## (Rev. January 2020) Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

		de Service Community and the in		
A F	or the	2019 calendar year, or tax year beginning $$	g JUN 30, 2020	
<b>B</b> c	heck if	C Name of organization	D Employer identifi	cation number
	Addres change	AAUW ACTION FUND, INC.		
	Name change	Doing business as	53-00253	90
F	Initial return		suite <b>E</b> Telephone numbe	
	Final return/	1310 L STREET, NW 1000		7700
_	termin- ated Amend	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	153,049.
Ļ	⊒return	WASHINGTON, DC 20005	H(a) Is this a group re	
	Application	F Name and address of principal officer: KIMBEKET CHOKCHES	for subordinates	s? Yes X No
	pendin	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates in	ncluded? Yes No
ΙŢ	ax-exe	empt status: 501(c)(3) X 501(c) ( 4 ) (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)
JΝ	Vebsit	e: ► WWW.AAUWACTION.ORG	H(c) Group exemption	n number
K F	orm of	organization: X Corporation Trust Association Other ▶ L	Year of formation: 1881	
		Summary		<u> </u>
_	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{AAUV}}$	W ACTION FUND	ADVANCES
ű	(	GENDER EQUITY FOR WOMEN AND GIRLS THROUGH RI	ESEARCH, EDUCA	TION, AND
Activities & Governance	2	Check this box  if the organization discontinued its operations or disposed of	more than 25% of its net as	ssets.
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	6
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		6
တ္		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		0
iţie		Total number of volunteers (estimate if necessary)		0
ţ		Fotal unrelated business revenue from Part VIII, column (C), line 12		0.
ď		Net unrelated business taxable income from Form 990-T, line 39		0.
	<del></del>	Tet diffolded buoined taxable from 1 offi offi of 1, fine of	Prior Year	Current Year
Revenue	8 (	Contributions and grants (Part VIII, line 1h)	2,867.	0.
		75	153,995.	140,530.
Ve		•	0 = -10	12,519.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	184,380.	153,049.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	000 000	500,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	200,000.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	24 050	24,494.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	24,494.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  3 , 681	0.	0.
Ϋ́			72 570	62,552.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	72,578.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	306,830.	587,046.
. 0		Revenue less expenses. Subtract line 18 from line 12	-122,450.	-433,997.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
ssel 3ala	20	Total assets (Part X, line 16)	1,997,218.	1,365,156.
et nd I	21	Total liabilities (Part X, line 26)	200,250.	2,185.
		Net assets or fund balances. Subtract line 21 from line 20	1,796,968.	1,362,971.
	art II	Signature Block	******************************	l.maladaa aad ballaf it ia
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s		y knowledge and beller, it is
true,	Correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any knowledge.	
<b>.</b>		Signature of officer	I Date	
Sigi	- 1	KIMBERLY CHURCHES, CEO	Duto	
Her	e	Type or print name and title		
			Date Check	II PTIN
Paid	, ,	Print/Type preparer's name Preparer's signature  MARK THOMAS MARK THOMAS	02/16/21 of self-employ	
	- H			52-1711839
			C • Firm's EIN ▶	34-TITT033
USE	Jilly	Firm's address 7910 WOODMONT AVE. STE. 500 BETHESDA, MD 20814	Dhana na / 2	01) 986-0600
N.4:	. 46 - 17		Prione no. ( 3	
iviay	tne IF	S discuss this return with the preparer shown above? (see instructions)		🔼 Yes 📖 No

including grants of \$

583,220.

Total program service expenses

Form **990** (2019)

### Part IV Checklist of Required Schedules

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	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		/	L
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1.77
_	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			- V
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			- v
	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			- v
	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, VIII, 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,	44.		x
h	Part VI	11a		
D	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
^	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	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	110		<del> </del>
-	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	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			1
	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			- V
	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,			- v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		1
19		19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del> </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	G contract the many and account to the contract to the contrac			

