss)	🕨					
	7a	Gross amount from sales of	) Securities	(ii) Other				
		Less: cost or other basis and sales expenses . Gain or (loss) .						
Ð	d			▶				
Other Revenue		events (not including \$ of contributions reported of See Part IV, line 18	n line 1c).					
Othe		Less: direct expenses . Net income or (loss) from		vents '►				
		Gross income from gaming See Part IV, line 19 Less: direct expenses	. а					
		Net income or (loss) from		ities 🕨				ŀ
	10a	Gross sales of inventor returns and allowances	ory, less					
		Less: cost of goods sold Net income or (loss) from sa Miscellaneous Revenue	ales of invente					
	11a				4			1
	b							
	d	All other revenue						
	e	Total. Add lines 11a–11d						
		Total revenue. See instru		• •	3,962,532	211,436		146,429

**Statement of Functional Expenses** 

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) (C) (D) Fundraising (A) Do not include amounts reported on lines 6b, Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 . . . . . 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . 4 Benefits paid to or for members . . . 5 Compensation of current officers, directors, 148,568 148,568 trustees, and key employees . . . . . Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 900,873 622,606 205,070 73.197 Other salaries and wages . . . . . 7 Pension plan contributions (include section 401(k) 8 94,147 65,067 7,649 21,431 and section 403(b) employer contributions) . . 122,974 84,988 27,993 9,993 Other employee benefits . . . . . 9 88,415 61,105 20,126 7,184 Payroll taxes . . . . . . . . 10 11 Fees for services (non-employees): a Management . . . . . . . . **b** Legal . . . . . . . . . . . **c** Accounting . . . . . . . . **d** Lobbying . . . . . . . . 415,144 415,144 Professional fundraising services. See Part IV, line 17 е f Investment management fees . . . 805,684 396,006 73,928 335,750 Other . . . . . . . . . g Advertising and promotion 12 216,737 45,882 494,858 757,477 Office expenses . . . . . 13 14 Information technology . . . . 15 Royalties . . . . . . . 313,461 196,347 103,055 14,059 16 Occupancy . . . . . . . . . 78,713 68,701 8,430 1,582 17 Travel . . . . . . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 56,421 4,511 51,910 19 Conferences, conventions, and meetings . 20 Interest . . . . . . . . . . . . 16,500 16,500 Payments to affiliates . . . . . . . 21 60,413 37,175 18,868 4,370 22 Depreciation, depletion, and amortization . 24,948 27 3,824 21,097 23 Insurance . . . . . . . . . . . 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) Miscellaneous expense 79,545 73,070 6,475 а b С d е All other expenses ..... f 25 Total functional expenses. Add lines 1 through 24f 3,963,283 1,842,840 752,833 1.367.610 Joint costs. Check here ► 🗹 if following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation 920,036 306.679 613,357 . . .

Form 990 (2009)

**Balance Sheet** 

Part X

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	692,873	2	950,205
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	51,573	4	26,396
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net	214,115	7	349,539
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or 10a 1,018,590 other basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation	320,067	10c	257,372
11	Investments-publicly traded securities		11	
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	129,753	15	36,028
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,408,381	16	1,619,540
17	Accounts payable and accrued expenses	348,552	17	500,445
18	Grants payable		18	
19	Deferred revenue	8,046	19	2,921
20	Tax-exempt bond liabilities		20	
3 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	376,716	24 25	204.000
25 26	Other liabilities. Complete Part X of Schedule D	733,314	25	324,366
	Organizations that follow SFAS 117, check here ► 🖉 and complete lines 27 through 29, and lines 33 and 34.	*	20	021,132
		664,556	27	787,518
27 28 28	Unrestricted net assets	10,511	28	4,290
2 29	Permanently restricted net assets		29	, , , , , , , , , , , , , , , , , , , ,
27 28 29 29 30 31 32 33	Organizations that do not follow SFAS 117, check here $\blacktriangleright$ and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ξ 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	675,067	33	791,808
z 33 34	Total liabilities and net assets/fund balances	1,408,381		1,619,540
L	· · · · · · · · · · · · · · · · · · ·	.,,		Form <b>990</b> (20

Form	990 (2009)		Paç	ge <b>12</b>
Par	rt XI Financial Statements and Reporting			
		_	Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		$\checkmark$
b	Were the organization's financial statements audited by an independent accountant?	2b	$\checkmark$	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
3a	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis 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?	3a		1
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		

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Form **990** (2009)

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### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization	Employer identification number
League of Women Voters of the United States	53 <u>;</u> 0115655
Organization type (check one):	·····

Filers of:	Section:
Form 990 or 990-EZ	501(c)( 4 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	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.

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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### **Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

### Name of organization

League of Women Voters of the United States

Employer identification number 53 0115655

0115655	
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Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LWV of Greater Tucson 2424 East Broadway STE #110	\$5,415.00	Person 🗹 Payroll 🗌 Noncash 🗌
	Tucson, AZ 85719		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	LWV of Berkeley (Albany and Emeryville)		Person
	1414 University Avenue, Suite D	\$	Payroll Noncash
	Berkeley, CA 94702		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	LWV of Los Angeles 3303 Wilshire Blvd, Suite 310	\$10,415.00	Person ✓ Payroll Noncash
	Los Angeles, CA 90010	Φ	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	LWV of Monterey Peninsula		Person ✓ Payroll
	P.O. Box 1995	\$	Noncash
	Monterey, CA 93942		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	LWV of Oakland		Person 🔽
	1305 Franklin Street. Suite 311	\$8,138.00	Payroll Noncash
	Oakland, CA 94612		(Complete Part II if there is a noncash contribution.)
(a) No.	ر (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	LWV of Palo Alto		Person
	953 Industrial Avenue. Suite 113	\$6,197.00	Noncash
	Palo Alto, CA 94303		(Complete Part II if there is a noncash contribution.)

