For	" Q	90	Return of Organization Exempt Fr Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			OMB No. 1545-0047
FOI		50	 Do not enter social security numbers on this form as 	-		
		of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions and to 	•	Open to Public Inspection	
					UN 30, 2021	
Bc	heck if	C Name o	f organization	•	D Employer identific	ation number
a	pplicab		UE OF WOMEN VOTERS OF THE UNITED		,	
	Addre chang	ess on an				
	Name		usiness as		53-011565	5
	Initial returr			loom/suite	E Telephone number	
	Final returr	1233		00	202-263-1	.308
	terminated	n_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,592,352.
	Amer returr	ided TATA CU	INGTON, DC 20036		H(a) Is this a group ret	
	Appli tion	^{ca-} F Name a	nd address of principal officer: VIRGINIA KASE SOLOMO	ON	for subordinates?	
	pendi		AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
ΙT	ax-ex	empt status:	501(c)(3) X 501(c) (4) \checkmark (insert no.) 4947(a)(1) or	527	lf "No," attach a l	ist. See instructions
		ite: 🕨 WWW .			H(c) Group exemption	number 🕨
<u>K</u> F	orm o		X Corporation Trust Association Other ►	L Year (of formation: 1920 M	State of legal domicile: DC
Pa	art I	Summary				
0	1	Briefly describ	be the organization's mission or most significant activities: SEE SO	CHEDU	LE O	
Governance						
rna	2	Check this bo	x if the organization discontinued its operations or disposed	d of more	than 25% of its net asse	
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			12
	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b) \dots			12
ŝ	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)			40
Activities &	6	Total number	of volunteers (estimate if necessary)		6	50000
kcti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		7,247,855.	8,391,858.
Revenue	9	Program servi	ice revenue (Part VIII, line 2g)		68,264.	64,746.
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		145,190.	320,228.
щ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		619,835.	393,249.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,081,144.	9,170,081.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		196,298.	346,385.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		1,664,706.	1,914,103.
Expenses	1 6a	Professional f	undraising fees (Part IX, column (A), line 11e)		966,254.	449,193.
× be	b		ing expenses (Part IX, column (D), line 25) \blacktriangleright 2,878,709			
ш	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		3,999,246.	4,275,987.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,826,504.	6,985,668.
	19	Revenue less	expenses. Subtract line 18 from line 12		1,254,640.	2,184,413.
t Assets or d Balances				Be	ginning of Current Year	End of Year
sets	20	Total assets (I	Part X, line 16)		6,904,984.	10,182,785.
t As	21	Total liabilities	s (Part X, line 26)		1,380,540.	2,356,266.
Fund			fund balances. Subtract line 21 from line 20		5,524,444.	7,826,519.
	art II	Signatur				
			I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
Sig	n	Signatur	e of officer		Date	

, -								
VIRGINIA KASE SOLOMON,	CHIEF EXECUTIVE OFF	ICER						
Type or print name and title								
Print/Type preparer's name	Preparer's signature Λ	Date Check PTIN						
ELIZABETH W. HELLER	Elizsellusfeller	02/17/22 self-employed P00397829						
Firm's name 🕒 RSM US LLP	\bigcirc	Firm's EIN 🕨 42-0714325						
Firm's address 2021 L STREET NW	, SUITE 400							
WASHINGTON, DC 20	0036	Phone no. 202-293-2200						
May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)								
2	Type or print name and title Print/Type preparer's name ELIZABETH W. HELLER Firm's name	Print/Type preparer's name Preparer's signature ELIZABETH W. HELLER Use Subscription Firm's name RSM US LLP Firm's address 2021 L STREET NW, SUITE 400 WASHINGTON, DC 20036 WASHINGTON, DC 20036						

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print			Taxpayer	identificatio	on number (TIN)	
•	STATES	53-0115655				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 1233 20TH ST NW, NO. 500	ee instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20036	preign addı	ress, see instructions.			
Enter the l	Return Code for the return that this application is for (file	e a separat	te application for each return)			01
Applicatio	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-	BL	02	Form 1041-A			08
Form 4720	0 (individual)	03	Form 4720 (other than individual)			09
Form 990-	PF	04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other than above) VIRGINIA KASE S	06	Form 8870			12
Telepha ● If the o ● If this is box ▶ [1 I rec the ▶ [▶ [2 If th	oks are in the care of ▶ 1233 20TH ST NV one No. ▶ 202-263-1308	in the Uni Group Exe and atta <u>MAS</u> anization's , an heck reasc	Fax No. Fax No. Fax No.	If this is fo all memb	r the whole g ers the exter npt organizat	
	nonrefundable credits. See instructions.	01 0009, 6	enter the tentative tax, less	3a	\$	0.
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
estir	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment with	h this form, if required, by			
usin	ng EFTPS (Electronic Federal Tax Payment System). See	<u>instructio</u>	ns	3c	\$	0.
Caution: I instruction	If you are going to make an electronic funds withdrawal ns.	(direct det	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879	9-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

	LEAGUE OF WOMEN VOTERS OF THE UNITED
	990 (2020) STATES 53-0115655 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: LWVUS, A NONPARTISAN 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,346,705. including grants of \$) (Revenue \$) (Re
	PREPARE AND DISSEMINATE MATERIALS AND PUBLICATIONS, WHICH PROMOTE CIVIC
	AWARENESS AND RESPONSIBILITY, AND WHICH ADDRESS SELECTED ISSUES.
	AWARENEDD AND REDIONDIDIDITI, AND WHICH ADDREDD DEDICTED IDDOED.
	SCHEDULE O PROVIDES ADDITIONAL DETAILED DESCRIPTION OF THE LEAGUE'S
	COMMUNICATIONS PROGRAM ACHIEVEMENTS.
4b	(Code:) (Expenses \$ 502,210. including grants of \$ 15,250.) (Revenue \$)
	ADVOCACY: EXPENDITURES ARE USED TO PROMOTE CIVIC RESPONSIBILITY THROUGH INFORMED PARTICIPATION OF CITIZENS IN GOVERNMENT AND ACTION ON SELECTED
	ISSUES.
	SCHEDULE O PROVIDES ADDITIONAL DETAILED DESCRIPTION OF THE LEAGUE'S
	MEMBER SERVICES ACHIEVEMENTS.
4.	(Code:) (Expenses \$ 505,558. including grants of \$307,825.) (Revenue \$)
4c	(Code:) (Expenses \$ 505,558. including grants of \$ 307,825.) (Revenue \$) OUTCOME AND EVALUATION: THE OUTCOME AND EVALUATION FUNCTION IS
	COLLECTING AND ANALYZING DATA TO MEASURE OUR IMPACT.
	SCHEDULE O PROVIDES ADDITIONAL DETAILED DESCRIPTION OF THE LEAGUE'S
	MEMBER SERVICES ACHIEVEMENTS.
ام <i>ا</i> ر	Other program services (Describe on Schedule O)
40	Other program services (Describe on Schedule O.) (Expenses \$ 604,328. including grants of \$ 23,310.) (Revenue \$ 64,746.)
4e	Total program service expenses ► 2,958,801.

LEAGUE OF WOMEN VOTERS OF THE UNITED Form 990 (2020) STATES Part IV Checklist of Required Schedules

53-0115655 Page

			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		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
L	Part VI	<u>11a</u>		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
<u></u>	complete Schedule G, Part III	19		X v
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic organization or other second domestic organization organiza	04	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	<u>^</u>	

Form **990** (2020)

STATES							
LEAGUE	OF	WOMEN	VOTERS	OF	THE	UNITED	

_	990 (2020) STATES 53-011	<u>5655</u>	Р	_{age} 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214		
258		05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		07		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
		30		x
24	contributions? If "Yes," complete Schedule M	31		X
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? If "Yes," complete			
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
50		26		
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
			44	L