Dest IV	Charlist of Dogwing Cabadulas	/ !! !!
Partiv	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		v	
04 -	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,,
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		l ,	
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
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 in Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	21	
_ u	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			- 10
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2019) AAUW ACTION FUND, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements,						
the for the calendary year ending with or within the year covered by this return  b if all least one is reported on line 28, did the organization file all required federal employment tax returns?  Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have urrelated business gross record of \$1,000 or more during the year?  3b If "Yes," has if life d a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  3b If "Yes," this is the did a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  3c If "Yes," enter the name of the foreign country business a bent account, securities account, or other financial accounts?  4c If "Yes," enter the name of the foreign country business and shark account, securities account, or other financial accounts?  5c If "Yes," enter the name of the foreign country business and shark account, securities account, or other financial accounts?  5c If "Yes," enter the name of the foreign country business and the account securities account, or other financial accounts?  5c If "Yes," enter the name of the foreign country business and the account securities account, or other financial accounts (FBAT).  5c Was the organization and party to a prohibited tax shelter transaction?  5c If "Yes," to line 6a of 5b, did the organization file Form 8886.7?  5c If "Yes," to line 6a of 5b, did the organization file Form 8886.7?  5c If "Yes," to line 6a of 5b, did the organization file Form 8886.7?  5c If "Yes," to line 6a of 5b, did the organization file Form 8886.7?  5c If "Yes," to line 6a of 5b, did the organization file Form 8886.7?  5c If "Yes," to line for organization accounts and accounts accounts and accounts a			1 1		Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrisited business gross income of \$1,000 or more during the year?  3a X  b If Yes, *has it filed a Form 990-Tro this year? If No.* to five 3b, provide an explanation on Schedule O  3b A At any time during the calendary 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)?  5b If Yes, *insert the name of the foreign country.  5c If Yes 1 to line 5a or 5b, did for to explanation that a shellor transaction at any time during the tax year?  5c If Yes 1 to line 5a or 5b, did the organization file form 888-T2.  5c If Yes 1 to line 5a or 5b, did the organization file Form 888-T2.  5c If Yes 1 to line 5a or 5b, did the organization the form 888-T2.  5c If Yes 1 to line 5a or 5b, did the organization file Form 888-T2.  5d If Yes 2 time 5a or 5b, did the organization file Form 888-T2.  5d If Yes 2 time 5a or 5b, did the organization file Form 888-T2.  5d If Yes 2 time 5a or 5b, did the organization file Form 888-T2.  5d If Yes 3 time 5a or 5b, did the organization file organization solicit any contributions that were not tax deductible a charitable contributions?  6d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  8d If Yes, "indicate the number of Forms 8822 filed during the year  9d Organization state of the organization for the value of the goods or services provided?  7d If Yes, "indicate the number of Forms 8822 filed during the year  10 Did the organization received a contribution of qualified intellectual property did the organization file Form 889 a	2a					
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a				Ol-		
ab Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If Yes, 'has it filed a Form 990-ff for this year? If 'No' to line 3b, provide an explanation on Schedule O  d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial account).  b If 'Yes, 'the filter the name of the foreign country' (such as a bank account, securities account, or other financial account).  b If 'Yes, 'the filter the name of the foreign country' (such as a bank account, securities account, or other financial account).  b If 'Yes, 'the inest face filter foreign country' (such as a bank account, securities account, or other financial account).  b If 'Yes, 'the inest face filter foreign country' (such as a bank account, securities account, or other financial account).  b If 'Yes, 'the inest face filter foreign country' (such as a bank account, securities account, or other financial account).  c If Yes's to line Sacro 5b, did the organization filter foreign country.  5a Was the organization shall consider the value of the process statement that such contributions or gifts were not tax deductible?  6b If Yes, 'the inest face foreign country' (such as a contribution of care section 170(c).  a bid the organization shall may receive deductible contributions under section 170(c).  b If Yes, 'the title organization inclify the done of the value of the goods or services provided?  7c Organization shall the organization individed in one party as a contribution of accountry of the contract?  7r Organization section and notify the done of the value of the goods or services provided?  7b If If Yes, 'the site of the organization individed in one party as a contribution of contract?  7r Organization received a contribution of contract, to pay premiums on a personal benefit contract?  7r Organization section and the form section of the value of the g	D			20		
b If "Yes," has it filled a Form 990.1 for this year? If "No" to line 3b, provide an explanation on Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country { such as a bank account, securities account, or other financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any staxible party notify the organization file Form 8888 17  6a Does the organization and party to a prohibited tax shelter transaction?  5b X  c If "Yes" to line Sa or 5b, did the organization file Form 8888 17  6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  7 organizations that may receive deductible contributions under section 170(c).  8c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 organization receive a contribution of qualified intelectual property, did the organization file a Form 1088-07  8 organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108-07  8 organization in conceived and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108-07  9 organization in conceived and contribution of underly of a donor advisor or related person?  10 life the organization have excess business holdings air prime d	32			22		x
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country   Leaves						
tinancial account in a foreign country   Sea   salank account, securities account, or other financial account)?  b   f "Yes," either the name of the foreign country   Sea   instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c   T"Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6a   Does the organization an annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6b   X"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 or Organizations that may receive deductible contributions under section 170(c).  8   Did the organization receive a payment in excess of \$5" smade party as a contribution and party for goods and services provided to the payor?  7   Did the organization receive apyment in excess of \$5" smade party as a contribution and party for goods and services provided to the payor?  7   Did the organization receive apyment in excess of \$5" smade party as a contribution and party for goods and services provided to the payor?  7   Did the organization receive apyment in excess of \$5" smade party as a contribution and party for goods and services provided to the payor?  7   Did the organization receive apyment in excess of \$5" smade party as a contribution and party for goods and services provided to the payor?  7   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the ferm 8282?  7   Did the organization sell, exchange, or otherwise dispose of services provided to the contract of the problem of the payor provided to the p				35		
b if "Yes," after the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a purty to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization file Form 888677  5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organizations that may receive deductible contributions under section 170(c).  b If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a I X  7b If "Yes," did the organization neceive apyment in excess of \$75 made partly as a contribution of review provided.  7c I X X  7d If "Yes," did the organization neceived a contribution of the value of the goods or services provided.  7c I X  7d If "Yes," and indicate the number of Forms 8282 filed during the year  8 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1980.  7e I Did the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1980.  8 Sponsoring organization make any taxable distribution to donor, donor advised, und.  9 Sponsoring organization make any taxable distribution to a donor, d			•	4a		Х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Date of the organization shelt in the	b		,			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11	Section 501(c)(12) organizations. Enter:				
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? N/A 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  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X  If "Yes," see instructions and file Form 4720, Schedule N.	а					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	·				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? N/A 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  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  Italia Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			? 	12a		
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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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  18 X	а	-		ISa		
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excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X						
If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X				15		X
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	ome?	16		X
		If "Yes," complete Form 4720, Schedule O.			26.5	