Page of 9 of Part I

•		Employer identification number
League	of Women Voters of the United States	53 0115655
Part I	Contributors (see instructions)	

#### (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 7 LWV of Pasadena Area √ Person Payroll 1353 N. Hill Avenue 7,611.00 Noncash (Complete Part II if there is Pasadena, CA 91104 a noncash contribution.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 8 LWV of Claremont Area $\overline{\mathbf{v}}$ Person Payroll 4143 Tenango Road 6,457.00 Noncash (Complete Part II if there is Claremont, CA 91711 a noncash contribution.) (c) (d) (a) (b) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 9 LWV of Marin County Person $\checkmark$ Payroll 4340 Redwood Highway Suite F-108 5,733.00 Noncash (Complete Part II if there is San Rafael, CA 94903 a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 10 **LWV of San Diego** $\checkmark$ Person Payroll 4901 Moreno Blvd, Bldg. 100. Suite 104 9,792.00 Noncash (Complete Part II if there is San Diego, CA 92117 a noncash contribution.) (c) (a) (b) (d) No. Type of contribution Name, address, and ZIP + 4 Aggregate contributions LWV of San Francisco 11 Person $\checkmark$ Payroll 582 Market Street Suite 615 5,312.00 Noncash \$ (Complete Part II if there is San Francisco, CA 94104 a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 12 LWV of North & Central San Mateo Cnty, San Mateo Coun Person $\checkmark$ Payroll 444 Peninsula Avenue., Suite 1 5,783.00 \$\_\_\_\_\_ Noncash (Complete Part II if there is San Mateo, CA 94401 a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

### Name of organization

League of Women Voters of the United States

3 of \_\_\_\_\_ of Part I Page \_

Employer identification number 53

0115655

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	LWV of Santa Barbara 5730 Encina Road #2	\$6,649.00	Person 🗹 Payroll 🗌 Noncash 🗌
	Goleta, CA 93117		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.14	LWV of the Los Altos-Mountainview Area		Person 🗹 Payroll 🗌
	97 Hillview Avenue	\$5,696.00	Noncash
	Los Altos, CA 94022		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.15	LWV of North Coast San Diego P.O. Box 131272 Carlsbad, CA 92013	\$5,690.00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
. 16	LWV of Denver 1980 Dahlia Street. Room 306 Denver, CO 80220	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 17	LWV of Greenwich 22 Marlow Court Riverside, CT 06878	\$7,725.00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	ر (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	LWV of Mansfield 54 Bundy Lane	\$5,261.00	Person Payroll Noncash □
	Storrs Mansfield, CT 06268		(Complete Part II if there is a noncash contribution.)

Name of organization League of Women Voters of the United States 4 9 of \_\_\_\_ of Part I

Employer identification number 53 0115655

Page

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	LWV of Westport PO Box 285 Westport, CT 06881	\$6,072.00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20	LWV of New Castle County 717 Fiske Lane Newark, DE 19711	\$5,521.00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21	LWV of Orange County PO Box 536208 Orlando, FL 32853-6208	\$9,114.00	Person       ✓         Payroll       □         Noncash       □         (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	LWV of Palm Beach County P.O. Box 6208 Delray Beach, FL 33482	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23	LWV of Atlanta-Fulton County PO Box 420705 Atlanta, GA 30342	\$5,157.00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	ُ (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24	LWV of Evanston 2100 Ridge Avenue Ste. 1030 Evanston, IL 60201	\$6,077.00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

### Name of organization

League of Women Voters of the United States

Employer identification number

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	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	LWV of Oak Park and River Forest P.O. Box 3301	\$6,217.00	Person Payroll Noncash
	Oak Park, IL 60303		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26	LWV of Newton		Person 🗹 Payroll 🗌
	PO Box 610207	\$5,289.00	Noncash
	Newton Highlands, MA 02461		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27	LWV of Montgomery County		Person
	12216 Parklawn Drive. Suite 101	\$ 10,776.00	Payroll Noncash
	Rockville, MD 20852		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28	LWV of Minneapolis		Person 📝
	81 South Ninth Street. Suite 335	\$5,265.00	Payroll Noncash
		•	
	Minneapolis, MN 55402	· ·	(Complete Part II if there is a noncash contribution.)
(a) No.	Minneapolis, MN 55402 (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(Complete Part II if there is
	(b)	(c) Aggregate contributions	(Complete Part II if there is a noncash contribution.) (d) Type of contribution Person
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(Complete Part II if there is a noncash contribution.) (d) Type of contribution
No.	(b) Name, address, and ZIP + 4 LWV of St. Louis	(c) Aggregate contributions	(Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll
No.	(b) Name, address, and ZIP + 4 LWV of St. Louis 8706 Manchester. Suite #104	(c) Aggregate contributions	(Complete Part II if there is a noncash contribution.) (d) Type of contribution Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is
<u> </u>	(b) Name, address, and ZIP + 4 LWV of St. Louis 8706 Manchester. Suite #104 St. Louis, MO 63144 (b)	(c) Aggregate contributions \$6,733.00 (c)	(Complete Part II if there is a noncash contribution.) (d) Type of contribution Person √ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person √
No. 29 (a) No.	(b) Name, address, and ZIP + 4 LWV of St. Louis 8706 Manchester. Suite #104 St. Louis, MO 63144 (b) Name, address, and ZIP + 4	(c) Aggregate contributions \$6,733.00 (c)	(Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution