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, [2] 40 2 b If at least one is reported on Ine 2a, did the organization file all required technic employment it as returns? 2a X b If at least one is reported than 2a, goater t	Form 990 (2020) STATES 53-0115655 Pa						
2a Enter the number of maployees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 40 b If at least one is reported on Ima 2a, did the organization file all required toderal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, young be required to <i>a_de</i> (see instructions) 3a X a Dat the organization new unreturn by and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country with a sh bank account, securities account, or other financial account? 4a X b If Yes, "near the name of the foreign country with a sh bank account, securities account, or other financial account? 5a X See instructions for fling requirements for FinCEN Form 11A, Report of Fareign Bark and Financial Accounts (FBAR). 5a X 5b Wast the organization fine are with eras organization an extreme mass the organization fine are without any time during the usy year? 5b X 6b Did any travable party notify the organization fine are without any time during the usy year? 5b X 6b Time financial Accounts filter account and the organization filter are wasted and with the advert the advert the advert the advert the advert the advert that such contributions or gfts were not tax deductible as charitable contributions? 5b X 6b	Par						
tied for the calendar year ending with or within the year covered by this return \boxed{xa} 40 20 bit at least one in reported on line 2, di che organization file all required feeral employment tax returns? $2a$ x bit of the cranization have unradiated business gross income of \$1,000 or more during the year? $2a$ x bit 1 "res," that if line a Form 900-T for this year? (I' No' to line 3b, provide an explanation on Schedule O $3a$ x bit 1 "res," that the anot the toregin country business able that account, securities account, or other funcuul accounts (FBAR). as x bit 1 "res," that the name of the toregin country business able that account, security or prohibite tax sheller transaction? $5a$ x bit 2 west to comparizon have wrant agross receipts that a normall greater than \$100,000, and did the organization have in a party to a prohibite tax sheller transaction? $5a$ x bit 1 "res," to the organization have an express statement that such contributions or gits were not tax deductible a contribution such as party to a prohibite tax sheller transaction? $5a$ x bit 1 "res," to the organization have an express statement that such contributions or gits were not tax deductible? $7a$ x bit 1 "res," to the dense apprent in cesses of \$75 mate entity as a contribution are services provided to the para?? $7a$ x bit 1 "res," to the o				Yes	No		
b If a basit one is reported on line 2a, did the organization fiels all required to <i>a</i> -file (see instructions) 2a X 3a Dot the organization have unrelated business gross income of 10,000 or more during the value of the syster? 3a X 3b Thes," has it field a form 98D-T for this yar? // No't to file 3b, provide an explanation or Schedule O 3b X 3b If "Yes," has it field a form 98D-T for this yar? // No't to file 3b, provide an explanation or Schedule O 3b X 3b If Yes," has it field a form 98D-T for this yar? // No't to file 3b, provide an explanation or other finencial account? 4a X 3c If Yes," has it field a form 98D-T for this yar? // No't to file 3b, provide an explanation or other finencial account? 4a X 3c If Yes," has it field a form 98D-T for this yar? // No't to file form 98D-T 5a X 3c If Yes," to file 5a or 5b, did the organization file form 98D-T? 5a X 3c If Yes," did the organization natule was heart maxaction from 98D-TR 5a X 3c If Yes," did the organization include with every solcitation an express statement that such contributions or gifts were not tax deductible? 5a X 3c If Yes," did the organization file 6T Hore 98D-T 7a X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of thesa far and 2 is ignetizer, than 250, your may be required to _efig (see instructions) Image: Sec instruction is instructions of \$1,000 or more during the year? Image: Sec instructions in the sec instructions of \$1,000 or more during the year? Image: Sec instructions of this graphs? Image: Sec instructions of this graphs? Image: Sec instructions of this graphs? Image: Sec instructions for this graphs? Image: Sec instruction for this graphs? Image: Sec instruction for this graphs? Image: Sec insthis for		filed for the calendar year ending with or within the year covered by this return 2a 40					
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 10b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves on hand 13c 14a X 15 Is the organization subject to thes payments? if "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachute payment(s) during the year? 14a X 15 Is the organization an educational information the section 4968 excise tax on net investment incom	9	Sponsoring organizations maintaining donor advised funds.					
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a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization subject to these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payments?) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the yar? 15	b		9b				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X			14-		y		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X							
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X			140				
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	13		15		x		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15				
	16		16		x		
	.0	If "Yes," complete Form 4720, Schedule O.	10				

Form **990** (2020)

53-0115655 Page **6**

Form	<u>990 (2020)</u> STATES		53-0115			age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7b below, and for a	'No" re	espons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				•	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		
-	affinant diseastan terrate a subservation of			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
Ŭ	of efficiency directions to relation on the second se			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		X
6				6	Х	
-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or app			⊢ Ŭ		
74				7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
D.				7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
		-	-	8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				- 23	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	, 	Codo I			
	This Section B requests information about policies not required by the internal new	enue	C00E.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	110
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
				10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangem	ient wi	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE (о С				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy, and	l finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	VIRGINIA KASE SOLOMON - 202-263-1308					
	1233 20TH ST NW, NO. 500, WASHINGTON, DC 20036			-	000	
						(0000)

Form 990 (2020)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

STATES

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	ruste	al trus		yee	mpen		(** 2/1000 10100)		and related
	below	idual t	n stit utio nal tru stee	ž	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) VIRGINIA KASE SOLOMON	20.00									
CHIEF EXECUTIVE OFFICER	20.00			Х				130,420.	130,420.	39,358.
(2) TRACY SPATZ	20.00									
SENIOR DIRECTOR OF FINANCE	20.00					X		80,651.	80,651.	48,030.
(3) JASON JOHNSON	20.00									
DIRECTOR OF IT	20.00					X		76,206.	76,206.	22,870.
(4) JEANETTE SENECAL	20.00									
SENIOR DIRECTOR, MISSION IMPACT	20.00					X		68,226.	68,226.	35,260.
(5) SARAH COURTNEY	20.00									
CHIEF COMMUNICATIONS OFFICER	20.00					X		68,034.	68,034.	31,872.
(6) KELLY MCFARLAND	20.00									
CHIEF OF STAFF	20.00					X		68,926.	68,926.	26,500.
(7) ELLEN HOBBY	20.00									
COO (AS OF 6/21)	20.00			Х				0.	0.	0.
(8) DEBORAH TURNER	7.50									
CHAIR	7.50	Х		Х				0.	0.	0.
(9) JESSICA LOWE-MINOR	7.50									
VICE CHAIR	7.50	Х		Х				0.	0.	0.
(10) JESSICA ROHLOFF	7.50									
SECRETARY	7.50	Х		Х				0.	0.	0.
(11) LEAH EDWARDS	7.50									
TREASURER	7.50	Х		Х				0.	0.	0.
(12) LIZ BANDER	7.50									_
DIRECTOR	7.50	Х						0.	0.	0.
(13) MELISSA BREACH	7.50									_
DIRECTOR	7.50	Х						0.	0.	0.
(14) JOAN HUNAULT	7.50									_
DIRECTOR	7.50	Х						0.	0.	0.
(15) MELISSA CURRENCE	7.50									_
DIRECTOR	7.50	Х						0.	0.	0.
(16) SANIA IRWIN	7.50									
DIRECTOR	7.50	Х						0.	0.	0.
(17) ALLISON RIGGS	7.50								•	
DIRECTOR	7.50	X						0.	0.	<u> </u>

LEAGUE OI	F WOMEN	VC	TE	RS	0)F	ΤH	E UNITED					•
Form 990 (2020) STATES						_			53-01	1156	555	P	age 8
Jection A. Onicers, Directors, Trus		oloy	ees,			ghes	st Co		, ,				
(A)	(B) Average			Posi	C) ition	n		(D)	(E)		F -	(F)	1
Name and title	hours per		not c	heck i	more	than o s both		Reportable compensation	Reportable compensation	n		timate 10unt	
	week					or/trus		from	from related			other	
	(list any	ector						the	organizations	I	com	pensa	ation
	hours for	or dire	e.			ated		organization	(W-2/1099-MIS	SC)		om th	
	related organizations	ustee	truste		e.	bens		(W-2/1099-MISC)			0	anizat	
	below	lual tr	tional		ploye	st com	_					d relat anizati	
	line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	inzaci	
(18) LALI WATT	7.50	_	_										
DIRECTOR	7.50	х						0.		0.			0.
(19) TONI ZIMMER	7.50												
DIRECTOR	7.50	Х						0.		0.			0.
1b Subtotal								492,463.	492,46	53.	2.0	3 8	90.
c Total from continuation sheets to Part VI								0.	492,40	0.	20	<u>, , , , , , , , , , , , , , , , , , , </u>	0.
								492,463.	492,46	-	20	3,8	90.
2 Total number of individuals (including but n						e) wh	o re	,	, 000 of reportable	, ,			
compensation from the organization								·	•				12
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	loyee	e, or	⁻ higł	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150										····	4	X	
5 Did any person listed on line 1a receive or a	-				-			-			5		x
rendered to the organization? <i>If "Yes." corr</i> Section B. Independent Contractors	plete Schedule	e J fo	or sl	ich r	bers	on .					5		
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	at received more than \$	100.000 of comp	ensat	ion fro	m	
the organization. Report compensation for	•	•							•				
(A)								(B)			(0	;)	
Name and business	address							Description of s	ervices	C	ompe	nsatio	n
RWT PRODUCTION LLC			_										
8932 HUNT LANE, ANNANDALE	E, VA 22	00	3					PRINTING AND		1	,74	7,9	76.
AVALON CONSULTING GROUP		~ ^	~ ~	-				FUNDRAISING	AND		ГЭ	<u> </u>	20
805 15TH ST. NW, WASHINGT VANGUARD COMMUNICATIONS C					п	TN		CONSULTING			53	9,3	36.
2121 K STREET NW SUITE 65								CONSULTING			22	7 5	51.
ZIZI K DIKEEI NW BOITE 03		T T 1	91		,		<u> </u>	20100011100				,,,	<u></u>

