**	PUBL	IC I	INSP	ECTIO	N CO	PY **
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	-		Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	_m	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2021
	-		Do not enter social security numbers on this form as it may	ay be made public.	Open to Public
Depa	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat	test information.	Inspection
<u>A I</u>	For th	e 2021 calend	ar year, or tax year beginning $ m JUL1$, 2021 and ending	JUN 30, 2022	
	Check if applicab	LEAG	f organization UE OF WOMEN VOTERS OF THE UNITED	D Employer identificat	ion number
	Addre	ge STAT	ES		
	Name	ge Doing b	usiness as	53-0115655	
	Initial returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/s 20TH ST NW 500	uite E Telephone number 202-263-13	08
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	8,464,065.
	Amer returr	WASH	INGTON, DC 20036	H(a) Is this a group retur	
	Appli tion pend		nd address of principal officer: VIRGINIA KASE SOLOMON	for subordinates?	Yes X No
		SAME	AS C ABOVE	H(b) Are all subordinates includ	
		empt status:	501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a list	
		ite: ▶ WWW .		H(c) Group exemption n	
	orm o art I			Year of formation: 1920 M S	tate of legal domicile: DC
	T		be the organization's mission or most significant activities: SEE SCHE		
e	1	Brieffy describ	ie the organization's mission of most significant activities.		
Jan	2	Check this bo	x if the organization discontinued its operations or disposed of m	ore than 25% of its net assets	
Governance	3				. 12
ĝ	4		lependent voting members of the governing body (Part VI, line 1b)		12
ა ა	5		of individuals employed in calendar year 2021 (Part V, line 2a)		55
itie	6		of volunteers (estimate if necessary)		50000
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.
٩	Ь		business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)	8,391,858.	7,449,348.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	64,746.	380,369.
eve a	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	320,228.	101,561.
ш.	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	393,249.	532,787.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,170,081.	8,464,065.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	346,385.	204,375.
			to or for members (Part IX, column (A), line 4)	0.	$\frac{0}{2146}$
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,914,103.	2,146,566. 203,317.
ens	16a		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 2,907,990.	449,193.	203,317.
Expenses			• · · · · · · · · · · · · · · · · · · ·	4,275,987.	6,703,846.
_	1 11		es (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,985,668.	9,258,104.
	18 19	-	expenses. Subtract line 18 from line 12	2,184,413.	-794,039.
78		Revenue less		Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)	10,182,785.	9,735,130.
Assu	21		(Part X, line 26)	2,356,266.	3,557,389.
Net	22		fund balances. Subtract line 21 from line 20	7,826,519.	6,177,741.
	art II				. ,
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my know	owledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which prep		-
				-	

o :	Signature of officer	Date							
Sign Here	VIRGINIA KASE SOLOMON, CHIEF EXECUTIVE OFFICER								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature Λ Date	Check PTIN							
Paid		/23 self-employed P00397829							
Preparer	Firm's name 🕨 RSM US LLP	Firm's EIN 🕨 42-0714325							
Use Only	Firm's address ▶ 1250 H STREET, SUITE 700	-							
		Phone no. 202 – 293 – 2200							
May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)									

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor 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 o print				Taxpayer identification number (TIN)		
	STATES					115655
File by the due date t filing your return. Se	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.			
instruction		oreign addi	ress, see instructions.			
Enter th	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation)	07				
 If the If the box 1 the the<	request an automatic 6-month extension of time until ne organization named above. The extension is for the orga	Group Exe and atta MAX anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>X 15, 2023</u> , to file return for: d ending <u>JUN 30, 2022</u>	f this is fo all memb	r the whole ers the exte npt organiz	group, check this ension is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			•			
	stimated tax payments made. Include any prior year overpa			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa					0
	sing EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.
Cautio instruct	n: If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-TE an	d Form 887	'9-TE for payment

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

Form 8868 (Rev. 1-2022)

F	LEAGUE OF WOMEN VOTERS OF THE UNITED 990 (2021) STATES 53-0115655 Page 2
	990 (2021) STATES 53-0115655 Page 2 t III Statement of Program Service Accomplishments
Fai	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 \$1,647,636. including grants of \$) (Revenue \$10,000.)
	COMMUNICATIONS: EXPENDITURES ARE USED TO MAINTAIN THE LEAGUE'S WEBSITE,
	PREPARE AND DISSEMINATE MATERIALS AND PUBLICATIONS, WHICH PROMOTE CIVIC
	AWARENESS AND RESPONSIBILITY, AND WHICH ADDRESS SELECTED ISSUES.
	SCHEDULE O PROVIDES ADDITIONAL DETAILED DESCRIPTION OF THE LEAGUE'S
	COMMUNICATIONS PROGRAM ACHIEVEMENTS.
4b	(Code:) (Expenses \$ 880,933. including grants of \$ 2,500.) (Revenue \$ 370,379.)
40	(Code:) (Expenses \$ 800,933. including grants of \$ 2,500.) (Revenue \$ 370,379.) COUNCIL AND CONVENTION: THE COUNCIL AND CONVENTION FUNCTION INCLUDES
	ACTIVITIES RELATED TO MEETINGS AND OTHER EVENTS, SUCH AS THE BIANNUAL
	COUNCIL MEETING.
	COONCID MEETING.
	SCHEDULE O PROVIDES ADDITIONAL DETAILED DESCRIPTION OF THE LEAGUE'S
	MEMBER SERVICES ACHIEVEMENTS.
	MEMDER SERVICES ACHIEVEMENIS.
4c	(Code:) (Expenses \$785,879. including grants of \$) (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.
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ 1,702,786 • including grants of \$ 201,875 •) (Revenue \$)
40	Total program service expenses ► 5,017,234.
10	Form 990 (2021)

		LEAGUE	OF	WOMEN	VOTERS	OF	THE	UNITED
Form 990 (2	2021)	STATES						
Part IV	Checklist of Re	quired Sc	hedu	lles				

			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? See instructions	2	X	<u> </u>
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	L
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? 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	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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		X
14a		14a		X
	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a		20a		X
	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 government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
-				

	LEAGUE	OF	WOMEN	VOTERS	OF	THE	UNITED
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STATES

Form 990 (2021)

Pa	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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
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		<u> </u>
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			-
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	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 20			
b				
с				
	(gambling) winnings to prize winners?	1c	Х	

Form	990 (2021) STATES	53	8-0115	655	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	3				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to	the payor?	7a		х
		·		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?	-		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		,		8		
9						
а	a Did the sponsoring organization make any taxable distributions under section 4966?					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	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		
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
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				
с	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the 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?		16		x
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	-		17		
	If "Ves " complete Form 6069					