Name of organization

Page \_\_\_\_\_ of \_\_\_\_\_ of Part I

Employer identification number

League of Women Voters of the United States

53 0115655

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	LWV of Albany County 12 Coventry Road Glenmont, NY 12077	\$5,441.00	Person       Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32	LWV of Buffalo/Niagara 778 Lawrence Avenue East Aurora, NY 14052	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33	LWV of Rochester Metro 45 Exchange Boulevard. Suite 508 Rochester, NY 14614	\$6,795.00	Person       ✓         Payroll       □         Noncash       □         (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	Name, address, and ZIP + 4 LWV of the City of New York 4 West 43rd Street. Suite 615 New York, NY 10036		Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4 LWV of the City of New York 4 West 43rd Street. Suite 615	Aggregate contributions	Type of contribution         Person Payroll         Noncash (Complete Part II if there is
No. 	Name, address, and ZIP + 4 LWV of the City of New York 4 West 43rd Street. Suite 615 New York, NY 10036 (b)	Aggregate contributions \$6,325.00 (c)	Type of contribution  Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  (d)
No. 	Name, address, and ZIP + 4         LWV of the City of New York         4 West 43rd Street. Suite 615         New York, NY 10036         (b)         Name, address, and ZIP + 4         LWV of Scarsdale         P.O. Box 495	Aggregate contributions \$6,325.00 (c) Aggregate contributions	Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization League of Women Voters of the United States 7\_\_\_\_\_ of \_\_\_\_\_ of Part I

Page Employer identification number

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(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	LWV of the Greater Dayton Area	\$\$	Person Payroll Noncash (Complete Part II if there is
	Dayton, OH 45402		a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
38	LWV of Metropolitan Columbus 2725 Floribanda Drive	 \$	Person
	Columbus, OH 43209	······	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
39	LWV of Shaker Heights 14565 Drexmore Shaker Heights, OH 44120	\$ <b>5,234.00</b>	Person       ✓         Payroll       □         Noncash       □         (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
40	LWV of the Cuyahoga Area 1200 Ramona Avenue Lakewood, OH 44107	\$ <b>5,452.00</b>	Person       ✓         Payroll       □         Noncash       □         (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.41	LWV of Lane County 338 West 11th Ave., Suite 100 Eugene, OR 97401	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
42	LWV of the Austin Area 1011 West 31st Street Austin, TX 78705	•••••	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page of Part I Name of organization Employer identification number League of Women Voters of the United States 53 0115655 Part I **Contributors** (see instructions) (a) (b) (c) (d) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 43 LWV of Dallas Person 1 Payroll 2720 N. Stemmons Freeway Suite 812 7,941.00 Noncash \$ (Complete Part II if there is **Dallas, TX 75207** a noncash contribution.) (c) (a) (b) (d) No. Aggregate contributions Type of contribution Name, address, and ZIP + 4 44 LWV of Houston Person $\checkmark$ Payroll 4001 N. Shepherd Drive. Ste 213 9,064.00 Noncash (Complete Part II if there is Houston, TX 77018 a noncash contribution.) (a) (c) (d) (b) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 45 LWV of Salt Lake $\checkmark$ Person Payroll 3334 Edward Circle 5,949.00 Noncash 2 (Complete Part II if there is Salt Lake City, UT 84124 a noncash contribution.) (a) (b) (c) (d) Aggregate contributions No. Name, address, and ZIP + 4 Type of contribution 46 LWV of the Fairfax Area $\checkmark$ Person Payroll 4026 Hummer Road 6,159.00 Noncash \$ (Complete Part II if there is Annandale, VA 22003 a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 47 LWV of Williamsburg Person $\checkmark$ Payroll P.O. Box 1086 5,469.00 Noncash (Complete Part II if there is Williamsburg, VA 23187 a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 48 LWV of Seattle Person $\checkmark$ Payroll 1620 - 18th Avenue 18,145.00 \$..... Noncash (Complete Part II if there is Seattle, WA 98122 a noncash contribution.)

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Schedule E	(Form	990,	990-EZ,	or 990-PF)	(2009)
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Name of organization

Page 9 of 9 of Part I

Employer identification number

### League of Women Voters of the United States

53 0115655

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person       ✓         Payroll       □         Noncash       □         (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	*	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	ُ (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

sсн	EDULE C		Political Campaign and Lobbying Activities			OMB No. 1545-0047	
(Form 990 or 990-EZ)					04(s) and section 507	2009	
		For Urga	nizations Exempt From Income Ta Complete if the organiza			Open to Public	
	nent of the Treasury Revenue Service		<ul> <li>Attach to Form 990 or Form 990-E</li> </ul>			Inspection	
			," to Form 990, Part IV, line 3, or For Complete Parts I-A and B. Do not cor		line 46 (Political Campa	ign Activities), then	
• 9	Section 501(c) (of	ther than section	on 501(c)(3)) organizations: Complete F	Parts I-A and C belo	w. Do not complete Part	-В.	
• 5	Section 527 orga	nizations: Corr	iplete Part I-A only.				
• 5	<ul> <li>f the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then</li> <li>Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.</li> </ul>						
	• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. f the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then						
			nizations: Complete Part III.	· · · · //			
Nar	ne of organization				Employe	r identification number	
			the United States		53	0115655	
			organization is exempt unde			organization.	
1 2	Provide a des Political exper	•	e organization's direct and indirec		·		
2	Volunteer hou						
Par			e organization is exempt und				
1			xcise tax incurred by the organization		*		
2 3		-	xcise tax incurred by organization I a section 4955 tax, did it file For	-			
3 4a	Was a correct			,		· · · Yes · No	
b	If "Yes," desc	ribe in Part I	V				
Par	tI-C Com	plete if the	e organization is exempt und	er section 501(	c), except section 5	01(c)(3).	
1	Enter the amore activities .	•	expended by the filing organization		· •		
2	Enter the amo 527 exempt f		ng organization's funds contribute ties				
3			penditures. Add lines 1 and 2. Er				
4			file <b>Form 1120-POL</b> for this year?		· · · · · · • • *	. Yes No	
5	-	-	and employer identification number		n 527 political organizati		
	contributions r	eceived that w	zation listed, enter the amount paid fr vere promptly and directly delivered mmittee (PAC). If additional space is	to a separate politi	cal organization, such as		
	(a) Namo	e	(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	
			*				
			•				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2009