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3

LEAGUE	OF	WOMEN	VOTERS	OF	THE	UNITED
STATES						
of Revenue						

				ATES				53-0115	655 Page 9
Pa	rt \	/111	Statement of Re	venue					
			Check if Schedule O	contains a response	or note to any lin		(D)	(0)	
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns	1a					
, Gifts, Grants nilar Amounts				1b 1	,719,340.				
D G			Fundraising events						
ifts ar A			Related organizations						
s, G mila			Government grants (contr			1			
Sil			All other contributions, gifts,			1			
but			similar amounts not included	labove 1f 6	,672,518.				
Contributions, Gift and Other Similar		g	Noncash contributions included in						
Col		h	Total. Add lines 1a-1f			8,391,858.			
					Business Code				
e	2	а	PUBLICATION S		511130	44,016.	44,016. 20,730.		
e e		b	CONVENTION AN	D COUNCIL	900099	20,730.	20,730.		
i Se		с							
ram leve		d							
Program Service Revenue		е							
ď			All other program service						
			Total. Add lines 2a-2f			64,746.			
	3		Investment income (includ						115 171
	-		other similar amounts)			115,171.			115,171.
	4		Income from investment o	•		267,913.			267,913.
	5		Royalties	(i) Real	(ii) Personal	207,913.			207,913.
			a			-			
	6			6a 125,336	•	-			
			Less: rental expenses	6c 125, 336		1			
			Rental income or (loss) Net rental income or (loss			125,336.			125,336.
	7		Gross amount from sales of	(i) Securities	(ii) Other	125,550.			123,3300
	'	u	assets other than inventory	7a 627, 328	.,				
		b	Less: cost or other basis			1			
e		~	and sales expenses	76422,271					
evenue		с	Gain or (loss)		,	1			
Rev			Net gain or (loss)			205,057.			205,057.
erl	8		Gross income from fundraisi						
Other				of					
			contributions reported on						
			Part IV, line 18		a				
		b	Less: direct expenses		b				
		с	Net income or (loss) from	fundraising events	▶				
	9	а	Gross income from gamin	ng activities. See					
			Part IV, line 19			-			
			Less: direct expenses		b				
			Net income or (loss) from	· · _	>				
	10	а	Gross sales of inventory,						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from	sales of inventory	Business Code				
sn	11	~			Dusiliess Code				
neo	• •	a b							
Miscellaneous Revenue		c							
lisc			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instruction			9,170,081.	64,746.	0.	713,477.

Form 990 (2020) STATES

Pa	Part IX Statement of Functional Expenses								
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All othe	er organizations must con	nplete column (A).					
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		X				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	346,385.	346,385.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	150,727.	92,317.	27,136.	31,274.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	1,486,117.	910,215.	267,552.	308,350.				
8	Pension plan accruals and contributions (include	~~ ~~~			40 540				
	section 401(k) and 403(b) employer contributions)	66,232.	40,566.	11,924.	13,742.				
9	Other employee benefits	103,514.	63,399.	18,637.	21,478.				
10	Payroll taxes	107,513.	65,849.	19,356.	22,308.				
11	Fees for services (nonemployees):								
а	Management	44.000	20.240	0 200	0 110				
b	Legal	44,863.	28,349.	8,398.	8,116.				
	Accounting	78,671.	49,713.	14,727.	14,231.				
	Lobbying	440 102			440 102				
	Professional fundraising services. See Part IV, line 17	449,193.	0.027	2,644.	449,193.				
	Investment management fees	14,126.	8,927.	2,044.	2,555.				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 530 240	773,150.	202 808	173 201				
	column (A) amount, list line 11g expenses on Sch O.)	1,539,249.	775,150.	292,898.	473,201.				
12	Advertising and promotion	1,073,903.	796,604.	2,389.	274,910.				
13	Office expenses	493,627.	380,728.	79,313.	33,586.				
14 15	Information technology	475,027.	500,720.	15,515.	55,500.				
15 16	Royalties	601,478.	424,032.	124,641.	52,805.				
16 17	Occupancy	3,158.	1,693.	1,380.	85.				
17	Travel Payments of travel or entertainment expenses	5,150.	1,055.	1,500.					
10	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	45,653.	6,117.	39,536.					
20	Interest		• / = = : •						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	94,106.	37,562.	56,544.					
23	Insurance	22,619.	11,516.	1,485.	9,618.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	CONTRACT WITH LEAGUES	346,386.	176,358.	22,740.	147,288.				
b	SUBLEASE LOSS	323,484.	164,697.	21,237.	137,550.				
c	LIST RENTAL	173,800.	88,488.	11,410.	73,902.				
d	MISCELLANEOUS	90,590.	46,123.	5,947.	38,520.				
	All other expenses	-669,726.	-1,553,987.	118,264.	765,997.				
25	Total functional expenses. Add lines 1 through 24e	6,985,668.	2,958,801.	1,148,158.	2,878,709.				
26	Joint costs. Complete this line only if the organization	-	-	-					
	reported in column (B) joint costs from a combined								
	advectional compaign and fundraising colligitation								

1,194,859

378,443.

educational campaign and fundraising solicitation.

Check here **K** if following SOP 98-2 (ASC 958-720)

0.

Form 990 (2020)	
Part X	Ba	ance	Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			465.	1	0.
	2	Savings and temporary cash investments			3,808,004.	2	2,566,538.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	200,885.	4	174,185.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	oans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described		F		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<	9	Prepaid expenses and deferred charges			289,519.	9	190,606.
	10a	Land, buildings, and equipment: cost or other		1 056 500			
		basis. Complete Part VI of Schedule D	10a	1,876,733.	004 425		000 (82)
					224,435.	10c	922,673. 5,698,594.
	11	Investments - publicly traded securities			2,342,615.	11	5,698,594.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			20 061	14	620 100
	15	Other assets. See Part IV, line 11	39,061.	15	630,189.		
	16	Total assets. Add lines 1 through 15 (must equa			6,904,984. 1,162,318.	16	10,182,785.
	17	Accounts payable and accrued expenses			1,102,510.	17	897,005.
	18	Grants payable				18	
	19 20	Deferred revenue				19 20	
	20 21	Tax-exempt bond liabilities				20 21	
	21	Escrow or custodial account liability. Complete F Loans and other payables to any current or form				21	
Liabilities	22	trustee, key employee, creator or founder, substa					
bilit		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-	F F		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			218,222.	25	1,459,261.
	26	Total liabilities. Add lines 17 through 25			1,380,540.	26	2,356,266.
		Organizations that follow FASB ASC 958, che	ck here	e ▶ X			
Sec		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			5,399,444.	27	7,826,519.
Ba	28	Net assets with donor restrictions			125,000.	28	0.
pu		Organizations that do not follow FASB ASC 95	58, che	eck here 🕨 🗌			
Ľ		and complete lines 29 through 33.					
0 N	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, o	or other funds		31	
Se	32				5,524,444.	32	7,826,519.
	33	Total liabilities and net assets/fund balances			6,904,984.	33	10,182,785.