	990 (2	2021) STATES	53-0115		Р	age 6
Par	t VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough 7b below, and for a	"No" r	espon	se
		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 ther	e are material differences in voting rights among members of the governing body, or if the governing				
	body	delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter	the number of voting members included on line 1a, above, who are independent	1b 12			
2	Did a	ny officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	office	r, director, trustee, or key employee?		2		X
3	Did th	ne organization delegate control over management duties customarily performed by or under the				
	of off	icers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did tl	ne organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	4	Х	
5	Did th	ne organization become aware during the year of a significant diversion of the organization's asse	ets?	5		X
6	Did tl	ne organization have members or stockholders?		6	Х	
7a	Did th	ne organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more	members of the governing body?		7a	Х	
b	Are a	ny governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or			
	perso	ons other than the governing body?		7b	Х	
8	Did th	e organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:			
а	The g	joverning body?		8a	Х	
b	Each	committee with authority to act on behalf of the governing body?		8b	Х	
9	Is the	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the			
	orgar	nization'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	venue Code.)			
					Yes	No
10a	Did tl	ne organization have local chapters, branches, or affiliates?		10a	Х	
b	lf "Y∈	es," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,			
	and b	pranches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
11a	Has t	he organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	Х	
b	Desc	ribe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did tl	ne organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	Х	
С	Did tl	ne organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe			
	on So	chedule O how this was done		12c	Х	
13	Did tl	ne organization have a written whistleblower policy?		13	Х	
14	Did tl	ne organization have a written document retention and destruction policy?		14	Х	
15	Did tl	ne process for determining compensation of the following persons include a review and approval	by independent			
	perso	ons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The c	organization's CEO, Executive Director, or top management official		15a	Х	
b	Othe	r officers or key employees of the organization		15b	Х	
	lf "Ye	es" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did tl	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxab	ole entity during the year?		16a		X
b	lf "Ye	es," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			
	in joir	nt venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's			
	exem	pt status with respect to such arrangements?		16b		
Sec		C. Disclosure				
17	List t	he states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{SEE}$ SCHEDULE (0			
18	Secti	on 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)	availal	ole
	for pu	ublic inspection. Indicate how you made these available. Check all that apply.				
	X	Own website Another's website X Upon request Other (explain	on Schedule O)			
19	Desc	ribe on Schedule O whether (and if so, how) the organization made its governing documents, cor		l financ	cial	
	state	ments available to the public during the tax year.				
20		the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
		GINIA KASE SOLOMON - 202-263-1308				
	123	33 20TH ST NW, 500, WASHINGTON, DC 20036				

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Form 990 (2021)

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Compensated	
	Employees, and Independe	ent 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

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(17) ALLISON RIGGS 7.50 X 0. <td></td> <td>_</td>											_
DIRECTOR 7.50 X 0. 0. 0.			Х						0.	0.	0.
									_		_
	DIRECTOR	7.50	Х						0.	0.	

LEAGUE OF	F WOMEN	vo	TE	RS	0	F	ΤH	HE UNITED					
Form 990 (2021) STATES									53-03	1156	555	Page	8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average		not c	Pos heck i	more	than o		Reportable	Reportable			timated	
	hours per week			ss per nd a di				compensation	compensatio			ount of	
	(list any	tor						_ from the	from related organization			other pensation	
	hours for	direct				-		organization	(W-2/1099-MIS			om the	
	related	ee or	Istee			insate		(W-2/1099-MISC/	1099-NEC)	I	orga	anization	
	organizations	l trus	nal tri		oyee	om pe		1099-NEC)			and	l related	
	below	Individual trustee or director	In stitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	nizations	
(10)	line)	Ind	lns	Offi	Key	en Hig	For						
(18) LALI WATT DIRECTOR	7.50	x						0.		0.		٥	
(19) TONI ZIMMER	7.50	Δ						0.		0.		0	•
DIRECTOR	7.50	x						0.		0.		0	
	7.50									••		0	•
													_
													-
		1											
1b Subtotal ► 576,219. 576,21								19.	81	L,030	•		
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0	
								576,219.	576,21		81	L,030	•
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	e			_
compensation from the organization													9
										ſ		Yes No	,
3 Did the organization list any former officer,	-		-	•					•		•	x	
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su										·····	3		_
and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a	,		•							·····	-		
rendered to the organization? If "Yes." com	-				-			-			5	x	
Section B. Independent Contractors		201	<u> </u>		0010	011						L	
1 Complete this table for your five highest co	mpensated inc	lepe	ndei	nt co	ontra	acto	rs tł	hat received more than \$	100,000 of comp	oensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(C		
Name and business	address							Description of s		С	omper	sation	
MARKETEAM AGENCY		~ ~	2	0.2	<u> </u>			FUNDRAISING 2	AND		C 1 1		
1200 ABERNATHY RD NE, AT ALLEGIANCE FUNDRAISING	LANTA,	GA	3	03	20		_	CONSULTING			64.	L,745	•
PO BOX 9132, FARGO, ND 5	8106							FUNDRAISING Z CONSULTING			115	5,549	
SALESFORCE	0100							CONSOLLING			41.	, 549	•
PO BOX 203141, DALLAS, TX 75320 CONTRACTED SERVICES 260,054.													
DELCOR TECHNOLOGY SOLUTIO		0										,	-
COLESVILLE RD #550, SILVER SPRING, MD CONTRACTED SERVICES 186,178.													
DATA AXLE/NONPROFIT							_	FUNDRAISING 2					
PO BOX 3243, OMAHA, NE	68103							CONSULTING			166	5,039	•

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 ► 12

	LEAGUE	OF	WOMEN	VOTERS	OF	THE	UNITED
	STATES						
1	of Revenue	1					

			2021) STATES					53-0115	655 Page 9
Pa	rt V	111	Statement of Revenue						
			Check if Schedule O contains a respo	onse (or note to any lin			(-)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a						
ant	-		Membership dues 1b	1,	929,790.				
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c		•				
ifts ar A			Related organizations 1d						
s, G mila	e Government grants (contributions) 1e								
ion		f	All other contributions, gifts, grants, and						
but			similar amounts not included above 1f	5,	<u>519,558.</u>				
d O		g	Noncash contributions included in lines 1a-1f	\$					
an Co		h	Total. Add lines 1a-1f		►	7,449,348.			
					Business Code				
e	2		CONVENTION AND COUNCI	L	900099	372,482.	372,482. 7,887.		
Program Service Revenue		b	PUBLICATION SALES		511130	7,887.	7,887.		
n Si		С							
Jran Rev		d							
roç		е							
Δ.			All other program service revenue			380,369.			
		g	Total. Add lines 2a-2f			300,309.			
	3		Investment income (including dividends, i			63,851.			63,851.
	4		other similar amounts) Income from investment of tax-exempt bo			05,051.			05,051.
	5		Royalties	•	-	367,522.			367,522.
	Ŭ		(i) Rea	 I	(ii) Personal				
	6	а	Gross rents						
			Less: rental expenses 6b	0.					
			Rental income or (loss) 6c 165,26	55.					
			Net rental income or (loss)		►	165,265.			165,265.
	7	а	Gross amount from sales of (i) Securit		(ii) Other				
			assets other than inventory 7a 37,71	.0.					
		b	Less: cost or other basis						
anı			and sales expenses 7b	0.					
evenue		С	Gain or (loss)	.0.					
Ě			Net gain or (loss)	··· <u>·····</u>	▶	37,710.			37,710.
Other	8	а	Gross income from fundraising events (not						
õ			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses Net income or (loss) from fundraising ever						
			Gross income from gaming activities. See						
	3	a	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming activitie		•				
			Gross sales of inventory, less returns		F				
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of invento		►				
"					Business Code				
e e	11	а							
Miscellaneous Revenue		b							
Sev		с							
Mis			All other revenue						
		e	Total. Add lines 11a-11d		····· •		390 360	0	634,348.
	12		I DIAL REVENUE, SEE INSTRUCTIONS			0,404,000.	1 300,303.	U • U •	004,040.