Pa	art II-A	Complete if the organization under section 501(h)).	ion is exempt under section 501(c)(3) and	filed Form 5768	(election				
Α	Check $\blacktriangleright$ if the filing organization belongs to an affiliated group.								
В	Check	If the filing organization	checked box A and "limited control" provision	ons apply.					
	Limits on Lobbying Expenditures(a) Filing(b) Affiliated(The term "expenditures" means amounts paid or incurred.)organization's totalsgroup totals								
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)       .         b Total lobbying expenditures to influence a legislative body (direct lobbying)       .         c Total lobbying expenditures (add lines 1a and 1b)       .         d Other exempt purpose expenditures       .         e Total exempt purpose expenditures (add lines 1c and 1d)       .         f Lobbying nontaxable amount. Enter the amount from the following table in both columns.       .									
	1	amount on line 1e, column (a) or (b) is: /er \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e.						
	Over S	5500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over S	51,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	Over S	61,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over S	\$17,000,000	\$1,000,000.						
ç	g Grass	sroots nontaxable amount (enter 2	5% of line 1f)						
I	n Subtr	act line 1g from line 1a. If zero or	less, enter -0						
i	i Subtr	act line 1f from line 1c. If zero or	less, enter -0						
j	j If the	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting							

section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	( <b>c)</b> 2008	( <b>d)</b> 2009	(e) Total		
2a Lobbying nontaxable amount							
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

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Schedule C (Form 990 or 990-EZ) 2009

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

			a)	(b)	
		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:				
a b c	Volunteers?				
d e f	Mailings to members, legislators, or the public?				
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
ı j 2a	Other activities? If "Yes," describe in Part IV				
b c d	If "Yes," enter the amount of any tax incurred under section 4912				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6).	01(c)	(5), o	r section	

			res	0M
1	Were substantially all (90% or more) dues received nondeductible by members?	1	$\checkmark$	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		$\checkmark$
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		$\checkmark$

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year	2b	
	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

•		

► Complete if			mental Financial if the organization answered Part IV, line 6, 7, 8, 9, 10, 1 to Form 990. ► See separat	l "Yes," to Form 990, 1, or 12.			OMB No. 1545-0047
	of the organization	Noters of the United States			Emp 53	loyer id	entification number 0115655
Par		zations Maintaining Do		Other Similar Fur		r Acc	
		anization answered "Yes					
			(a) Donor advised f	unds	(b)	Funds	and other accounts
1	Total number a	t end of year					
2	Aggregate cont	tributions to (during year)					
3		its from (during year)					
4		e at end of year					
5	funds are the o	ation inform all donors and rganization's property, subj	ect to the organization's e	xclusive legal contro	ol?.		🗌 Yes 🗌 No
6	used only for c	ation inform all grantees, de haritable purposes and not ring impermissible private b	for the benefit of the done		or for	any o	ther
Par	t II Conser	vation Easements. Com	plete if the organization a	nswered "Yes" to	Form	990, F	Part IV, line 7.
1	Preservation     Protection	onservation easements hek n of land for public use (e.g of natural habitat n of open space		Preservation o			Ily important land area historic structure
2	Complete lines	2a through 2d if the organiz ne last day of the tax year.	ation held a qualified cons	ervation contributior	n in the	e form	of a conservation
						He	eld at the End of the Tax Year
а	Total number of	of conservation easements .			· -	2a	
b	-	estricted by conservation e			· +	2b	
c d	Number of con	servation easements on a conservation easements includ	ed in (c) acquired after 8/1	17/06		2c 2d	
3	the tax year ►	servation easements modif		0			he organization during
4		tes where property subject					
5	violations, and	nization have a written polic enforcement of the conserv	vation easements it holds?				🗌 Yes 🗌 No
6	►	nteer hours devoted to mon		•	•		
7	Amount of exp ► \$	enses incurred in monitorin	g, inspecting, and enforcir	ng conservation ease	ement	s durii	ng the year
8	170(h)(4)(B)(i) a	servation easement reporte nd section 170(h)(4)(B)(ii)?	· · · · · <b>,</b> · · · ·				🗌 Yes 🗌 No
9	balance sheet,	scribe how the organization and include, if applicable, to n's accounting for conservation	the text of the footnote to				
Pa	t III Organi	zations Maintaining Coll ete if the organization ans	ections of Art, Historica		ther S	Simila	r Assets.
1a	art, historical tr	tion elected, as permitted u easures, or other similar ass t XIV, the text of the footno	ets held for public exhibitic	on, education, or rese	earch i	n furth	
b	historical treas provide the fol (i) Revenues i	tion elected, as permitted u ures, or other similar assets lowing amounts relating to ncluded in Form 990, Part Y	s held for public exhibition these items: VIII, line 1	, education, or resea	arch ir 	furth	erance of public service,
2	If the organiza	uded in Form 990, Part X tion received or held works unts required to be reported	s of art, historical treasure	s, or other similar a			
a b	Revenues inclu	uded in Form 990, Part VIII, d in Form 990, Part X	line 1		· ·		\$ \$