Form **990** (2020)

LEAGUE OF WOMEN VOTERS OF THE UNITE	LEAGUE	OF	WOMEN	VOTERS	OF	THE	UNITED
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Form	990 (2020) STATES	53-0	115655	Page	12			
Ра	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,170					
2								
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,524					
5	Net unrealized gains (losses) on investments	5	117	,662	<u>' .</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0).			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	7,826	,519).			
Pa	Part XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			X	<u>ζ</u>			
				Yes N	0			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	x				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			_			
	Act and OMB Circular A-133?		3a	<u> </u>	ζ			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form 990 (2020)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

Name of	τne	organi	zation	
			-	

	LEAGUE OF WOMEN VOTERS OF THE UNITED STATES	53-0115655			
Organization type (ch	eck one):				
Filers of:	Section:				
Form 990 or 990-EZ	\fbox 501(c)(4) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not 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				
	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots b \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2020)
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Page 2 Employer identification number

Name of organization								
LEAGUE	OF	WOMEN	VOTERS	OF	\mathbf{THE}	UNITED		
STATES								

53-0115655

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 N/A X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 N/A X Person Payroll <u>5,00</u>0. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 N/A X Person Payroll 52,446. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 N/A Person X Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 N/A X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 N/A Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

	organization E OF WOMEN VOTERS OF THE UNITED		Employ	yer identification numbe
STATE			53	-0115655
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
7	<u>N/A</u>	\$5,0	000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
8	<u>N/A</u>	\$5,0	000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
				Person

		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

⊃_{age} 2 nber

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
	rganization		Employer identification number
	E OF WOMEN VOTERS OF THE UNITED		
STATE:			53-0115655
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
Farti			
		-	
		_	
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		_	
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		_	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		_	
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		_	
		-	
		— \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		_	
		_	
		\$	

Name of ore				Employer identification number					
	OF WOMEN VOTERS OF THE	E UNITED							
STATES Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in se	ection 501(c)(7) (8) or (10)	53-0115655					
i urt m	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ry. For organizations	· · ·					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
		(e) Transfer of gif	t						
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
		(e) Transfer of gif	t I						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					

SCHEDULE C Political Campaign and Lobbying Activities						OMB No. 1545-0047			
(Form 990 or 990-EZ)					_	2020			
	-	anizations Exempt From Income				Ζυζυ			
Department of the Treasury Internal Revenue Service	-	if the organization is described I Go to www.irs.gov/Form990 for in			Э0-EZ.	Open to Public Inspection			
If the organization answ	wered "Yes," or	n Form 990, Part IV, line 3, or Form	n 990-EZ, Part V, line	e 46 (Political Campa	ign Acti	ivities), then			
 Section 501(c)(3) org 	anizations: Corr	plete Parts I-A and B. Do not com	olete Part I-C.						
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete Pa	arts I-A and C below. D	Do not complete Part	I-B.				
 Section 527 organiza 	ations: Complete	e Part I-A only.							
If the organization answ	the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then								
 Section 501(c)(3) org 	• 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.								
 Section 501(c)(3) org 	anizations that I	have NOT filed Form 5768 (election	n under section 501(h))	: Complete Part II-B. I	Do not c	omplete Part II-A.			
-		n Form 990, Part IV, line 5 (Proxy [*]	Tax) (See separate in	structions) or Form	990-EZ,	Part V, line 35c (Proxy			
Tax) (See separate inst									
	-	tions: Complete Part III.							
Name of organization		OF WOMEN VOTERS O	F THE UNITEI	ין כ		er identification number			
	STATES					<u>53-0115655</u>			
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) or	r is a section 527	orgai	nization.			
		ation's direct and indirect political							
		ures							
3 Volunteer hours for	political campai	gn activities			_				
-		anization is exempt under							
		incurred by the organization under							
		incurred by organization managers							
		n 4955 tax, did it file Form 4720 fo				Yes No			
						Yes No			
b If "Yes," describe in		anization is exempt under	acation E01(a)	voont opption E(11(-)(2)	<u>, </u>			
		by the filing organization for section			▶\$				
		ization's funds contributed to othe	-		• •				
exempt function ac					▶\$_				
-	-	Add lines 1 and 2. Enter here and			• •				
		1120-POL for this year?							
		nployer identification number (EIN) tion listed, enter the amount paid f							
	-	omptly and directly delivered to a s				-			
		additional space is needed, provide		•	Jarate Se	egregated fund of a			
				(d) Amount paid fr					
(a) Name	5	(b) Address	(c) EIN	filing organization		(e) Amount of political ontributions received and			
				funds. If none, enter	r -0	promptly and directly			
						delivered to a separate			
						political organization. If none, enter -0			

LHA

LEAGUE OF WOMEN VOTERS OF THE UNITED Schedule C (Form 990 or 990-EZ) 2020 STATES 53-0115655 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grassroots 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) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i 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? Yes No 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 separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e))

 c Total lobbying expenditures
 Image: Construction of the second seco

Schedule C (Form 990 or 990-EZ) 2020

53-0115655 Page 3 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)				
	e lobbying activity.	Yes	No	Amo	ount				
1 a	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: Volunteers?								
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?								
d	Mailings to members, legislators, or the public?								
е	Publications, or published or broadcast statements?								
	Grants to other organizations for lobbying purposes?								
	Direct contact with legislators, their staffs, government officials, or a legislative body?								
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?								
	Other activities?								
	j Total. Add lines 1c through 1i								
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?								
	If "Yes," enter the amount of any tax incurred under section 4912								
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912								
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	► 501 (a)(5)	01000	tion					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1(0)(5),	or sec	lion					
	301(0)(0).			Yes	No				
				X	NU				
1	Were substantially all (90% or more) dues received nondeductible by members?			A	x				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		-	tion	Δ				
I UI	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3. is				
	answered "Yes."		i arti		0,10				
1	Dues, assessments and similar amounts from members		1						
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic								
-	expenses for which the section 527(f) tax was paid).								
а	Current year		2a						
	Carryover from last year		2b						
	Total		2c						
3									
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce		_						
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po								
	expenditure next year?		4						
5	Taxable amount of lobbying and political expenditures (See instructions)		5						
Par	t IV Supplemental Information								
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, I	ines 1 a	nd 2 (See					

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

(Form 990) ► Complete if the organizat Part IV, line 6, 7, 8, 9, 10, 11a,			al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l			OMB No. 1545-0047
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informa			Open to Public Inspection
	e of the organizati				Emp	loyer identification number
	-	STATES				53-0115655
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Acc	oun	ts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.			
			(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at er	nd of year				
2	Aggregate value of	f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in v	-			
		on's property, subject to the organization's				Yes No
6	•	on inform all grantees, donors, and donor a	• •			
		oses and not for the benefit of the donor o			•	
Par	t II Conserv	ate benefit? ation Easements. Complete if the org	appization answered "Vee" on Form 000 D			Yes No
1		servation easements held by the organization		art IV, II	ne 7.	
I		of land for public use (for example, recrea		a histori	cally	important land area
		f natural habitat	Preservation of			•
		n of open space		acertine	50 113	
2		through 2d if the organization held a qualif	ied conservation contribution in the form c	of a cons	servat	ion easement on the last
-	day of the tax year					Held at the End of the Tax Year
а	• •	onservation easements		F	2a	
b					2b	
с	-	vation easements on a certified historic stru		···· -	2c	
d		vation easements included in (c) acquired a				
	listed in the Natior	nal Register		L	2d	
3		vation easements modified, transferred, rel			ation o	during the tax
	year 🕨					
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
		orcement of the conservation easements it				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation	ease	ments during the year
	▶					
7		es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	ion ease	ement	s during the year
-	►\$					
8		vation easement reported on line 2(d) abov	, , , , , , , , , , , , , , , , , , , ,			
•)(4)(B)(ii)?				
9		be how the organization reports conservation d include, if applicable, the text of the footr	-			
	,	ounting for conservation easements.	lote to the organization's infancial stateme	nis inai	desc	ndes the
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Sir	nilar	Assets.
		f the organization answered "Yes" on Form				
1a		elected, as permitted under FASB ASC 95		nd balan	ce sh	eet works
14	•	easures, or other similar assets held for put				
		Part XIII the text of the footnote to its finar	, ,		-	
b	· •	elected, as permitted under FASB ASC 95			sheet	works of
	-	sures, or other similar assets held for public				
		ng amounts relating to these items:	· · ·			,
	-	ded on Form 990, Part VIII, line 1				6
		ed in Form 990, Part X				B
2		received or held works of art, historical trea				
	•	unts required to be reported under FASB A		•		
а	-	on Form 990, Part VIII, line 1	-		▶ 8	6
b		Form 990, Part X				B
		eduction Act Notice, see the Instructions			;	Schedule D (Form 990) 2020

