

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-

1150

2019

Open to Public Inspection

990EZ

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

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

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

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: League of Women Voters of Washington. Address: 1511 Third Avenue Suite 900, Seattle, WA 98101.

D Employer identification number: 91-0610610. E Telephone number. F Group Exemption Number.

G Accounting Method: Cash [checked] Accrual Other (specify)

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

I Website: https://www.lwvwa.org/

J Tax-exempt status (check only one) 501(c)(3) [checked] 501(c)(4) (insert no. 4947(a)(1) or 527)

K Form of organization: Corporation [checked] Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$124,877

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

Table with 9 rows for Revenue. Columns: Line number, Description, Sub-column, Amount. Total revenue: 124,877.

Table with 7 rows for Expenses. Columns: Line number, Description, Amount. Total expenses: 128,997.

Table with 3 rows for Net Assets. Columns: Line number, Description, Amount. Net assets at end of year: 56,345.

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	60,465	22	56,345
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	60,465	25	56,345
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,465	27	56,345

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

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

What is the organization's primary exempt purpose?
See Schedule O

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

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 The Action Program is described in Schedule O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	16,656
29 Member information and support is described in Schedule O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,979
30 Membership services is described in Schedule O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,037
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	27,672

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Lunell Haught President	20.00	0	0	0
Susan Fleming 1st VP	10.00	0	0	0
Amanda Clark 2nd VP	10.00	0	0	0
Jean Snider Secretary	4.50	0	0	0
Joanna Cullen Treasurer	12.00	0	0	0
Beverly Austin Director	5.00	0	0	0
Linda Benson Director	3.00	0	0	0
Mary Coltrane Director	1.00	0	0	0
Donna Dekkert Fontaine Director	2.00	0	0	0
Lea Galanter Director	4.00	0	0	0
Joan Lawson Director	4.00	0	0	0
JoAnn Bengston Director	0.00	0	0	0
Amy Peloff Administrative Director	40.00	53,533	0	0

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

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of Joanna Cullen Telephone no. (206) 622-8961 Located at 1511 Third Avenue Suite 900 Seattle, WA ZIP + 4 98101
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
46		No

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

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

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

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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A

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

Sign Here	Signature of officer	2020-10-23
	Lunell Haught President Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name Fred Peck CPA	Preparer's signature	Date 2020-10-26	Check <input type="checkbox"/> if self-employed	PTIN P00622562
	Firm's name Kingfisher Financial PBC			Firm's EIN 84-3260377	
	Firm's address 21146 Camper Road Suite 100 Rathdrum, ID 83858			Phone no. (509) 879-4716	

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Return to Form

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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

Name of the organization
League of Women Voters of Washington

Employer identification number

91-0610610

Return Reference	Explanation
Description of other revenue Part I line 8	Description Amount Occupancy reimbursement 63,500
Description of other expenses Part I line 16	Description Amount Program Expenses 16,656 Board Travel and Meeting Expenses 1,283 Contributions and Development 2,779 General and Administrative 2,155 Communications 7,565 Insurance 1,456 Fees and Taxes 898 Computer hardware software & other 2,353
Part III response or note to any other line in Part III	<p>PRIMARY PURPOSE: We encourage informed and active participation in government, work to increase understanding of major policy issues and influence public policy through education and advocacy. The Action Program advocated and created and provided resources to better understand issues of fair elections, voting rights, mental health, health care, environmental and climate change issues, and public education. We provided testimony on legislation, advocacy training, coalition support, and a weekly legislative newsletter on selected current priorities. Our action workshops trained and empowered a record number members and citizens. Member information and support provides website with access to information on ballot issues and considerable amount of resources into improved web services and a state council registration and workshops information. LWWVA also maintains the relationship with the national organization for resources and support for our members. Membership services supports and coordinates training for around 2,719 members in 20 local leagues throughout the state to promote advocacy and to provide program resources in order facilitate growth and development of local recognition of leadership and influence of members in their communities. Support for development of new leadership is also provided. Our week-long state council recorded record attendance and in the past two years our membership has almost doubled. Generally the state council is a 2-3 day event with workshops and keynote speakers. However, this year we had to consider how best to offer these important leadership and community building activities virtually due to the pandemic; that is after planning as usual had already begun. This means that the regular almost \$40,000 of expenses associated with the event were not incurred. However, producing this engaging and successful event virtually was all consuming in the weeks and months leading up to it for 2 volunteers, our president, and our key staff person. No one involved was a seasoned and expert producer of virtual events. In the past, the use of our virtual capabilities had been limited to meetings, and not events. Although the digital platforms are provided and paid in the operations budget, the labor was intense, and at least one month of salary for the key employee is added as an expense for this key event.</p>

Additional Data

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