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Sched	ule D (Form 990) 2009					Page 2
Par	t III Organizations Maintaini	ng Collections	of Art, Histori	cal Treasures,	, or Other Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply		other records, c	heck any of the	following that are a s	ignificant use of its
а	Public exhibition		d 🗌	Loan or excha	nge programs	
b	Scholarly research		е 🗌	Other		
С	Preservation for future generat	ions				
4	Provide a description of the organiz Part XIV.	ation's collections	s and explain h	ow they further	the organization's ex	empt purpose in
5	During the year, did the organization s assets to be sold to raise funds rather	r than to be mainta	ained as part of	the organization'	's collection?	Yes No
Par	t IV Escrow and Custodial A IV, line 9, or reported an				nswered "Yes" to Fo	orm 990, Part
	Is the organization an agent, trusted included on Form 990, Part X? If "Yes," explain the arrangement in					ot 🗌 Yes 🗌 No
D	in res, explain the analigement in	Fall AIV and Con		wing table.	L A	Amount
•	Boginning balance				4.	
ר ה		· · · · · ·				
	Additions during the year					
e f	Distributions during the year				16 1f	
' 2a	Did the organization include an amo					Yes No
	If "Yes," explain the arrangement in					
	t V Endowment Funds. Co		ganization ans	wered "Yes"	to Form 990, Part I	V, line 10.
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance					
b						
	Net investment earnings, gains,					
•	and losses					
d	Grants or scholarships					
e	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of	of the year end ba	lance held as:			
а	Board designated or quasi-endown	nent 🕨	%			
b	Permanent endowment >	%				
с	Term endowment ►	6				
3a	Are there endowment funds not in th	e possession of t	he organization	that are held an	d administered for the	e
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
	If "Yes" to 3a(ii), are the related org	anizations listed a	as required on s	Schedule R?		3b
4	Describe in Part XIV the intended u	the start start start start start starts				
Pa	t VI Investments—Land, Bu		· · · · · · · · · · · · · · · · · · ·	e Form 990, Pa	art X, line 10.	
	Description of investment	(a) Cost or o (investr		Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		-	-		
b	Buildings					•
с	Leasehold improvements		-	342,955	194,470	148,485
d	Equipment		-	675,635	566,748	108,887
	Other				-	
1018	. Aud intes la through le. (Column (a)	must equal Forms	JU, FAILA, COLU	יווו (ם), ווויפ דע(C)	.) <u></u> ▶	257,372

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuat Cost or end-of-year mark	
Financial derivatives			
Closely-held equity interests			
Other			
		·····	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		and the second state of the second state of the	
Part VIII Investments—Program Relate	d. See Form 990. Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Cost or end-of-year man	
			enalists' analyse database enalisti
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Pa			(h) De alexador
Prepaid insurance	(a) Description		(b) Book value 10,008
Prepaid lease			26,020
			20,020
	· · · · · · · · · · · · · · · · · · ·		
	And the state of the		
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	n an ann an Anna an Anna Anna Anna Anna		
Total. (Column (b) must equal Form 990, Part X, col.			36,028
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes			
Obligations under capital leases	30,98		
Deffered rent and lease incentive	293,38	34	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	324,3	66	
	524,3		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Scheo	ule D (Form 990) 2009			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Financial	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	3,962,532
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	3,963,283
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-751
4	Net unrealized gains (losses) on investments		4	117,493
4 5	Donated services and use of facilities		5	
_	• • •		6	
6			7	
7	Prior period adjustments		8	
8	Other (Describe in Part XIV.)		9	117,493
9	Total adjustments (net). Add lines 4 through 8		10	116,742
10 Dat	t XII Reconciliation of Revenue per Audited Financial Statements. Combine T	and the second		
-				4,080,025
1	Total revenue, gains, and other support per audited financial statements .		·	4,000,020
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	a   117	402	
а	Net unrealized gains on investments		,493	
b	Donated services and use of facilities		<u> </u>	
С	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)	d		
е	Add lines 2a through 2d		. <u>2e</u>	117,493
3	Subtract line 2e from line 1		. 3	3,962,532
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	a	-	
b	Other (Describe in Part XIV.)	b	-	
С	Add lines <b>4a</b> and <b>4b</b>			-
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	3,962,532
Pa	t XIII Reconciliation of Expenses per Audited Financial State	ments With Exp	enses per Re	turn
1	Total expenses and losses per audited financial statements		1	3,963,283
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	a		
b	Prior year adjustments	b		
c	Other losses	c		
d	Other (Describe in Part XIV.)	d		
	Add lines <b>2a</b> through <b>2d</b>		2e	-
3	Subtract line 2e from line 1		. 3	
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· · · · · · ·		
4		a		
	Other (Describe in Part XIV.)	,	4c	
с 5	Add lines <b>4a</b> and <b>4b</b>		. 5	2 062 292
_	t XIV Supplemental Information	<u>ie 10.)</u>		3,963,283
Con and	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; ar		d and 4b. Also	
	•			
	·			

SCHE	DUL	ΕĢ	ì		
(Form	990	or	990-	-EZ)	

·-	-	•	•••	•	-	-	-	-	-		-	-	
De	рa	rt	m	en	t d	of	the	т	rea	as	ur	v	

### Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number						
	Open To Public Inspection					
r 19. or if the						

OMB No. 1545-0047 ൭൏൛

### Name of the organization

League of V	Nomen Voters of the United States	53	0115655
Part I	Fundraising Activities. Complete if the organization answered "Yes" to	Form 990	, Part IV, line 17.
raiti	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. 1

a 🖌 Mail solicitations

**b** *I* Internet and email solicitations

**c /** Phone solicitations

- Solicitation of non-government grants e Solicitation of government grants f
- Special fundraising events g