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

	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		6				
	If there 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		<u>6</u>				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as					X		
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-			1,,			
а	The governing body?				X			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					,		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)		<u>ا بر</u>			
40	Dilli di la			40	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?			10a				
D	If "Yes," did the organization have written policies and procedures governing the activities of such classification and because the disconnection of the control of the con			401				
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	х			
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly bero	ore filing the form?	11a				
b 100	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	х			
12a								
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12b	Х			
С				12c	х			
13	Did the organization have a written whistleblower policy?				X			
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and approve			14				
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	перепает					
•	The organization's CEO, Executive Director, or top management official			15a		х		
	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		_ <b>-</b> _		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a					
.54	taxable entity during the year?			16a		х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			.su				
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic							
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure					·		
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, C	:0,C	T,FL,GA,H	I,II	, KS	, KY		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a							
	for public inspection. Indicate how you made these available. Check all that apply.		, === (0)	. ,	.,	•		
	X Own website Another's website X Upon request Other (explain	on So	chedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and fina	ncial			
	statements available to the public during the tax year.		i··- ) , .					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records >					
	THOMAS CHAPPELL - (202) 785-7700							
	1310 L STREET NORTHWEST, SUITE 1000, WASHINGTON, D	C	20005					
932006	SEE SCHEDULE O FOR FULL LIST OF STATES			Forn	1 <b>990</b>	(2019)		