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		F WOMEN V	OTERS	S OF T	HE UNIJ	TED				
	dule D (Form 990) 2020 STATES								15655	
Par	rt III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Other S	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the t	following tha	t make sigr	nificant us	e of its		
	collection items (check all that apply):									
а	Public exhibition	(hange progra					
b	X Scholarly research		• 🗌	Other						
С	X Preservation for future generations									
4	Provide a description of the organization's col	lections and explai	n how th	ey further th	ne organizatio	on's exemp	t purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets		-	
_	to be sold to raise funds rather than to be mai								Yes	X No
Par	TTIV Escrow and Custodial Arrang		ete if the	e organizatio	n answered	"Yes" on F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia								-	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing t	able:						
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		7	
	Did the organization include an amount on Fo					-	?	∟	Yes	
	If "Yes," explain the arrangement in Part XIII. (rt V Endowment Funds, Complete if									
Fai	rt V Endowment Funds. Complete if								() 5	<u> </u>
		(a) Current year	(b) ⊦	rior year	(c) Two yea	irs dack (c	i) Three yea	ars dack	(e) Four y	ears dack
1a	Beginning of year balance									
b	Contributions									
C.	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
-	and programs									
	Administrative expenses									
-	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curre	•		g, column (aj)) held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment									
с	Term endowment	•								
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held ar	nd administer	red for the	organizati	ion	5	
	by:									<u>'es No</u>
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
-	If "Yes" on line 3a(ii), are the related organizati								3b	
4 Par	Describe in Part XIII the intended uses of the or rt VI Land, Buildings, and Equipme		wment i	unas.						
	Complete if the organization answered		D Dart IV	/ line 112 S	ee Form 000) Dart X lin	o 10			
	Description of property	(a) Cost or d			t or other		umulated		(d) Book	
	Description of property	basis (investi		. ,	(other)		eciation		(U) BOOK	value
1a	Land		-7		× 1					
	Buildings									
	Leasehold improvements			1.18	7,784.	44	43,88	7.	743	,897.
	Equipment				8,949.		L0,17			,776.
	Other				, •					
	I. Add lines 1a through 1e. (Column (d) must ea		X colur	n (R) line 1	0c)	1			922	,673.
		aan onn 330. Fall	A. COIUII		<u>vv.</u> ,			r		

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM LWVEF	630,189.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	630,189.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT LIABILITY	58,746.
(3) DEFERRED RENT	240,439.
(4) DEFERRED LEASEHOLD IMPROVEMENTS	836,592.
(5) ACCRUED SUBLEASE LOSS	323,484.
(6)	
(7)	
(8)	<u> </u>
(9)	<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,459,261.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2020 STATES			53-	0115655	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	16,637	,568.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	117,662.			
b	Donated services and use of facilities	2b	7,363,951.	<u>,</u>		
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	7,481	<u>,613.</u>
3	Subtract line 2e from line 1			3	9,155	<u>,955.</u>
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	4a	14,126.	<u>,</u>		
b	Other (Describe in Part XIII.)	. 4b				
С	Add lines 4a and 4b			4c		<u>,126.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,170	,081.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1				1	14,335	,493.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2 a	7,363,951.	<u>.</u>		
b	Prior year adjustments	2 b				
С	Other losses	. 2 c				
d	Other (Describe in Part XIII.)	2 d				
е	Add lines 2a through 2d			2e	7,363	
3	Subtract line 2e from line 1			3	6,971	<u>,542.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,126.	<u> </u>		
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		,126.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,985	,668.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

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

LEAGUE OF WOMEN VOTERS OF THE UNITED Schedule D (Form 990) 2020 STATES 53-0115655 Page 5 Part XIII Supplemental Information (continued) 53-0115655
THE LEAGUE OF WOMEN VOTERS MAINTAINS A PERMANENT COLLECTION OF RARE BOOKS,
PAMPHLETS, AND MEMORABILIA RELATING TO WOMEN'S RIGHTS AND THE SUFFRAGE
MOVEMENT, WHICH DATE FROM THE MID-NINETEENTH TO THE LATE TWENTIETH
CENTURIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED, AND CARED FOR BY
LEAGUE OF WOMEN VOTERS, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND
ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTION
REPRESENTS IMPORTANT HISTORICAL INFORMATION LEADING TO THE FORMATION OF
THE LEAGUE, AND PROVIDES PRIMARY-SOURCE SUPPORT FOR THE LEAGUE'S
ACTIVITIES FROM THE PAST TO PRESENT-DAY.

SCHEDULE G	Suppleme	ental Informa	tion Regarc	ding Fu	ndrais	ing or Gaming A	Activities		OMB No. 1545-0047
(Form 990 or 990-EZ)						Part IV, line 17, 18, c orm 990-EZ, line 6a.	or 19, or if the	e	2020
Department of the Treasury			Attach to Form	n 990 or F	orm 9	90-EZ.			Open to Public
Internal Revenue Service	► Go	o to www.irs.gov	/Form990 for	instructio	ons and	d the latest informat	ion.		Inspection
Name of the organization	LEAGUE	OF WOMEN	VOTERS	OF T	IE U	NITED	Emplo	yer ide	ntification number
	STATES						53-0	0115	655
	complete this par		organization a	answered	"Yes" o	on Form 990, Part IV,	line 17. Form	990-EZ	filers are not
c X Phone solici d In-person so 2 a Did the organization	ions email solicitations tations licitations on have a written o ed in Form 990, P	s or oral agreement Part VII) or entity in	e Sc f Sc g Sp t with any indiv	plicitation blicitation becial fund ridual (incl with profes	of non- of gove Iraising uding c	government grants ernment grants events officers, directors, trus fundraising services?	stees, or	X Yes	
compensated at le	-				o agree			13 10 00	,
(i) Name and addres or entity (func		(ii) .	Activity	fů hav or	ii) Did ndraiser custody control of ributions?	(iv) Gross receipts from activity	(v) Amount to (or retain fundrais listed in co	ed by) ser	(vi) Amount paid to (or retained by) organization
AVALON CONSULTING C	GROUP INC.			Ye	s No				
- 805 15TH STREET,	NW SUITE	CONSULTANT			X	4,960,432.	293	8,492.	4,666,940.
SD & A TELESERVICES	5 INC								
5757 WEST CENTURY H	BLVD, STE.	TELEMARKETIN	G		x	10,466.	24	1,100.	-13,634.
Total				I	►	4,970,898.	317	7,592.	4,653,306.
3 List all states in whi	ch the organizatio	on is registered o	r licensed to sc	olicit contr	ibution	s or has been notified	l it is exempt	from re	gistration

or licensing.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

LEAGUE OF WOMEN VOTERS OF THE UNI	TI	E]	l		J		i	S	4	Ċ	ŀ	ł	I	J	I	I	I	l	ł	ŀ	ŀ	ŀ	ŀ	ł	ł	ł	ł	l	I	ŀ	ŀ	ŀ	ŀ	I	ł	ŀ	ł	I	J				,	'		'																						•	1	1	1	•					L	L		l		l		١	1	l	ſ,	J	Ļ	ļ					i			ł	ι,	I		L	l	'						ľ	ł	ŀ).)))	2	C	C	((1			5	5	5
7		'	'E	Έ	'E]	'E]	'E	'E	'E	'E	'I	<u>'</u>																															'																																				L	L			Ľ	Τ.	ЦЦ	1 T J	1 T J	ĽΊΝ	NIJ	NI	JNIJ	UNLI	UNTJ	UNTI	UNTJ	UNLI	UNLI	LINU 5	E UNIJ	E UNI'	IE UNIJ	HE UNIT	HE UNIT	'HE UNI'I	'HE UNI'	LHE ONLA	THE UNIT	' THE UNIT	THE UNIT	F THE UNIT	OF THE UNIT	G OF THE UNIT	5 OF THE UNIT																
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		LEAGUE	OF WOMEN	VOTERS	OF THE	UNITED	
Schedule G	G (Form 990 or 990-EZ) 2020	STATES				5	3-0115655 Page 2
Part II	Fundraising Events.			answered "Yes	" on Form 990	, Part IV, line 18, or repo	ted more than \$15,000
	of fundraising event contril	butions and g	ross income on l	Form 990-EZ, lir	nes 1 and 6b. I	List events with gross rec	eipts greater than \$5,000.
			(a) Event	: #1	(b) Event #2	(c) Other events	(d) I otal events (add col. (a) through
							col. (c))

			(event type)	(event type)	(total number)	
Jevenue						
Reve	1	Gross receipts				
-	•					
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
Sen	6	Rent/facility costs				
Direct Expenses						
rect	7	Food and beverages				
Ō	_					
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)		🕨	
Pa	rt I	Gaming. Complete if the organization a	nswered "Yes" on Form	990, Part IV, line 19, or	reported more than	

\$15,000 on Form 990-EZ, line 6a.