Form 990 (2021)

STATES

	rt IX Statement of Functional Expense				
ect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
	Check if Schedule O contains a respons	se or note to any line in t (A)		(C)	<u>L</u> A
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	204,375.	204,375.		
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				
1	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	212,909.	140,164.	51,003.	21,742
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	1,621,568.	1,096,125.	355,734.	169,709
3	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,357. 124,275.	107,973. 56,043.	-109,104. 59,247.	14,488 8,985
)	Other employee benefits	124,275.	56,043.	59,247.	8,985
)	Payroll taxes	174,457.	312,031.	-179,581.	42,007
1	Fees for services (nonemployees):				
а	Management				
b	F	25,914.	19,567.	3,450.	2,897 2,561
С	Accounting	22,381.	16,769.	3,051.	2,561
d	, , , , , , , , , , , , , , , , , , ,				
е	, F	203,317.		00.005	203,317
f	Investment management fees	27,325.		27,325.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	2,331,708.	759,492.	760,547.	811,669
2	Advertising and promotion				
3	Office expenses	2,119,177.	675,630.	25,936.	1,417,611
ŀ	Information technology	449,425.	417,167.	18,082.	14,176
5	Royalties				
6	Occupancy	266,903.	200,506.	36,097.	30,300
,	Travel	121,323.	66,834.	54,465.	24
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	863,423.	834,107.	28,218.	1,098

156,766.

166,131.

113,668.

12,115.

7,565.

20,022.

117,767.

-22,746.

5,017,234.

730,834.

737.

14,693.

21,202.

155,368.

1,332,880

11,378.

7,565.

0.

2,897.

20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24

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.) LIST RENTAL а MISCELLANEOUS b DUES AND SUBSCRIPTIONS С d BAD DEBT EXPENSE

e All other expenses 9,258,104. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 2,312,244.

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

17,797.

166,131.

-18,954.

2,907,990.

2,432.

Form 990 (2021))	
Part X	Ba	ance	Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,566,538.	2	3,718,840.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	174,185.	4	106,005.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Â	9	Prepaid expenses and deferred charges	190,606.	9	338,956.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,908,248.			
	b	Less: accumulated depreciation 1, 110, 827.	922,673.	10c	797,421.
	11	Investments - publicly traded securities	5,698,594.	11	4,283,037.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	<u> </u>	14	400.071
	15	Other assets. See Part IV, line 11	630,189.	15	490,871.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,182,785.	16	9,735,130.
	17	Accounts payable and accrued expenses	897,005.	17	1,974,480.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iat		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1,459,261.	05	1,582,909.
	06	of Schedule D	2,356,266.	25	3,557,389.
	26	Total liabilities. Add lines 17 through 25	2,330,200.	26	5,557,509.
S		Organizations that follow FASB ASC 958, check here 🕨 🗴			
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	7,826,519.	27	6,177,741.
ala	27		7,020,515.	27	0,11,141.
ЧB	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here		20	
- E		and complete lines 29 through 33.			
o.	20			20	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		29 30	
SS	30			30 31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds	7,826,519.	31 32	6,177,741.
ž	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances	10,182,785.	32 33	9,735,130.
	55	Total liabilities and net assets/fund balances	10,102,703.	55	Eorm 990 (2021)

Form **990** (2021)

LEAGUE	OF	WOMEN	VOTERS	OF	THE	UNITED
STATES						

	990 (2021) STATES	53-01	15655	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,464	
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,258	
3	Revenue less expenses. Subtract line 2 from line 1	3		,039.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,519.
5	Net unrealized gains (losses) on investments	5	-854	,739.
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	6,177	,741.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		1	
				Yes No
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 on Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	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?		2 b	<u>x</u>
	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	edule O.		
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	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form 990 (2021)

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Eorm990 for the latest information OMB No. 1545-0047

Department of the Treasury Internal Revenue Service		
Name of the organizati	ion LEAGUE OF WOMEN VOTERS OF THE UNITED	Employer identification number
	53-0115655	
Organization type (ch	neck 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	

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

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

General Rule

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), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

	B (Form 990) (2021)			Page 2
	rganization E OF WOMEN VOTERS OF THE UNITED		Employ	ver identification number
STATE			53	-0115655
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.		
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	าร	Type of contribution
<u> 1</u>	<u>N/A</u>	\$50,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
2	<u>N/A</u>	\$10,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
3	<u>N/A</u>	\$10,0	<u>00.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
4	<u>N/A</u>	\$10,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
5	N/A	\$10,0	<u>00.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
6	<u>N/A</u>	\$10,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2021)		Page 2
	rganization E OF WOMEN VOTERS OF THE UNITED		Employer identification number
STATE			53-0115655
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	Type of contribution
7	<u>N/A</u>	\$ <u>10,5</u>	00. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4 N/A	Total contribution	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
9	<u>N/A</u>	. \$ <u>5,0</u>	0.0. Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
	<u>N/A</u>	\$\$5,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
11	<u>N/A</u>	. \$ <u>5,0</u>	0.0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
<u> 12</u>	N/A	\$5,0	Person X Payroll

	B (Form 990) (2021)		Page 2
	rganization E OF WOMEN VOTERS OF THE UNITED		Employer identification number
STATE			53-0115655
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
<u>13</u>	<u>N/A</u>	\$5,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
14_	<u>N/A</u>	\$5,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

		E	mployer identification number
EAGUE TATES	OF WOMEN VOTERS OF THE UNITED		53-0115655
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)			Page 4					
	organization			Employer identification number					
	E OF WOMEN VOTERS OF THE	UNITED							
STATE: Part III		as to organizations described in se	action E01(a)(7) (8) or (10)	53-0115655					
Fartin	from any one contributor. Complete columns (a) t	brough (e) and the following line en	try For organizations	· · · · · · · · · · · · · · · · · · ·					
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. or	nce.) 🕨 与					
(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, and	I ZIP + 4	Relationship of tra	ansferor to transferee					
		[
(a) No. from	(h) Dumpers of rift		(d) Doo	evintion of how sift is hold					
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, and	I ZIP + 4	Relationship of transferor to transferee						
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I	(0)	(0) 000 0. g	(1) 2 11						
		(e) Transfer of gif	t						
			B 1 11 11 11						
·	Transferee's name, address, and		Relationship of tra	ansferor to transferee					
(a) N -	 		I						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I									
		(e) Transfer of gif	t						
	Transferee's name, address, and		Relationship of transferor to transferee						
	Transieree's name, address, and	I <u>LIF + 4</u>							