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average	(do	Position of the characteristic properties and the characteristic propertie			) than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week	_				T	,	from the	from related organizations	other compensation	
	(list any hours for	direct				-		organization	(W-2/1099-MISC)	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 *********************************	organization	
	organizations	trust	nal tru		oyee	ompe		,		and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
///	line)	PL.	lns	#	Ke	Hig m	For				
(1) JULIA BROWN	1.00	x		x				0.	0.	0	
CHAIR (2) MALINDA GAUL	1.00	^		^				0.	0.	0	
VICE CHAIR		Х		x				0.	0.	0	
(3) PEGGY CABANISS	1.00			<u> </u>					0.	<u> </u>	
FINANCE VICE CHAIR		Х		х				0.	0.	0	
(4) CHERYL SOROKIN	1.00										
SECRETARY		х		x				0.	0.	0	
(5) JOSEPH BERTOLINO	1.00										
DIRECTOR	5.00	х						0.	0.	0	
(6) LYNN GANGONE	1.00										
DIRECTOR		Х						0.	0.	0	
(7) KIMBERLY CHURCHES	0.00										
CHIEF EXECUTIVE OFFICER	44.64	X		Х				0.	365,143.	50,051	
(8) THOMAS CHAPPELL	0.00			l					160 504	05 050	
VP OF FINANCE	43.54			Х				0.	160,534.	27,359	
(9) SHANNON WOLFE	0.00 45.29			x				0.	216,553.	22 520	
MANAGING DIRECTOR AND CHIEF OF STAFF (10) DEBORAH VAGINS	1.57			₽				0.	210,333.	33,538	
SVP, PUBLIC POLICY, RESEARCH & LAF	50.68					x		5,712.	184,696.	24,899	
- , Tobbie Tobiei, Kebbaken & Dar	30.00					125		3,712.	104,050.	24,000	
	<u> </u>										
		1									
		L									
										· · · · · ·	
					_	<u> </u>					
	I	ı	I	ı	l	1		1	l		

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	t VII Section A. Officers, Directors, True (A)	(B)	<u>-:-,</u>				J. 10		(D)	(E)			(F)	
	` '	Average	(C) Position						` '	, ,		E-		nd.
	Name and title	_	hours per (do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation			timate nount	
		week		fficer and a director/trustee)					from	from related			other	Oi
		(list any	tor						the	organization			pensa	ation
		hours for	direc				ъ		organization	(W-2/1099-MIS			om th	
		related	tee or	ıstee			ensat		(W-2/1099-MISC)	•		org	anizat	ion
		organizations	trus	nal tru		oyee	o mb(					an	d relat	ed
		below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	Former				orga	anizati	ons
		line)	Indi	Inst	Officer	Key	Hig em b	Fon						
			$\frac{1}{1}$											
			_											
1b	Subtotal							<u> </u>	5,712.	926,9	26.	13	5,8	47.
	Total from continuation sheets to Part V								0.	-	0.		-	0.
	Total (add lines 1b and 1c)								5,712.	926,9	26.	13	5,8	47.
2	Total number of individuals (including but								received more than \$100	,000 of reportab	le			
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer	, director, trust	ee, l	кеу е	emp	loye	e, o	· hiç	ghest compensated emp	oloyee on	Г		100	
	line 1a? If "Yes," complete Schedule J for	such individual									[	3		Х
4	For any individual listed on line 1a, is the s								•	•				
	and related organizations greater than \$15	0,000? If "Yes,	" cc	mple	ete S	Sche	edule	e J i	for such individual			4	Х	
5	Did any person listed on line 1a receive or	-				-		elat	ted organization or indiv	dual for services	۱ ا			37
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J i	or st	uch	pers	son .					5		Х
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npensa	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir 	n the organization's tax ( <b>B)</b>	year.		(0	•1	
	(A) Name and business	address	N	ONE	3				Description of s	ervices	C		nsatio	n
2	Total number of independent contractors	including but r	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organ						0		•					
												Form	990 (	2019)