In-person solicitations d

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 🗹 Yes

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		custody or control of		custody or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	Yes	No							
Consulting on		1	2,823,603	274,410	2,549,193				
Telemarketing		1	77,055	46,215	30,840				
Telemarketing		1	78,322	47,922	30,400				
Telemarketing		1	-	36,647	(36,647)				
Telemarketing		1	22,171	9,950	12,221				
				•	1				
		►	3,001,151	415,144	2,586,007				
					t is exempt from				
	Consulting on Telemarketing Telemarketing Telemarketing Telemarketing	Consulting on Telemarketing Telemarketing Telemarketing Telemarketing	Yes       No         Yes       No         Consulting on       ✓         Telemarketing       ✓         Image: State St	Yes       No         Yes       No         Consulting on       ✓       2,823,603         Telemarketing       ✓       77,055         Telemarketing       ✓       78,322         Telemarketing       ✓       78,322         Telemarketing       ✓       22,171         Telemarketing       ✓       22,171         Image: State St	Consulting on       Yes       No       (or retained by) fundraiser listed in col. (i)         Consulting on       Image: visual distributions?       Image: visual distributions?       Image: visual distributions?         Telemarketing       Image: visual distributions?       Image: visual distributions?       Image: visual distributions?         Telemarketing       Image: visual distributions?       Image: visual distributions?       Image: visual distributions?         Telemarketing       Image: visual distributions?       Image: visual distributions?       Image: visual distributions?         Telemarketing       Image: visual distributions?       Image: visual distributions?       Image: visual distributions?         Telemarketing       Image: visual distributions?       Image: visual distributions?       Image: visual distributions?         Telemarketing       Image: visual distributions?       Image: visual distributions?       Image: visual distributions?         Telemarketing       Image: visual distributions?       Image: visual distributions?       Image: visual distributions?         Image: visual distributions?       Image: visual distributions?       Image: visual distributions?       Image: visual distributions?         Image: visual distributions?       Image: visual distributions?       Image: visual distributions?       Image: visual distributions?         Image: visual distrite				

-		G (Form 990 or 990-EZ) 2009				Page 2
Pa	rt ll	Fundraising Events. Co more than \$15,000 on F				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue						
Jeve	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1				
		minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ş	6	Rent/facility costs				
Direct Expenses						
ЖĎ	7	Food and beverages				
ect	8	Entertainment				
Dir						
	9	Other direct expenses				
	10	Direct expense summary. Ac	ld lines 4 through 9 in co	olumn (d)		( )
	11	Net income summary. Comb	oine line 3, column (d), a	nd line 10	🕨	
Pa	rt I	<b>Gaming.</b> Complete if than \$15,000 on Form		vered "Yes" to Form	990, Part IV, line 19	, or reported more
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses		<b>.</b>				
Ň	3	Noncash prizes				
Direct	4	Rent/facility costs			•	·
Δ	5	Other direct expanses				
	5	Other direct expenses .	☐ Yes %	□ Yes%	☐ Yes %	
	6	Volunteer labor		.□ No		
	7	Direct expense summary. A	dd lines 2 through 5 in c	olumn (d)		)
	8	Net gaming income summar	y. Combine line 1, colur	mn d, and line 7		
						Yes No
9		nter the state(s) in which the o		-		
<ul><li>a Is the organization licensed to operate gaming activities in each of these states?</li><li>b If "No," explain:</li></ul>						
40			· · · ·			ar? 10a
		Yere any of the organization's "Yes," explain:	gaming licenses revoke	ed, suspended or termin	nated during the tax ye	ar?
•		····				
11 12		oes the organization operate the organization a grantor, b			a nartnershin or othe	r entity
	fo	rmed to administer charitable	e gaming?			<b>12</b>

Schedule G (Form 990 or 990-EZ) 2009

Schee	dule G (Form 990 or 990-EZ) 2009		P	age <b>3</b>
			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
b	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$			
с	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer     Employee     Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	47-		
	retain the state gaming license?	<u>17a</u>		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$			

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Schedule G (Form 990 or 990-EZ) 2009

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SCHE	DULE J
(Form	990)

Department of the Treasury

Internal Revenue Service

### **Compensation Information**

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

Compensated Employees Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

**Open to Public** Inspection . .

2

4a 4b 4c

5a 5b

6a 6b

7

8

9

Cat. No. 50053T

1

√

 $\checkmark$ 

OMB No. 1545-0047

Name of the organization			Employer identification number					
Lea	League of Women Voters of the United States			53 0115655				
Pa	rt I Questions Regarding Compensation							
						Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a pe 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regardir							
	□ First-class or charter travel       □ Housing allowance or residence         □ Travel for companions       □ Payments for business use of p	•						
	□ Tax indemnification and gross-up payments       □ Health or social club dues or in         □ Discretionary spending account       □ Personal services (e.g., maid, club dues)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy re or reimbursement or provision of all of the expenses described above? If "No," complete explain	-	• •	-	1b			
	,							

#### Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3	Indicate which, if any, of the following the org	anization uses to establish the compensation of the		
organization's CEO/Executive Director. Check all that apply.				
	Compensation committee	Written employment contract		

Independent compensation consultant	Compensation survey or study
☐ Form 990 of other organizations	$\blacksquare$ Approval by the board or compensation committee

1	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
	organization or a related organization:

а	Receive a severance payment or change-or-control payment?	•	·	•	•	•	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?.						

С	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.

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

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

		100
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	
а	The organization?	L
	Any related organization?	
	If "Yes" to line 5a or 5b, describe in Part III.	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	
а	The organization?	L
b	Any related organization?	
	If "Yes" to line 6a or 6b, describe in Part III.	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe	
	in Part III	$\left  \right $
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

<b>(A)</b> Name		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and (D) Nontaxable other deferred benefits compensation		<b>(E)</b> Total of columns (B)(i)–(D)	reported in prior Form 990 or Form 990-EZ
Nancy E. Tate	(i)	184,008	-	-	12,808	-	196,816	198,152
	(ii)							
	(i)							
	(ii)							
	(i)	v						
	(ii)	1						
	(i)							
	(ii)							
	(i)							
	(ii)	-						
	(i)	•						
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)					-		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	100							

Page **2** 

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Schedule J (Form 990) 2009

Schedule J (Form 990) 2009	Page <b>3</b>
Part III Supplemental Information	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also co	mplete this part
for any additional information.	
·	
•	

### SCHEDULE O (Form 990)

Department of the Treasury

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

nspection

OMB No. 1545-0047

Open to Public

Internal Revenue Service	Attach to Form 990.		Inspection			
Name of the organization	Emplo	yer identification number				
League of Women V	oters of the United States	53	0115655			

Part III, lines 4 a, b and c, Exempt purpose achievements: The League continues to focus efforts on our traditional "good government" issues - campaign finance reform, civil liberties, DC voting rights, election administration, ethics and lobbying reform – and added global climate change and health care reform to the priority issue agenda.