SCHEDULE C Political Campaign and Lobbying Activities						OMB No. 1545-0047
(Form 990)	2021					
Department of the Treasury Internal Revenue Service	Open to Public Inspection					
		Go to www.irs.gov/Form990 for			oian Aoti	•
•	-	Form 990, Part IV, line 3, or Fo plete Parts I-A and B. Do not cor		ie 46 (Political Camp	aign Acti	vities), then
		1(c)(3)) organizations: Complete	•	Do not complete Par	t I-B.	
 Section 527 organization 						
•	•	Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, li	ne 47 (Lobbying Acti	vities), th	en
-		nave filed Form 5768 (election un			-	
 Section 501(c)(3) org 	anizations that l	nave NOT filed Form 5768 (election	on under section 501(h	n)): Complete Part II-B.	Do not co	omplete Part II-A.
		Form 990, Part IV, line 5 (Prox	y Tax) (See separate i	instructions) or Form	990-EZ,	Part V, line 35c (Proxy
Tax) (See separate inst						
	-	ions: Complete Part III.		-		
Name of organization		OF WOMEN VOTERS (OF THE UNITE	D		r identification number
Part I-A Comple	STATES	anization is exempt unde	r contion 501(a)	or is a soction 52		53-0115655
	ete il the org	anization is exempt unde			a organ	
 Duoviale e deserviciti 			-	n Davit IV (
		ation's direct and indirect politica			► ¢	
		ures gn activities				
	political campai					
Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)(3).		
1 Enter the amount o	f any excise tax	incurred by the organization und	er section 4955		▶\$	
		incurred by organization manage				
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720 t	for this year?			Yes No
4a Was a correction m	ade?					Yes No
b If "Yes," describe in			501 (-)		04(-)(0)	
-	-	anization is exempt unde				
		by the filing organization for sec			. ► \$	
		ization's funds contributed to oth	-			
exempt function ac		. Add lines 1 and 2. Enter here ar			▶\$	
	-				▶\$	
		1120-POL for this year?				Yes No
		ployer identification number (EIN				
		tion listed, enter the amount paid				
		omptly and directly delivered to a		,	eparate se	gregated fund or a
political action com	mittee (PAC). If	additional space is needed, provi	de information in Part	IV.		
(a) Name	3	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's co er-0	(e) Amount of political portributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			1			

	STATES			OF THE UNIT	53-0	115655 Page 2 ection under
section 501(h)).						
A Check > if the filing organizat	tion belong	s to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share		, 0	,			
B Check ▶ if the filing organizat	tion checke	d box A ar	nd "limited control" pro	visions apply.		T
	ts on Lobby litures" me		nditures Ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public	c opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	ience a legi	slative bod	ly (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and	1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditures	s (add lines	1c and 1d)			
f Lobbying nontaxable amount. Ente	er the amou	nt from the	e following table in both	n columns.		
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of 1	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,		0 plus 15% of the exce			
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0	000,000		0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
 g Grassroots nontaxable amount (ent h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero 	o or less, er o or less, en ro on either	nter -0	line 1i, did the organiza			
reporting section 4911 tax for this y			eraging Period Under	Section E01(b)	l	Yes No
(Some organizations th	nat made a	section 5		nave to complete all o	of the five columns be	elow.
	Lobb	ying Expe	nditures During 4-Yea	r Averaging Period		-
Calendar year (or fiscal year beginning in)	(a) 2	018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

STATES 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)		(k)
	e lobbying activity.	Yes	Νο	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?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	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)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		. 2b		
с	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	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	, lines 1 a	nd 2 (See	

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

60	SCHEDULE D Supplemental Financial Statements							
	Form 990) Complete if the organization answered "Yes" on Form 990,							
•	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.							
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information		Open to Public Inspection			
Nam	e of the organizati	on LEAGUE OF WOMEN VO	TERS OF THE UNITED	Emp	loyer identification number			
		STATES			53-0115655			
Par		-	d Funds or Other Similar Funds or A	ccoun	ts. Complete if the			
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) [to and other accounts			
4	Total number at a	ad of year		(b) Fund	ds and other accounts			
1 2		nd of year f contributions to (during year)						
2		f grants from (during year)						
4		t end of year						
5			writing that the assets held in donor advised fur	nds				
-	-		exclusive legal control?		Yes No			
6			dvisors in writing that grant funds can be used					
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	rring				
	impermissible priv				Yes No			
Par	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7.				
1	Purpose(s) of cons	servation easements held by the organization						
	Preservation	of land for public use (for example, recrea						
	—	f natural habitat	Preservation of a cer	tified his	toric structure			
		of open space						
2		o i	fied conservation contribution in the form of a c	onservat	ion easement on the last Held at the End of the Tax Year			
-	day of the tax year			0-				
a h								
b	-		ucture included in (a)					
d			after 7/25/06, and not on a historic structure	20				
u				2d				
3			eased, extinguished, or terminated by the organ		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					
	violations, and enf	orcement of the conservation easements it	holds?		Yes No			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	ion easer	ments during the year			
	▶							
7		es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asement	s during the year			
	►\$							
8		• • • • • • • • •	e satisfy the requirements of section 170(h)(4)(E					
•								
9		c	on easements in its revenue and expense state note to the organization's financial statements th					
		ounting for conservation easements.		ial uesci				
Par	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Similar	Assets.			
		the organization answered "Yes" on Form						
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	lance sh	eet works			
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in furthera	ance of p	ublic			
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.					
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet	works of			
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherand	e of pub	lic service,			
	provide the following amounts relating to these items:							
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		🕨 🞙	S			
					S			
2			asures, or other similar assets for financial gain,	provide				
	-	unts required to be reported under FASB A	-	ι.				
a					j			
			for Form 000) Rohodulo D (Form 000) 0001			
∟ПА	гог нарегиогк К	eduction Act Notice, see the Instructions	DIOLEOLIII 990.	;	Schedule D (Form 990) 2021			

132051 10-28-21

	LEAGUE	OF WOMEN V	OTERS (OF TH	IE UNII	ED				
	dule D (Form 990) 2021 STATES									Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historio	al Tre	asures, o	r Other S	Similar	Assets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other record	ls, check any	of the fo	ollowing that	t make sigr	nificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	0	d 📃 Loa	n or excł	nange progra	am				
b	X Scholarly research	e	e 🛄 Oth	er						
С	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they f	urther th	e organizatio	on's exemp	t purpos	e in Part	XIII.	
5	During the year, did the organization solicit o								-	
D.	to be sold to raise funds rather than to be ma								Yes	X No
Par	t IV Escrow and Custodial Arrang		ete if the org	anizatior	n answered '	"Yes" on F	orm 990,	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1 a	Is the organization an agent, trustee, custodi								7	
	on Form 990, Part X?							∟	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	:					A	
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1 f		7	
	Did the organization include an amount on Fo					-	?	L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete i	(a) Current year	(b) Prior		(c) Two yea			ears back	(a) Four	years back
	Designing of some holes of	(a) Current year	(b) FIIO	yeai				Cals Dack		years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
	Administrative expenses									
-	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc		olumn (a))	held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
-	The percentages on lines 2a, 2b, and 2c show									
за	Are there endowment funds not in the posse	ssion of the organiza	ation that are	e held an	d administer	red for the	organiza	tion	Г	Yes No
	by:									
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	<u> </u>
	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tuna	5.						
	Complete if the organization answered		0. Part IV. lin	e 11a. Se	e Form 990	. Part X. lin	ne 10.			
	Description of property	(a) Cost or d		(b) Cost			umulate	d	(d) Book	value
		basis (investi		basis (eciation	ŭ	(4) 2001	Value
1a	Land	L								
	Buildings									
	Leasehold improvements			1,18	7,784.	54	41,82	20.	645	,964.
	Equipment			72	0,464.	56	59,00)7.	151	,457.
	Other									
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990. Part	X. column (E	3) <u>, line 1</u> 0)c.)				797	,421.
					-					