Revenue	-	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
ses	2 Cash prizes				
xpena	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	└── Yes % └── No	Yes %	
	7 Direct expense summary. Add lines 2 through s	5 in column (d)		►	
	8 Net gaming income summary. Subtract line 7 f	rom line 1, column (d)			
9	Enter the state(s) in which the organization conduc Is the organization licensed to conduct gaming act				Yes No
	If "No," explain:				
	Were any of the organization's gaming licenses rev If "Yes," explain:			/ear?	Yes No

LEAGUE OF WOMEN VOTERS OF THE UNITED	0115	<i>C F F</i>	
	0115		Page 3
11 Does the organization conduct gaming activities with nonmembers?12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	No No
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a		%
b An outside facility	13b		%
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?		Yes	🗌 No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
of gaming revenue retained by the third party > \$			
c 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			
retain the state gaming license?	📖	Yes	No
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 ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III lir	0 0 0	2h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art m, m	103 5, 5	50, 100,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	.S :		
(I) NAME OF FUNDRAISER: AVALON CONSULTING GROUP INC.			
(I) ADDRESS OF FUNDRAISER:			
805 15TH STREET, NW SUITE 700, WASHINGTON, DC 20005			
· _ ·			
(I) NAME OF FUNDRAISER: SD & A TELESERVICES INC.			
(I) ADDRESS OF FUNDRAISER:			
5757 WEST CENTURY BLVD, STE. 300, LOS ANGELES, CA 90045			

Schedule G	(Form 990 or 990-EZ) Supplemental Inform				VOTERS	OF	THE	UNITED	53-0115655	Page 4
i ui ti i		(con	tinuea)						

SCHEDULE I		C	Grants and Oth	er Assistan	ce to Organ	izations.		0	MB No. 1545-0047
(Form 990)		Go	vernments, an lete if the organization	d Individual	s in the Ŭni	ted States			2020
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 fo		nation		0	pen to Public Inspection
Name of the organizati	ion LEAGUE OF STATES	WOMEN VO	TERS OF THE	-					ification number -0115655
Part I General Ir	nformation on Grants a	nd Assistance							
criteria used to a	zation maintain records t award the grants or assis IV the organization's pro	stance?				•	•	on X	Yes 🗌 No
	d Other Assistance to					anization answered "Y	es" on Form 990, Parl	: IV, line 21, for ar	ıy
recipient t	hat received more than S	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.	(f) Mathad of	1	1	
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		ose of grant Sistance
LEAGUE OF WOMEN V 605 LARCH LAND IOWA CITY, IA 522		23-7383527	501C4	9,000.	0.			ELECTION SER	VICES
LEAGUE OF WOMEN V 115 S EWING ST LOUISVILLE, KY 40	OTERS OF KENTUCKY	61-0463058	501C4	12,000.	0.			ELECTION SER	VICES
LEAGUE OF WOMEN V LOUISIANA - 247 C HOMER, LA 71040		58-1636800	501C3	9,000.	0.			ELECTION SER	VICES
LEAGUE OF WOMEN V PO BOX 22048 ANCHORAGE, AK 998		23-7032293	501C4	9,000.	0.			ELECTION SER	VICES
LEAGUE OF WOMEN V 1934 E. CAMELBACK PHOENIX, AZ 85016	RD	74-2390846	501C3	23,000.	0.			ELECTION SER	VICES
LEAGUE OF WOMEN V TENNESSEE - P.O. NASHVILLE, TN 372	BOX 158369 -	62-6051527	501C4	6,000.	0.			ELECTION SER	
	per of section 501(c)(3) a			e line 1 table					<u> 10.</u> 15.
3 Enter total numb	per of other organizations	s listed in the line						····· P	-CT

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

Schedule I (Form 990) STATES							3-0115655 _{Ра}
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEACHE OF WOMEN VOMEDS OF MICHICAN							
LEAGUE OF WOMEN VOTERS OF MICHIGAN 600 W SAINT JOSEPH ST SUITE 3G							
LANSING, MI 48933	05-0592001	501C3	7,100.	0.			ELECTION SERVICES
	05 0552001	50105	,,100.				
LEAGUE OF WOMEN VOTERS OF ALABAMA							
1321 DAUPHIN ST.							
MOBILE, AL 36604	63-0870006	501C3	10,000.	0.			ELECTION SERVICES
,			,				
LEAGUE OF WOMEN VOTERS OF MONTANA							
618 EDITH STREET							
MISSOULA, MT 59801	81-6011225	501C4	9,000.	٥.			ELECTION SERVICES
LEAGUE OF WOMEN VOTERS OF							
MISSISSIPPI - P.O. BOX 55505 -							
JACKSON, MS 32296	23-7032695	501C4	7,000.	0.			ELECTION SERVICES
LWV OF WASHINGTON							
1511 3RD AVE STE 900,							
SEATTLE, WA 98101	91-0610610	501C3	10,000.	0.			ELECTION SERVICES
LWV OF INDIANA							
1500 N DELAWARE STREET							
INDIANAPOLIS, IN 46202	31-0976386	501C3	10,875.	0.			ELECTION SERVICES
LWV OF NORTH DAKOTA							
P.O. BOX 295	45-6012023	501C4	20.000	0.			ELECTION SERVICES
FARGO, ND 58107	45-6012025	50104	20,000.	0.			ELECTION SERVICES
LWV OF SOUTH DAKOTA							
2509 W 31ST ST							
SIOUX FALLS, SD 57105	36-3927065	501C3	29,250.	0.			ELECTION SERVICES
			25,250.				
LWV OF CALIFORNIA							
1107 9TH ST STE 300							
SACRAMENTO, CA 95814	68-0061260	501C3	28,500.	0.			ELECTION SERVICES

Schedule I (Form 990)

Schedule I (Form 990) STATES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LWV OF ARKANSAS							
712 N ASH ST							
LITTLE ROCK, AR 72205	71-6055758	501C4	14,700.	0.			ELECTION SERVICES
LWV OF GEORGIA							
00 JOHNSON FERRY RD. NE SUITE B							
ATLANTA, GA 30342	58-0600853	501C4	13,250.	0.			ELECTION SERVICES
WV OF VIRGINIA							
LO11 E. MAIN STREET SUITE 214A							
RICHMOND, VA 23219	54-1334464	501C3	13,000.	0.			ELECTION SERVICES
				- •			
LWV OF OKLAHOMA							
20 W WILSHIRE BOULEVARD SUITE 101-							
OKLAHOMA CITY, OK 73116	73-0382825	501C4	8,000.	0.			ELECTION SERVICES
·							
LWV OF MISSOURI							
3706 MANCHESTER RD STE 104							
ST. LOUIS, MO 63144	43-0415536	501C4	7,000.	0.			ELECTION SERVICES
WV OF NORTH CAROLINA							
3509 HAWORTH DRIVE SUITE 206							
	56-0599354	501C4	7,000.	0.			ELECTION SERVICES
RALEIGH, NC 27609	56-0599554	50104	7,000.	0.			ELECTION SERVICES
LWV OF COLORADO							
.410 GRANT STREET SUITE B204							
DENVER, CO 80203	84-1135313	501C3	7,000.	0.			ELECTION SERVICES
	01 1100010	50100	,,				
WV OF WISCONSIN							
12 W MAIN STREET SUITE 200							
ADISON, WI 53703	39-0713765	501C4	6,500.	0.			ELECTION SERVICES
WV OF OHIO							
.00 EAST BROAD STREET SUITE 1310							
OLUMBUS, OH 43215	34-0439175	501C4	6,500.	0.			ELECTION SERVICES

Schedule I (Form 990)

Schedule I (Form 990) STATES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LWV OF PENNSYLVANIA									
226 FORSTER STREET									
HARRISBURG, PA 17102	23-1294063	501C4	6,000.	0.			ELECTION SERVICES		

Schedule I (Form 990)

Part III

STATES Schedule I (Form 990) 2020 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

GRANTS ARE PARTIALLY DISTRIBUTED TO RECIPIENTS AND THEN GRANT RECIPIENTS

PROVIDE DOCUMENTATION REGARDING THE WORK COMPLETED BEFORE RECEIVING THE

REMAINING GRANT AMOUNT.