This period was marked by impressive efforts on the part of the League's grassroots. More than ever, the LWVUS and state and local Leagues worked together to coordinate lobbying on national issues and reach members of Congress. The LWVUS issued action alerts that resulted in more than 80,000 activist messages from our Grassroots Lobby Corps to Congress, contributing significantly to the League's influence on the Hill. The LWVUS volunteer Lobby Corps of some 20 Washington-area League members lobbied members of Congress on numerous critical issues.

Several issues deserve special attention. One is the tremendous effort mounted by the League over the last 15 months to pass health care reform. And our work, in combination with that of many others, did result in passage of historic legislation in March, 2010! Throughout the debate, the League lobbied in support of its core message of universal health care coverage, cost containment and quality health care. In a national debate too often colored by misinformation, parisan attacks and fear-mongering, the League took the opportunity to stand out as a voice for civility and nonpartisan information. The Health Care Task Force produced a series of educational papers for use by Leagues during this period.

The LWVUS also significantly increased its advocacy concerning global climate change legislation, issuing seven action alerts as well as 20 letters to members of Congress. In December 2009, the League was thrilled to participate on the international stage, sending an official non-governmental organization delegation to Copenhagen, Denmark, for the U.N. Framework Convention on Climate Change. And in March 2010, nineteen League leaders from as many states were brought in to Washington to lobby congressional leaders on what is truly needed in strong climate change legislation.

In the campaign finance reform arena, the LWVUS was involved as a "friend of the court" in two pivotal U.S. Supreme Court cases: Caperton v. Massey and Citizens United v. FEC. In Citizens United v. FEC, the League argued that corporate spending in elections should not be equated with the First Amendment rights of individual citizens. In the aftermath of the Court's unfortunate ruling to the contrary, President Mary Wilson testified before the relevant House committee on the key steps that can be taken to respond. Her remarks focused on the importance of including tighter disclosure requirements before the 2010 elections.

LWVUS public relations work paid off by garnering significant national media attention including, but not limited to: For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51056K Schedule O (Form 990) 2009

Schedule O (Form 990) 2009				
Name of the organization	Emple	oyer id	entification number	
League of Women Voters of the United States	53	1	0115655	

National Journal, Congressional Quarterly, National Public Radio, The Financial Times, CongressDaily, The New York Times, Roll Call, Politico, CNN and Federal News Radio. In addition, during the fall of 2009, the LWVUS took the unusual step of buying paid advertising time on television and radio to weigh in on the heated health care reform debate. The LWVUS television ad aired in Arkansas, Maine, and North Dakota and was seen thousands of times on YouTube. The LWVUS communications staff has created messages that effectively highlight LWV legislative, education and civic work and encourage more active online engagement. In addition, the communications staff set up an official Facebook Fan Page for the LWVUS in early August 2009 in order to connect our members and supporters to our mission, resources and brand as well as to connect Facebook users who are not currently connected to our organization. In the short time we have had a Facebook presence, our number of fans has continued to grow. The monthly e-newsletter, the LeaguE-Voice, keeps League members and League friends in the loop with the latest news from the LWVUS. The E-Voice distribution keeps growing and now has a circulation of over 75,000. The E-Voice

remains a vital outreach tool for our organization to an array of important audiences. The weekly Leaders' Update is sent out every Thursday to League leaders and subscribers. It includes the latest news from the LWVUS, as well as important announcements and opportunities for all state and local Leagues.

The Communications Department continued to support state and local Leagues in their own PR efforts, by providing templates for press releases and media advisories, sample op-eds and Letters to the Editor, and tips for getting media coverage for projects.

The LWVUS published the Susan Bee, a streamlined publication mailed to members the LWVUS is not able to reach electronically. The Susan Bee was also made available to the broader League organization on our website and through the Leaders Update. Plans are currently underway to create a new publication to be mailed to all members.

To kick off the League's 90th anniversary year, the LWVUS hosted an event at the Washington, DC, National Press Club on Civic Activism: Past and Present. Now posted on our website, the event featured former Congressman Lee Hamilton of Indiana and former Governor and Ambassador Madeleine Kunin of New Hampshire. President Mary Wilson's speech provided both a summary of League history and illustrations of our relevance today.

We developed a series of video tributes to the League during our 90th anniversary. Working with a media firm, we produced five short videos that can also be shown in many different contexts. We premiered these pieces during the League's Convention in June 2010.

LWVUS Board members continue to meet with as many Leagues and members as possible to better understand the

### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> </ul>		Open to Public Inspection
Name of the organization			ntification number
League of Women V	/oters of the United States	53	0115655
needs and concerns	s of League leaders, and has enhanced sharing among all levels of the	e League. T	he LWVUS Board
also utilized more fo	ormal approaches to involving members in activities, by the creation o	of Task Forc	es, which have
· · ·			
addressed the issue	es of Election Audits, Climate Change, Health Care Education and Arm	is Control. T	ask Forces papers
are posted on the L	eague's website.		
The Membership	and League Support team functions as the "customer service center"	' for League	leaders. The general
email box for this de	epartment alone receives in excess of 10,000 email messages from Le	agues annu	ally.
	· · · · · · · · · · · · · · · · · · ·	······	
Part III, line 4d, Othe	er program services: The League of Women Voters of the United State	es held its b	iennial Convention
in June 2010 whic	h was attended by delegates from across the nation.		
Part VI, line 6: The	League of Women Voters of the United States is a membership organ	ization.	
Part VI, line 7a: Aff	iliated local and state Leagues around the nation send delegates to th	e League's I	piennial Convention
which elects the r	national Board		
			·····
Part VI, line 11A: T	he League's accounting staff prepares the Form 990, which is reviewe	a by the De	outy Executive
Director before si	gning. The Executive Committee of the Board reviews the Form 990 v	vith the exec	utive staff soon after
the Form 990 is p	repared.		
Part VI, line 12c: Th	he League President and executive staff ensure that all officers, direct	ors and key	employees submit
written conflict of	f interest statements. The Deputy Executive Director reviews and app	roves all co	ntracts and payments
to ensure that no	conflicts of interest exist.		
Part VI, line 15: The	e Board conducts an annual review of the executive director, which is	supported	oy written
documentation.	The President uses the results of the annual review, along with indepe	endently-pre	pared comparability
data to determine	the executive director's compensation, which is documented on a pe	rsonnel acti	on form.
Part VI, line 17: Sta	ates with which'a copy of this Form 990 are required to be filed:Alaba	ima, Alaska.	Arizona, Arkansas,
California, Colora	ado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, In	diana, iowa,	Kansas, Kentucky,
Louisiana, Maine,	, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missou	ri, Montana,	Nebraska, New
Hampshire, New	Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, O	klahoma, Oı	egon, Pennsylvania,
Rhode Island, So	uth Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virgini	a. Washingt	on. West Virginia.

Schedule O (Form 990) 2009		Page <b>2</b>	
Name of the organization	Employer identification numb		
League of Women Voters of the United States	53	0115655	
Wisconsin, and Wyoming.			
Part VI, lines 18 and 19: The League posts copies of its Form 990s on its public website a	nd also	makes the Forms	
available upon request by email, mail and for public inspection at its office during norma	al busin	ess 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 websit	e, www	lwv.org.	
Part VII, Section A, Column D, Reportable Compensation from the Organization: Executiv	e Direc	tor Nancy Tate,	
Deputy Executive Director Zaida Arguedas, and Director of Finance Greg Leatherwood e	each wo	ork approximately 25	
hours per week for the League of Women Voters of the United States and 25 hours per v			
Voters Education Fund. Their entire compensation is paid by the League of Women Vot			
League of Women Voters Education Fund reimburses the LWVUS for its share of emplo	yee cor	npensation.	
·			
·,			
*			
		·····	

### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

League of Women Voters of the United States

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
·	-				
Part II Identification of Related Tax–Exempt Organizations ( had one or more related tax-exempt organizations during	(Complete if the organing the tax year.)	ization answered '	"Yes" to Form 990	), Part IV, line 34	because it
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity
League of Women Voters Education Fund	Citizen involvement	Washington, DC	501(c)(3)	7	N/A
1730 M. St. NW Suite 1000	in government				
Washington DC 20036					
53-0239013					

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



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

 (a)
 (b)
 (c)
 (d)
 (e)
 (f)
 (g)
 (h)
 (i)
 (j)

 Name, address, and EIN of requipinging
 Primary activity
 Legal
 Direct controlling
 Predominant
 Share of total income
 Share of end-of-year
 Disproportionate
 Code V-UBI

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections	Share of total income	Share of end-of-year assets	Disproportionat allocations?		locations? Code V—UBI amount in box 20 o Schedule K-1 (Form 1065)		General or managing partner?	
				512-514)			Yes	No		Yes	s No	
·												
	x											

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		
	•								

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### Part.V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

No	te. 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 related organizations listed	in Parts II-IV?			
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<b>1</b> a		<u>√</u>
	Gift, grant, or capital contribution to other organization(s)		1b		✓
	Gift, grant, or capital contribution from other organization(s)		1c		<u>√</u>
	Loans or loan guarantees to or for other organization(s)		1d	✓	
е	Loans or loan guarantees by other organization(s)		1e		<u>√</u>
	Sale of assets to other organization(s)		1f		<u> </u>
	Purchase of assets from other organization(s)		1g		<u> </u>
h	Exchange of assets		1h		$\overline{\checkmark}$
i	Lease of facilities, equipment, or other assets to other organization(s)		<u>1i</u>		<u> </u>
			4:		1
j	Lease of facilities, equipment, or other assets from other organization(s)		1j 1k		$\checkmark$
	Performance of services or membership or fundraising solicitations for other organization(s)		11		
	Performance of services or membership or fundraising solicitations by other organization(s)		1m	1	<b>v</b>
	Sharing of facilities, equipment, mailing lists, or other assets		1n	V	<u></u>
n	Sharing of paid employees			•	
_	Deinskyweensent neid te ether ernerization fer evenenee		10		✓
	Reimbursement paid to other organization for expenses		10	1	<b>v</b>
þ	Reimbursement paid by other organization for expenses			-	
~	Other transfer of cash or property to other organization(s)		1q		5
	Other transfer of cash or property to other organization(s)		1r		· 、
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered			esho	lds.
	(a)	(b)	(c)		
	Name of other organization		Amount involved		
		type (a-r)			
	League of Women Voters Education Fund				
(1)		d. Loan to	349,539		
	League of Women Voters Education Fund				
(2)		m. Shared facilities		152,	478
	League of Women Voters Education Fund				
(3)		n. Shared employe	1	,029,	966
	League of Women Voters Education Fund		×		
(4)		p. Reimbursements	1	1,081,	
(5)					
10.					
(6)		I			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		end-of-vear	(f) Disproportionate allocations?		Disproportionate Code V–UBI		<b>h)</b> eral or aging tner?
			Yes No			Yes	No		Yes	No
÷÷÷÷÷										
	-									
										L

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