Schedule D (Form 990) 2021

LEAGUE	OF	WOMEN	VOTERS	OF	THE	UNITED
C = T = T = C						

Part VII	(Form 990) 2021 STATES		53	-0115655 Page
	Complete if the organization answered "Yes			
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
•	ial derivatives			
2) Closely	/ held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.) 🕨	•		
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Dort IX	(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 1	1d. See Form 990, Part X, line 15.	(b) Book value
	Other Assets. Complete if the organization answered "Yes		1d. See Form 990, Part X, line 15.	(b) Book value
(1) DI	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(1) DU (2)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(1) DU (2) (3)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(1) DU (2) (3) (4)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(1) DU (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(1) DU (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(1) DU (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(1) DU (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(1) DU (2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold	Other Assets. Complete if the organization answered "Yes (a JE FROM LWVEF	" on Form 990, Part IV, line 1) Description		490,871
(1) DU (2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold	Other Assets. Complete if the organization answered "Yes (a JE FROM LWVEF umn (b) must equal Form 990, Part X, col. (B) lig Other Liabilities.	" on Form 990, Part IV, line 1) Description		490,871
(1) DU (2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold	Other Assets. Complete if the organization answered "Yes JE FROM LWVEF umn (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered "Yes	" on Form 990, Part IV, line 1) Description		490,871
(1) D((2) (3) (4) (5) (6) (7) (8) (9) otal. (Colt Part X	Other Assets. Complete if the organization answered "Yes (a) Umm (b) must equal Form 990, Part X, col. (B) li Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	" on Form 990, Part IV, line 1) Description		490,871
(1) DT (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colt Part X - (1) Fed	Other Assets. Complete if the organization answered "Yes (a) Umn (b) must equal Form 990, Part X, col. (B) light Other Liabilities. Complete if the organization answered "Yes (a) Description of liability deral income taxes	" on Form 990, Part IV, line 1) Description ne 15.) " on Form 990, Part IV, line 1		490,871 490,871 490,871
(1) DU (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X Part X	Other Assets. Complete if the organization answered "Yes (a) UE FROM LWVEF (a) (b) (c) (c)	" on Form 990, Part IV, line 1) Description ne 15.) " on Form 990, Part IV, line 1		490,871 490,871 (b) Book value 58,746
(1) DU (2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold Part X Part X (1) Fee (2) SI (3) DI	Other Assets. Complete if the organization answered "Yes JE FROM LWVEF JE FROM LWVEF JE FROM LWVEF JE Gramma (b) must equal Form 990, Part X, col. (B) lig Other Liabilities. Complete if the organization answered "Yes (a) Description of liability deral income taxes ECURITY DEPOSIT LIABILIT EFERRED RENT	" on Form 990, Part IV, line 1) Description ne 15.) " on Form 990, Part IV, line 1 <u>''Y</u>		490,871 490,871 (b) Book value 58,746 548,639
(1) DU (2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold Part X (1) Fee (2) SI (3) DF (4) DI	Other Assets. Complete if the organization answered "Yes JE FROM LWVEF JE JE JE FROM LWVEF JE JE JE FROM LWVEF JE JE <	" on Form 990, Part IV, line 1) Description ne 15.) " on Form 990, Part IV, line 1 <u>''Y</u>		490,871 490,871 (b) Book value 58,746 548,639 751,574
(1) DU (2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold Part X (1) Fee (2) SI (3) DF (4) DI	Other Assets. Complete if the organization answered "Yes JE FROM LWVEF JE FROM LWVEF JE FROM LWVEF JE Gramma (b) must equal Form 990, Part X, col. (B) lig Other Liabilities. Complete if the organization answered "Yes (a) Description of liability deral income taxes ECURITY DEPOSIT LIABILIT EFERRED RENT	" on Form 990, Part IV, line 1) Description ne 15.) " on Form 990, Part IV, line 1 <u>''Y</u>		490,871 490,871 (b) Book value 58,746 548,639 751,574
(1) DU (2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold Part X (1) Fee (2) SI (3) DF (4) DI	Other Assets. Complete if the organization answered "Yes JE FROM LWVEF JE JE JE FROM LWVEF JE JE JE FROM LWVEF JE JE <	" on Form 990, Part IV, line 1) Description ne 15.) " on Form 990, Part IV, line 1 <u>''Y</u>		490,871 490,871 (b) Book value 58,746 548,639 751,574
(1) D((2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold Part X (9) otal. (Cold Part X (1) Fed (2) SI (3) DI (3) DI (4) DI	Other Assets. Complete if the organization answered "Yes JE FROM LWVEF JE JE JE FROM LWVEF JE JE JE FROM LWVEF JE JE <	" on Form 990, Part IV, line 1) Description ne 15.) " on Form 990, Part IV, line 1 <u>''Y</u>		490,871 490,871 (b) Book value 58,746 548,639 751,574
(1) DU (2) (3) (4) (5) (6) (7) (8) (9) (0 tal. (Colu Part X (9) (0 tal. (Colu Part X (1) Fee (2) SI (3) DI (4) DI (5) AO (6)	Other Assets. Complete if the organization answered "Yes JE FROM LWVEF JE JE JE FROM LWVEF JE JE JE FROM LWVEF JE JE <	" on Form 990, Part IV, line 1) Description ne 15.) " on Form 990, Part IV, line 1 <u>''Y</u>		490,871 490,871 (b) Book value 58,746 548,639 751,574
(1) D((2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colu Part X Part X (1) Fee (2) SI (3) DI (4) DI (5) AC (6) (7)	Other Assets. Complete if the organization answered "Yes JE FROM LWVEF JE JE JE FROM LWVEF JE JE JE FROM LWVEF JE JE <	" on Form 990, Part IV, line 1) Description ne 15.) " on Form 990, Part IV, line 1 <u>''Y</u>		490,871

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) 2021 STATES		53-0115655 Page	4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		
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) 2021 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.

(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. 20 Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990 or Form 990-EZ. 0pen Inspective Name of the organization LEAGUE OF WOMEN VOTERS OF THE UNITED Employer identifications 53 – 0115655 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations	ation number
Departing internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Insperimentation Name of the organization LEAGUE OF WOMEN VOTERS OF THE UNITED Employer identification STATES 53 – 0115655 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.	ction ation number
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspective Name of the organization LEAGUE OF WOMEN VOTERS OF THE UNITED Employer identification STATES 53-0115655 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.	ation number
STATES 53-0115655 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.	
required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply.	are not
 b X Internet and email solicitations c X Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be 	No No
compensated at least \$5,000 by the organization.	
(ii) Activity have custed for activity fundration (iii) Activity	Amount paid r retained by) ganization
MARKETEAM AGENCY - 600 NORTH Yes No	
PARK CENTER, SUITE 400 1200 TELEMARKETING X 3,456,298. 133,845.	3,322,453.
MERKLE RESPONSE MANAGEMENT	
GROUP - 100 JAMISON COURT, TELEMARKETING X 1,459,382. 56,514.	1,402,868.
DELUXE - P.O BOX 645632,,	
CINCINNATI, OH 45264 POSTAGE X 310,935. 12,040.	298,894.
Total 5,226,615. 202,399. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registrat	5,024,215.