53-0115655

Page 2

SCI	HEDULE J	Compensation Information	OMB No. 1	1545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	20	20)
Dener	hanna tha falls a Turana sure s	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 	Open to	Publi	íc
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe	ction	
Nam	e of the organizatio	LEAGUE OF WOMEN VOTERS OF THE UNITED	nployer identification		nber
		STATES	53-011565	5	
Pa	rt I Question	s Regarding Compensation			
				Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form 990),		
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or o		use		
	Travel for com		nce		
	_	cation and gross-up payments Health or social club dues or initiation fees			
	Discretionary	spending account Personal services (such as maid, chauffeur, cl	hef)		
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or			
~		provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
~					
3		ny, of the following the organization used to establish the compensation of the organization's			
		ector. Check all that apply. Do not check any boxes for methods used by a related organization to	0		
	·	ation of the CEO/Executive Director, but explain in Part III.			
	Compensation				
		compensation consultant			
		ther organizations Approval by the board or compensation comr	nittee		
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a re				
а	-	e payment or change-of-control payment?	4a		Х
		eive payment from a supplemental nonqualified retirement plan?			X
		eive payment from an equity-based compensation arrangement?			X
-	•	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the r				
а	•				Х
		ation?			Х
		or 5b, describe in Part III.			
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the r	net earnings of:			
а	The organization?		6a		Х
		ation?			Х
		or 6b, describe in Part III.			
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III			X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
		· · · · · · · · · · · · · · · · · · ·			X
9		id the organization also follow the rebuttable presumption procedure described in			
		n 53.4958-6(c)?			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	n 990)	2020

LEAGUE OF WOMEN VOTERS OF THE UNITED STATES

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensatio		SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I) ⁻ (D)	reported as deferred on prior Form 990
(1) VIRGINIA KASE SOLOMON	(i)	130,031.	0.	389.	6,750.	13,557.	150,727.	0.
CHIEF EXECUTIVE OFFICER	(ii)	130,031.	0.	389.	6,750.	13,557.	150,727.	0.
(2) TRACY SPATZ	(i)	79,980.	0.	671.	9,750.	14,349.	104,750.	0.
SENIOR DIRECTOR OF FINANCE	(ii)	79,980.	0.	671.	9,750.	14,349.	104,750.	0.
(3) JASON JOHNSON	(i)	75,868.	0.	338.	2,975.	8,988.	88,169.	0.
DIRECTOR OF IT	(ii)	75,868.	0.	338.	2,975.	8,988.	88,169.	0.
(4) JEANETTE SENECAL	(i)	68,034.	0.	192.	2,822.	15,288.	86,336.	0.
SENIOR DIRECTOR, MISSION IMPACT	(ii)	68,034.	0.	192.	2,822.	15,288.	86,336.	0.
(5) SARAH COURTNEY	(i)	67,919.	0.	115.	5,192.	11,224.	84,450.	0.
CHIEF COMMUNICATIONS OFFICER	(ii)	67,919.	0.	115.	5,192.	11,224.	84,450.	0.
(6) KELLY MCFARLAND	(i)	68,627.	0.	299.	13,000.	734.	82,660.	0.
CHIEF OF STAFF	(ii)	68,627.	0.	299.	13,000.	734.	82,660.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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53-0115655

LEAGUE	\mathbf{OF}	WOMEN	VOTERS	OF	THE	UNITED
STATES						

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

LEAGUE OF WOMEN VOTERS OF THE UNITED STATES

53-0115655

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

THE LEAGUE OF WOMEN VOTERS OF THE UNITED STATES, A NONPARTISAN

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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MISSION IMPACT: THE MISSION IMPACT FUNCTION INCLUDES ACTIVITIES THAT

ARE DEVOTED TO INFORMING THE PUBLIC ABOUT VOTER REGISTRATION AND THE

IMPORTANCE OF VOTING AND PROVIDING CANDIDATE INFORMATION.

EXPENSES \$ 221,471. INCLUDING GRANTS OF \$ 1,000. REVENUE \$ 0.

COUNCIL AND CONVENTION: THE COUNCIL AND CONVENTION FUNCTION INCLUDES

ACTIVITIES RELATED TO MEETINGS AND OTHER EVENTS, SUCH AS THE BIANNUAL

COUNCIL MEETING.

EXPENSES \$ 19,175. INCLUDING GRANTS OF \$ 0. REVENUE \$ 64,746.

MEMBERSHIP: EXPENDITURES ARE USED TO ASSIST STATE AND LOCAL LEAGUES

WITH MEMBER RECRUITMENT AND VARIOUS PROGRAMS.

EXPENSES \$ 363,682. INCLUDING GRANTS OF \$ 22,310. REVENUE \$ 0.

PART III, LINE 4A, B, C, D - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

THE LEAGUE OF WOMEN VOTERS OF THE UNITED STATES (LWVUS) ENCOURAGES

INFORMED AND ACTIVE PARTICIPATION IN GOVERNMENT, WORKS TO INCREASE

UNDERSTANDING OF MAJOR PUBLIC POLICY ISSUES, AND INFLUENCES PUBLIC

Schedule O (Form 990 or 9	990-EZ) 2020							Page 2
Name of the organization	LEAGUE STATES	OF	WOMEN	VOTERS	OF	THE	UNITED	Employer identification number 53-0115655

POLICY THROUGH EDUCATION AND ADVOCACY.

DURING THIS FISCAL YEAR FROM JULY 2020 THROUGH JUNE 2021, LWVUS INITIATED 17 ACTION ALERTS THAT YIELDED 85,058 ACTIONS FROM INDIVIDUALS RESULTING IN 186,470 LETTERS TO THE MEMBERS OF CONGRESS. LWVUS ALSO GAINED 35,724 PETITION SIGNATURES SUPPORTING LWVUS MISSION PRIORITIES INCLUDING THE JOHN LEWIS VOTING RIGHTS ADVANCEMENT ACT, DC STATEHOOD, THE CENSUS, GUN SAFETY, THE ANNIVERSARY OF THE VOTING RIGHTS ACT, AND THE US POSTAL SERVICE. THE LEAGUE ALSO ENGAGED 42,555 NEW ACTIVISTS THROUGH OUR EFFORTS.

IN THE FALL OF 2020, LWVUS CONTINUED ITS WORK UNDER PEOPLE POWERED FAIR MAPS (PPFM), THE LEAGUE'S NATIONAL REDISTRICTING PROGRAM FOCUSED ON CREATING FAIR POLITICAL MAPS NATIONWIDE IN ALL 50 STATES AND DC. IN THE SECOND YEAR OF THE PPFM PROGRAM, ON APRIL 29, 2021, THE LEAGUE HAD A SUCCESSFUL DAY OF ACTION ACROSS THE COUNTRY, WITH LEAGUES HOSTING OVER 100 EVENTS IN 45 STATES DEMANDING TRANSPARENCY IN THE REDISTRICTING PROCESS AND A FAIR OPPORTUNITY FOR CITIZENS TO BE HEARD.

THROUGHOUT THE YEAR, LWVUS WORKED WITH 55 REDISTRICTING CHAMPIONS NATIONWIDE TO BUILD EDUCATION AND ENGAGEMENT EVENTS AND HELD A THREE-DAY INTENSIVE VIRTUAL TRAINING FOR LEAGUES TO GEAR UP FOR THE RELEASE OF CENSUS DATA AND PUBLIC INPUT, ALL WHILE SAFELY NAVIGATING THE CHALLENGES OF COVID-19. THE LEAGUE REACHED EVERY GOAL FOR THE SECOND YEAR OF THE PROGRAM, INCLUDING ENGAGING 5,763 REDISTRICTING VOLUNTEERS, ATTENDING 1,485 STAKEHOLDER MEETINGS, HOLDING 1,077 REDISTRICTING EVENTS FOR THE PUBLIC, ENGAGING 738 PARTNERS TO SUPPORT REDISTRICTING EDUCATION AND ENGAGEMENT PLANNING, WORKING ON AND

Name of the organization	LEAGUE OF STATES	' WOMEN VO	OTERS OF	THE UNITED		yer identification number 3-0115655
SUPPORTING 19	LEGISLATI	VE INITIA	TIVES TH	AT WERE INTRO	DUCED, ANI) FILING
REDISTRICTING-	RELEVANT	LAWSUITS	DEALING V	VITH DEADLINE;	S AND	

IN TOTAL, LWVUS WAS INVOLVED IN MORE THAN 77 LAWSUITS IN 36 STATES BETWEEN JULY 2020 AND JUNE 2021 AND PROTECTED MORE THAN 25 MILLION VOTERS THROUGH SUCCESSFUL RULINGS ACROSS THE COUNTRY. THE TOPICS OF LITIGATION CENTERED AROUND THE CAMPAIGN FOR MAKING DEMOCRACY WORK, INCLUDING VOTING RIGHTS, IMPROVING ELECTIONS, MONEY IN POLITICS, REDISTRICTING, THE CENSUS, AND CLIMATE JUSTICE.