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

			OF WOMEN VO	TERS OF THE UN		
	edu art l	e G (Form 990) 2021 STATES Fundraising Events. Complete if the	e organization answer	red "Ves" on Form 990 Par		-0115655 Page 2
		of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
lirect E)	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				
P	11 art	Net income summary. Subtract line 10 from lin Gaming. Complete if the organization a		rm 000 Dart IV line 10 or i		
	41 L I	\$15,000 on Form 990-EZ, line 6a.	answered fes on Fo	ini 990, Part IV, ine 19, 011	eponed more man	
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				
stens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: ______

a Is the organization licensed to conduct gaming activities in each of these states?

Yes

No

%

Yes

No

%

Yes

No

%

132082 10-21-21

6 Volunteer labor

b If "No," explain:

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:

Schedule G (Form 990) 2021

Yes

Yes

No

No

Sch	LEAGUE OF WOMEN VOTERS OF THE UN STATES)115655	Daga 3
	Does the organization conduct gaming activities with nonmembers?			
	 Does the organization conduct gaming activities with normembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other to administer charitable gaming? 	entity formed	Yes	
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 b	books and records:		
	Name			
	Address			
15a	5a Does the organization have a contract with a third party from whom the organization receives gamin	ng revenue?	🗌 Yes	No No
b	b If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the amount		
С	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			
а	 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organization of a symptotic during the tax users in the state of the symptotic during the tax users in tax users in		Yes	No No
Ра	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, colu		rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	ons.		
<u>SC</u>	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAII	D FUNDRAISERS	3:	
(I	I) NAME OF FUNDRAISER: MARKETEAM AGENCY			
<u>(</u> 1				
<u>, </u>		ε απιανήα	GA 30	328
(I	I) NAME OF FUNDRAISER: MERKLE RESPONSE MANAGEMENT G	ROUP		
<u>(</u> 1			740	
<u>. </u>		.,	-	

Schedule G	(Form 990) Supplemental Inform	LEAGUE STATES	OF	WOMEN	VOTERS	OF	THE	UNITED	53-0115655	Page 4
Part IV	Supplemental Inform	mation (con	tinued)						
				-						

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations.		L	OMB No. 15	45-0047
(Form 990)		Go	vernments, an lete if the organization	d Individual	s in the Ŭni	ted States			202	21
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		_	Open to Inspec	
Name of the organizati	ion LEAGUE OF STATES	WOMEN VO	TERS OF THE	-				Employer id	entification	
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?				v	•		X Yes	No No
Part II Grants an	d Other Assistance to I hat received more than \$	Domestic Organi	zations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, fo	r any	
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		irpose of gi assistance	
LWV OF ALABAMA 1321 DAUPHIN ST MOBILE, AL 36604		63-0870006	501C3	5,500.	0.			ELECTION S	SERVICES	
LWV OF ARIZONA 1934 E. CAMELBACK PHOENIX, AZ 85016	-	74-2390846	501C3	10,500.	0.			ELECTION S	SERVICES	
LWV OF CALIFORNIA 1107 9TH ST STE 3 SACRAMENTO, CA 95	00	68-0061260	501C3	20,000.	0.			ELECTION S	SERVICES	
LWV OF COLORADO 1410 GRANT STREET DENVER, CO 80203	SUITE B204	84-1135313	501C3	9,000.	0.			ELECTION S	SERVICES	
LWV OF DELAWARE 2400 W 17TH ST RM WILMINGTON, DE 19		22-2723201	501C3	6,500.	0.			ELECTION S	SERVICES	
LWV OF FLORIDA ED 1001 NORTH ORANGE ORLANDO, FL 32801	AVE	59-1385724	501C3	9,500.	0.			ELECTION S	SERVICES	
	per of section 501(c)(3) and	•	-	e line 1 table				🕨 .		$\frac{12.}{7.}$
3 Enter total numb	per of other organizations	s listed in the line						🕨		/ •

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Schedule I (Form 990) 2021

Schedule I (Form 990) STATES							53-0115655 Pag
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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LWV OF GEORGIA							
800 JOHNSON FERRY RD. NE SUITE B							
ATLANTA, GA 30342	58-0600853	501C4	8,000.	0.			ELECTION SERVICES
			0,000.				
LWV OF KENTUCKY							
115 S. EWING AVE							
LOUISVILLE, KY 40206	31-1096216	501C4	9,125.	0.			ELECTION SERVICES
· · · · ·							
LWV OF MARYLAND							
121 CATHEDRAL ST STE 2B							
ANNAPOLIS, MD 21401	51-0204502	501C3	8,500.	0.			ELECTION SERVICES
LWV OF MICHIGAN							
600 W SAINT JOSEPH ST SUITE 3G							
LANSING, MI 48933	05-0592001	501C3	7,000.	0.			ELECTION SERVICES
LWV OF MINNESOTA 550 RICE ST STE 201							
SAINT PAUL, MN 55103	36-3300249	501C3	7,000.	0.			ELECTION SERVICES
SAINT FROM, MN 55105	50 5500245	50105	,,000.	••			EDECTION DERVICED
LWV OF MISSOURI							
8706 MANCHESTER RD STE 104							
SAINT LOUIS, MO 63144	43-1344654	501C4	7,000.	0.			ELECTION SERVICES
· · · · · ·							
LWV OF NEW YORK STATE							
62 GRAND STREET							
ALBANY, NY 12207	13-6215058	501C3	6,000.	0.			ELECTION SERVICES
LWV OF OHIO							
100 EAST BROAD STREET SUITE 1310							
COLUMBUS, OH 43215	31-1050638	501C4	9,000.	0.			ELECTION SERVICES
LWV OF OKLAHOMA							
720 W WILSHIRE BOULEVARD SUITE 101	73-6229597	50104	6 500	0.			ELECTION SERVICES
OKLAHOMA CITY, OK 73116	15-0225551	Porca	6,500.	υ.		1	ETECTION SERVICES

Schedule I (Form 990)

Schedule I (Form 990) STATES

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
WV OF PENNSYLVANIA							
425 CROOKED HILL ROAD PO BOX 60890							
HARRISBURG, PA 17106		501C4	10,000.	0.			ELECTION SERVICES
			,				
WV OF FLORIDA EDUCATION FUND INC							
P.O. BOX 158369							
NASHVILLE, TN 37215	23-7166868	501C4	9,000.	0.			ELECTION SERVICES
WV OF TEXAS							
212 GUADALUPE ST. SUITE 107	74 6076060	50102	6 500	0			RI ROWTON, GROUTORS
AUSTIN, TX 78701	74-6076962	501C3	6,500.	0.			ELECTION SERVICES
WV OF VIRGINIA							
011 E. MAIN STREET SUITE 214A							
RICHMOND, VA 23219	54-1334464	501C3	11,000.	0.			ELECTION SERVICES
,			,				
						1	

Schedule I (Form 990)

Schedule I (Form 990) 2021

Part III 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

SCHEDULE J (Form 990)		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		омв No. 1545-0047		
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest informat		Attach to Form 990. Form 990 for instructions and the latest information.	-	ection		
			mployer identificati	on nui	mber	
	Ū.	STATES	53-011565			
Par	t 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 99	0,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
[First-class or c		use			
[Travel for com					
[ation and gross up payments				
[Discretionary :	spending account Personal services (such as maid, chauffeur, o	chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
I	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
t	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
[Compensatior	committee Written employment contract				
[Independent o	ompensation consultant X Compensation survey or study				
[Form 990 of o	ther organizations Approval by the board or compensation com	mittee			
		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
		e payment or change-of-control payment?			X	
		eive payment from a supplemental nonqualified retirement plan?			X	
	•	eive payment from an equity-based compensation arrangement?	<u>4c</u>		X	
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the r		-		v	
					X X	
		ation?	<u>5b</u>			
		r 5b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the r		C-		x	
		ation?			X	
		ation?	<u>6b</u>			
		,				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		x	
		es 5 and 6? If "Yes," describe in Part III	·····			
			8		x	
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				
			9			
		953.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.	Schedule J (Fori	m 0001	0001	
∟⊓А	For Paperwork R	eduction Act Notice, see the instructions for Porm 990.	Schedule J (FOR	11 990)	2021	

LEAGUE OF WOMEN VOTERS OF THE UNITED STATES

Schedule J (Form 990) 2021

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) VIRGINIA KASE SOLOMON	(i)	148,497.	0.	0.	0.	13,516.	162,013.	0.
CHIEF EXECUTIVE OFFICER	(ii)	148,497.	0.	0.	0.	13,516.	162,013.	0.
(2) CECILIA CALVO	(i)	91,261.	0.	0.	0.	561.	91,822.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	91,261.	0.	0.	0.	561.	91,822.	0.
(3) SARAH COURTNEY	(i)	72,537.	0.	0.	0.	6,597.		0.
CHIEF COMMUNICATIONS OFFICER	(ii)	72,537.	0.	0.	0.	6,597.	79,134.	0.
(4) CELINA STEWART	(i)	74,471.	0.	0.	0.	3,940.	78,411.	0.
CHIEF COUNSEL	(ii)	74,471.	0.	0.	0.	3,940.	78,411.	0.
(5) KELLY MCFARLAND	(i)	76,895.	0.	0.	0.	432.	77,327.	0.
CHIEF OF STAFF	(ii)	76,895.	0.	0.	0.	432.	77,327.	0.
(6) JEANETTE SENECAL	(i)	64,836.	0.	0.	0.	12,295.	77,131.	0.
SENIOR DIRECTOR, MISSION IMPACT	(ii)	64,836.	0.	0.	0.	12,295.	77,131.	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	ERS OF THE		UNITED		
STATES								

Schedule J (Form 990) 2021

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) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service 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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. LEAGUE OF WOMEN VOTERS OF THE UNITED

Supplemental Information to Form 990 or 990-EZ

Employer identification number 53-0115655

OMB No. 1545-0047

Name of the organization LEAGUE STATES

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:

OUTCOME AND EVALUATION: THE OUTCOME AND EVALUATION FUNCTION IS

COLLECTING AND ANALYZING DATA TO MEASURE OUR IMPACT.

EXPENSES \$ 581,319. INCLUDING GRANTS OF \$ 181,375. REVENUE \$ 0.

MEMBERSHIP: EXPENDITURES ARE USED TO ASSIST STATE AND LOCAL LEAGUES

WITH MEMBER RECRUITMENT AND VARIOUS PROGRAMS.

EXPENSES \$ 564,323. INCLUDING GRANTS OF \$ 20,500. REVENUE \$ 0.

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 \$ 557,144. INCLUDING GRANTS OF \$ 0. 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) 2021 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 2021 THROUGH JUNE 2022, LWVUS INITIATED 13 ACTION ALERTS THAT YIELDED 71,633 ACTIONS FROM INDIVIDUALS RESULTING IN 113,698 LETTERS TO MEMBERS OF CONGRESS. THE LEAGUE ALSO ENGAGED MORE THAN 32,000 NEW ACTIVISTS THROUGH OUR EFFORTS. THE ISSUES AND LEGISLATION LWVUS SUPPORTED IN FY22 INCLUDE VOTING RIGHTS LEGISLATION LIKE THE JOHN LEWIS VOTING RIGHTS ADVANCEMENT ACT, THE FREEDOM TO VOTE ACT, AND THE WASHINGTON, D.C. ADMISSION ACT. THE LWVUS ACTION ALERTS ALSO COVERED ISSUES INCLUDING REPRODUCTIVE CHOICE, THE EQUAL RIGHTS AMENDMENT, AND THE DISCLOSE ACT.

IN THE FALL OF 2021, LWVUS CONTINUED TO MONITOR THE 2021 REDISTRICTING CYCLE THROUGH 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. THE LEAGUE CONTINUED ENGAGEMENT WITH A NATIONAL COALITION OF REDISTRICTING EXPERTS TO TRACK PROGRESS OF FAIR MAPS IMPLEMENTATION DURING THIS TIMEFRAME AND TO PREPARE LWVUS FOR THE DISCERN NEEDED IN THE NEXT CENSUS COUNT AND REDISTRICTING CYCLE OF 2030. IN AUGUST OF 2021, THE LEAGUE HELD A TWITTER STORM ADVOCATING FOR A FAIR AND TRANSPARENT REDISTRICTING CYCLE, REACHING MORE THAN 5.6 MILLION TWITTER USERS THE LEAGUE ALSO RAN A PAID ADVERTISING CAMPAIGN ENCOURAGING COMMUNITY MEMBERS TO ENGAGE IN THEIR STATE AND LOCAL REDISTRICTING HEARINGS FROM SEPTEMBER THROUGH DECEMBER 2021. THESE ADS REACHED 543,316 USERS ON FACEBOOK AND INSTAGRAM IN 10 STATES AND 102,198 PEOPLE WENT TO THE LEAGUE'S WEBSITE TO LEARN MORE ABOUT REDISTRICTING HEARINGS IN THEIR STATE.

Schedule O (Form 990) 2021	Page 2							
Name of the organization LEAGUE OF WOMEN VOTERS OF THE UNITED STATES	Employer identification number 53-0115655							
THROUGHOUT THE YEAR, LWVUS WORKED WITH 55 REDISTRICTING CH	AMPIONS							
NATIONWIDE TO BUILD EDUCATION AND ENGAGEMENT EVENTS AND HELD A								
THREE-DAY INTENSIVE VIRTUAL TRAINING FOR LEAGUES TO GEAR U	P 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 REDIS	TRICTING							
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								
SUPPORTING 19 LEGISLATIVE INITIATIVES THAT WERE INTRODUCED	, AND FILING							
REDISTRICTING-RELEVANT LAWSUITS ADDRESSING DEADLINES AND T	RANSPARENCY.							

IN TOTAL, LWVUS WAS INVOLVED IN MORE THAN 59 LAWSUITS IN 28 STATES BETWEEN JULY 2021 AND JUNE 2022 AND PROTECTED MORE THAN 39 MILLION VOTERS THROUGH SUCCESSFUL RULINGS ACROSS THE COUNTRY. THE TOPICS OF LITIGATION CENTERED AROUND THE ISSUES WITHIN THE LEAGUE'S CAMPAIGN FOR MAKING DEMOCRACY WORK, INCLUDING VOTING RIGHTS, IMPROVING ELECTIONS, REDISTRICTING, AND PROTECTING AGAINST VOTER PURGES, WHILE EXPANDING OUR LITIGATION WORK AROUND REPRODUCTIVE JUSTICE, AND LGBTQ+ RIGHTS.