WITH CENSUS DATA DELAYED, LWVUS CONTINUED ITS THREE-PHASED PLAN TO EDUCATE, GET-OUT-TO-COUNT, AND HOST WATCHDOG ACTIVITIES RELATING TO THE

CENSUS. NOTABLY, THE LEAGUE PARTICIPATED IN A CENSUS LAWSUIT TO SECURE

AN ADDITIONAL 16 DAYS TO COUNT CENSUS RESULTS IN RESPONSE TO THE

PANDEMIC AND THE US CENSUS BUREAU'S REQUEST FOR EXTENDED TIME.

FORM 990, PART VI, SECTION A, LINE 6:

THE LEAGUE HAS VOTING MEMBERS AND ASSOCIATE MEMBERS. VOTING MEMBERS ARE AT LEAST 16 YEARS OF AGE. ASSOCIATE MEMBERS ARE ALL OTHERS WHO JOIN THE LEAGUE.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS SHALL CONSIST OF THE OFFICERS, EIGHT DIRECTORS ELECTED BY THE CONVENTION AND NOT MORE THAN EIGHT DIRECTORS APPOINTED BY THE ELECTED MEMBERS OF THE BOARD. THE CONVENTION IS MADE UP OF VOTING MEMBERS OF THE LEAGUE. DELEGATES TO THE CONVENTION ARE VOTING MEMBERS OF 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or	990-EZ) 2020			Page 2
Name of the organization		WOMEN VOTERS	OF THE UNITED	Employer identification number
	STATES			53-0115655
THE LEAGUE F	ACH DELEGA	TE REPRESENTIN	IC A LEACHE SHALL BE	ENTTTLED TO VOTE

ONLY IF THAT LEAGUE HAS MET ITS PER MEMBER PAYMENT RESPONSIBILITIES.

VOTING MEMBERS: WOMEN AND MEN AT LEAST 16 YEARS OF AGE WHO JOIN THE LEAGUE SHALL BE VOTING MEMBERS OF LOCAL LEAGUES, STATE LEAGUES AND OF THE LWVUS; (1) INDIVIDUALS WHO LIVE WITHIN AN AREA OF A LOCAL LEAGUE MAY JOIN THAT LEAGUE OR ANY OTHER LOCAL LEAGUE; (2) THOSE WHO RESIDE OUTSIDE THE AREA OF ANY LOCAL LEAGUE MAY JOIN A LOCAL LEAGUE OR SHALL BE STATE MEMBERS-AT-LARGE; (3) THOSE WHO HAVE BEEN MEMBERS OF THE LEAGUE FOR 50 YEARS OR MORE SHALL BE LIFE MEMBERS EXCUSED FROM THE PAYMENT OF DUES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE CONVENTION OF DELEGATES SHALL ADOPT A PROGRAM, ELECT OFFICERS AND

DIRECTORS, ADOPT A BIENNIAL BUDGET.

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

THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE FORM 990 WITH THE EXECUTIVE

STAFF BEFORE THE CHIEF EXECUTIVE OFFICER BEFORE REVIEWS AND SIGNING.

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

THE LEAGUE PRESIDENT AND EXECUTIVE STAFF ENSURE THAT ALL OFFICERS,

DIRECTORS, AND KEY EMPLOYEES SUBMIT WRITTEN CONFLICT OF INTEREST

STATEMENTS. THE CHIEF OPERATING OFFICER REVIEWS AND APPROVES ALL CONTRACTS

AND PAYMENTS TO ENSURE THAT NO CONFLICTS OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD DETERMINES THE GOALS OF THE CHIEF EXECUTIVE OFFICER EACH YEAR.

THE PRESIDENT CONDUCTS AN ANNUAL REVIEW OF THE CHIEF EXECUTIVE OFFICER
032212 11-20-20
Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-I	EZ) 2020	Page 2
Hame of the organization =	EAGUE OF WOMEN VOTERS OF THE UNITED TATES	Employer identification number 53-0115655
BASED ON THESE (GOALS, WHICH IS SUPPORTED BY WRITTEN DOCUMEN	TATION. THE
PRESIDENT USES	THE RESULTS OF THE ANNUAL REVIEW, ALONG WITH	INDEPENDENTLY
PREPARED COMPARA	ABILITY DATA TO DETERMINE THE CHIEF EXECUTIV	E OFFICER'S
COMPENSATION, W	HICH IS DOCUMENTED ON A PERSONNEL ACTION FOR	М.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO MT,NE,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,NV, DC

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

THE LEAGUE POSTS COPIES OF ITS FORM 990S ON ITS PUBLIC WEBSITE AND ALSO MAKES THE FORMS AVAILABLE UPON REQUEST BY EMAIL, MAIL, AND FOR PUBLIC INSPECTION AT ITS OFFICE DURING NORMAL BUSINESS HOURS. THE LEAGUE'S FORM 1024, WHICH WAS ORIGINALLY FILED DURING THE 1920S, NO LONGER EXISTS. THE LEAGUE'S ARTICLES OF INCORPORATION, BYLAWS, AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE LEAGUE'S WEBSITE: WWW.LWV.ORG.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES:PROGRAM SERVICE EXPENSES773,150.MANAGEMENT AND GENERAL EXPENSES292,898.FUNDRAISING EXPENSES473,201.TOTAL EXPENSES1,539,249.TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A1,539,249.

FORM 990, PART XII, LINE 2C:

THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990 or 9			MOMEN	י משתעע		ጥሆም	UNITED	Page 2
Name of the organization	STATES	OF	WOMEN	VOTERS	OF.	тив	ONTJED	Employer identification number 53-0115655
	SIALES							55-0113033

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations lete if the organization answered Atta Go to www.irs.gov/Form990 for N VOTERS OF THE UN	'Yes" on Form 990, Part IV, I ach to Form 990. for instructions and the lates	line 33, 34, 35b, 36	6, or 37.			OMB No. 1544 202 Open to P Inspect	20 Public ion
Name of the organiz	STATES	IN VOIERS OF THE ON					nployer identi 53-0115		umper
Part I Identifica	ation of Disregarded Entities. Comple	te if the organization answered "Yes	" on Form 990, Part IV, line 33	3.			_		
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	or (d) Total incor	(e) me End-of-year		ets Direct co		g
		-							
		-							
Identifies	ation of Related Tax-Exempt Organiza	tions Complete if the examination	answord "Yee" on Form 000) Part IV/ line 34 b		or moro		romot	
	ions during the tax year.							lempt	
	(a) ame, address, and EIN f related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dire	(f) ct controlling entity	cont en	g) 512(b)(13) trolled tity?
	VOTERS EDUCATION FUND - 3 20TH ST NW, WASHINGTON, DC	CITIZEN INVOLVEMENT IN GOVERNMENT	DISTRICT OF COLUMBIA	501(C)(3)		N/A		Yes	No
		-							
		_							
		-							

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

Schedule R (Form 990) 2020 STATES

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

		-					r –			<u> </u>	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
										+	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No
								'	──
								<u> </u>	<u> </u>
									<u> </u>
									<u> </u>
								'	

LEAGUE OF WOMEN VOTERS OF THE UNITED

Schedule R (Form 990) 2020 STATES

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
Gift, grant, or capital contribution to related organization(s)			
Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
Loans or loan guarantees by related organization(s)			_
Dividends from related organization(s)			
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	1j	X	-
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses		X	
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LEAGUE OF WOMEN VOTERS EDUCATION FUND	D	1,460,822.	GENERAL LEDGER
(2) LEAGUE OF WOMEN VOTERS EDUCATION FUND	J	152,347.	FMV
(3) LEAGUE OF WOMEN VOTERS EDUCATION FUND	L	318,940.	VENDOR INVOICES
(4) LEAGUE OF WOMEN VOTERS EDUCATION FUND	0	2,250,417.	TIME SHEETS
(5) LEAGUE OF WOMEN VOTERS EDUCATION FUND	Q	2,681,110.	CASH
<u>(6)</u>			

LEAGUE OF WOMEN VOTERS OF THE UNITED

Schedule R (Form 990) 2020 STATES

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

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

(0)	<u> </u>	F	(d)	1-	、	(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	Are a partners 501(c orgs	all	(f)	(g) Share of		ר) החסיי-	(i) Code V UBI	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c	s sec.)(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
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Schedule R (Form 990) 2020

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Part VII	Supplemental	Information
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Provide additional information for responses to questions on Schedule R. See instructions.