FORM 990, PART VI, SECTION A, LINE 4:

THE LEAGUE'S BYLAWS WERE AMENDED AS FOLLOWS:

A CHANGE IN MEMBERSHIP PAYMENT STRUCTURE FROM PMP (PER MEMBER PAYMENT) TO A UNIFIED MEMBERSHIP SYSTEM WHERE MEMBERSHIP DUES ARE COLLECTED VIA THE SAME SYSTEM ACROSS THE ORGANIZATION. GOES INTO EFFECT AT A FUTURE DATE.

Schedule O (Form 990) 2021 Page 2										
Name of the organization	LEAGUE STATES	OF	WOMEN	VOTERS	OF	THE	UNITED		Employer identification number 53-0115655	

EQUALIZES THE APPORTIONMENT OF DELEGATES FOR MEMBER-AT-LARGE (MAL) UNITS

AND LOCAL LEAGUES AT CONVENTION. GOES INTO EFFECT AT A FUTURE DATE.

UPDATES THE NOMINATING COMMITTEE SECTION OF THE BYLAWS TO BETTER REFLECT

THE COMMITTEE'S PRACTICE OF RECRUITING DIRECTLY FROM THE ENTIRE MEMBERSHIP.

ALSO ADDS THE LWVUS CEO AS AN EX-OFFICIO, NON-VOTING MEMBER OF THE

COMMITTEE.

MODERNIZE BOARD MEETING REQUIREMENTS AND GIVE THE BOARD MORE FLEXIBILITY IN CONDUCTING MEETINGS, INCLUDING IN EMERGENCY SITUATIONS AND FOR MEETING VIRTUALLY.

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 THE LEAGUE. EACH DELEGATE REPRESENTING A LEAGUE SHALL BE ENTITLED 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 132212 11-11-21 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2										
Name of the organization LEAGUE OF WOMEN VOTERS OF THE UNITED Employer identification in the second se										
LEAGUE OR ANY	OTHER LOCAL LEAGUE; (2) THOSE WHO RESIDE OUTS	SIDE THE AREA OF								
ANY LOCAL LEAG	GUE 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 REVIEWS AND SIGNS.

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

THE LEAGUE PRESIDENT AND EXECUTIVE STAFF ENSURE THAT ALL OFFICERS,

DIRECTORS, AND KEY EMPLOYEES SUBMIT WRITTEN CONFLICT OF INTEREST

STATEMENTS. THE CHIEF OPERATING OFFICER REVIEWS AND APPROVES ALL CONTRACTS

AND PAYMENTS TO ENSURE THAT NO CONFLICTS OF INTEREST EXISTS.

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

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

THE PRESIDENT CONDUCTS AN ANNUAL REVIEW OF THE CHIEF EXECUTIVE OFFICER

BASED ON THESE GOALS, WHICH IS SUPPORTED BY WRITTEN DOCUMENTATION. THE

PRESIDENT USES THE RESULTS OF THE ANNUAL REVIEW, ALONG WITH INDEPENDENTLY

PREPARED COMPARABILITY DATA TO DETERMINE THE CHIEF EXECUTIVE OFFICER'S

COMPENSATION, WHICH IS DOCUMENTED ON A PERSONNEL ACTION FORM.

Schedule O (Form 990) 2021	Page 2							
Name of the organization LEAGUE OF WOMEN VOTERS OF THE UNITED STATES	Employer identification number 53-0115655							
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, M	D, MA, MI, MN, MS, MO							
MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, V	A,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 WEB	SITE 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 LONG	ER 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 EXPENSES	759,492.							
MANAGEMENT AND GENERAL EXPENSES	760,547.							
FUNDRAISING EXPENSES	811,669.							
TOTAL EXPENSES	2,331,708.							
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,331,708.							
FORM 990, PART XII, LINE 2C:								
THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM TH	E PRIOR YEAR.							
FORM 990, PART XII, LINE 2B:								

AS OF THE DATE OF THIS FILING, THE LEAGUE'S AUDITED FINANCIAL

STATEMENTS FOR THE YEAR ENDED JUNE 30, 2022, WERE BEING PREPARED.

SCHEDULE R (Form 990) Department of the Ti Internal Revenue Se		► Comp		"Yes" on Form 990, Part IV, ach to Form 990.	line 33, 34, 35b, 3	6, or 37.			OMB No. 1544 202 Open to P Inspect	1						
Internal Revenue Se Name of the or		n LEAGUE OF WOME STATES	► Go to www.irs.gov/Form990 N VOTERS OF THE UN		st information.			nployer ident 53-0115	ification n							
Part I Ide	entificatio	n of Disregarded Entities. Complet	e if the organization answered "Yes	" on Form 990, Part IV, line 33	3.		•									
Nan	(a) Name, address, and EIN (if applicable) of disregarded entity		Name, address, and EIN (if applicable)		Name, address, and EIN (if applicable)		Name, address, and EIN (if applicable)		(b) Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total inco	(e) me End-of-year	assets	issets Direct		g
			-													
Part II Idee orga	entificatio ganization	n of Related Tax-Exempt Organiza	tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one of	or more	related tax-e>	kempt							
		(a) e, address, and EIN lated 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	ng (g) Section 512(b)(controlled entity?							
		TERS EDUCATION FUND - OTH 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) 2021 STATES

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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.

		-								1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	
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 sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1										

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	Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
									<u> </u>
								<u> </u>	<u> </u>
]								

LEAGUE OF WOMEN VOTERS OF THE UNITED

Schedule R (Form 990) 2021 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 N
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	1a		2
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)	1j	X	+
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
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	J	98,822.	FMV
(2) LEAGUE OF WOMEN VOTERS EDUCATION FUND	L	1,585,674.	VENDOR INVOICES
(3) LEAGUE OF WOMEN VOTERS EDUCATION FUND	0	2,819,268.	TIME SHEETS
(4) LEAGUE OF WOMEN VOTERS EDUCATION FUND	Q	4,300,000.	CASH
<u>(5)</u>			
(6)			

LEAGUE OF WOMEN VOTERS OF THE UNITED

Schedule R (Form 990) 2021 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.

(a) (b) (c) (d) (g) (h) (h) (g) (h) (h) <th>(a)</th> <th>(b)</th> <th>(c)</th> <th>(d)</th> <th>16</th> <th>"</th> <th>(f)</th> <th>(g)</th> <th>6</th> <th>n)</th> <th>(i)</th> <th>(j)</th> <th>(k)</th>	(a)	(b)	(c)	(d)	16	"	(f)	(g)	6	n)	(i)	(j)	(k)
Indices			Legal domicile	Predominant income	Are	all	Share of			opor-	Code V-UBI	General o	
Country excluded rom tax liner income assets trest No rest No	of entity	i initiary doubley	(state or foreign	(related, unrelated,	501(c)(3)	total		tion alloca	nate tions?	amount in box 20	managin	ownership
	,		country)	sections 512-514)	Vec		income			No	(Form 1065)		- ·
			-		165	NO			163		(************	165 140	
													ļ
		,											

Schedule R (Form 990) 2021

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Part VII	Supplemental	Information
	(Form 990) 2021	STAI

Provide additional information for responses to questions on Schedule R. See instructions.