Pa	r L V	4111				- in their Deut VIII			
			Check if Schedule O contains a	response	or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
SS	_	_	Enderstad compaigns	1a					000000000000000000000000000000000000000
ant			Federated campaigns  Membership dues	1b					
m G			Fundraising events	1c					
ifts ar A			Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions)	1e					
Sil			All other contributions, gifts, grants, and						
ber		•	similar amounts not included above	1f					
ort		a	Noncash contributions included in lines 1a-1f	1g \$					
Cor		_	Total. Add lines 1a-1f		<b></b>				
_			Total / Ida iirloo Ta Ti		Business Code				
ø.	2	а	MEMBERSHIP DUES		900099	140,530.	140,530.		
r ĕ	_	b	-			•	<u> </u>		
Sel		С							
am		d							
Program Service Revenue		е							
P		f	All other program service revenue						
			Total. Add lines 2a-2f			140,530.			
	3		Investment income (including divide						
			other similar amounts)		<b>&gt;</b>	12,519.			12,519.
	4		Income from investment of tax-exem	pt bond p	roceeds				
	5		Royalties						
				Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
	7	а	<del>  ''</del>	ecurities	(ii) Other				
			assets other than inventory 7a						
o		b	Less: cost or other basis						
Revenue			and sales expenses 7b  Gain or (loss) 7c						
eve			\ /						
er B			Net gain or (loss)						
Oth	8	а	Gross income from fundraising events (n including \$						
			including \$ contributions reported on line 1c). Se						
			Part IV, line 18						
		h	Less: direct expenses						
			Net income or (loss) from fundraising						
			Gross income from gaming activities						
	-	-	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming ac						
			Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inv		<b></b>				
<u>s</u>					Business Code				
eon eon	11	а							
Miscellaneous Revenue		b							
Sel.		С							
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d			450 040	140 500		10 516
	12		Total revenue. See instructions			153,049.	140,530.	0.	12,519.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	500,000.	500,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10.010	10.010		
7	Other salaries and wages	19,812.	19,812.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,743.	1,743.		
9	Other employee benefits	1,437.	1,437.		
10	Payroll taxes	1,502.	1,502.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	145.		145.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	37.	37.		
12	Advertising and promotion				
13	Office expenses	364.	104.	260.	
14	Information technology	16,498.	16,498.		
15	Royalties				
16	Occupancy	6,873.	6,873.		
17	Travel	128.	128.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	70.	70.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,325.	1,325.		
23	Insurance	31.	31.		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	INDIRECT OVERHEAD	24,526.	23,989.	-310.	847
b	LICENSE AND PERMIT FEES	8,275.	5,391.	50.	2,834
c	TEMPORARY EMPLOYEE FEES	4,030.	4,030.		•
d	ART & PRODUCTION	180.	180.		
	All other expenses	70.	70.		
25	Total functional expenses. Add lines 1 through 24e	587,046.	583,220.	145.	3,681
<u>26</u>	Joint costs. Complete this line only if the organization	,	,		-,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

### Part X Balance Sheet

ıa	IL V	balance Sneet				
		Check if Schedule O contains a response or note to any	line in this Part X		······	
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cook non interest hearing		295,933.	1	50,673.
	2	Cash - non-interest-bearing Savings and temporary cash investments		233,333.	2	30,013
	3				3	
	4	Pledges and grants receivable, net		2,370.	4	0.
	5	Accounts receivable, net  Loans and other receivables from any current or former of		2,5700	4	
	"					
		trustee, key employee, creator or founder, substantial co			5	
Ø	6	controlled entity or family member of any of these person			3	
	"	Loans and other receivables from other disqualified personder section 4958(f)(1)), and persons described in section		6		
	,				7	
Assets	7	Notes and loans receivable, net				
Ass	8	Inventories for sale or use			8	
-	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
	١.	basis. Complete Part VI of Schedule D 10a			40-	
	1	Less: accumulated depreciation 10b		1,526,889.	10c	1,086,633.
	11	Investments - publicly traded securities	1,320,009.	11	1,000,033.	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		172,026.	14	227,850.
	15	Other assets. See Part IV, line 11		1,997,218.	15	1,365,156.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		200,250.	16	2,185.
	17	Accounts payable and accrued expenses		200,230.	17	2,103.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of			21	
Liabilities	22	Loans and other payables to any current or former office				
Ξ		trustee, key employee, creator or founder, substantial co				
Lia		controlled entity or family member of any of these persor			22	
	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24).	Complete Part X		۱ ۵۰	
	000	of Schedule D		200,250.	25 26	2,185.
	26	Total liabilities. Add lines 17 through 25		200,250.	26	2,103.
es		Organizations that follow FASB ASC 958, check here				
Š	0.7	and complete lines 27, 28, 32, and 33.		1,796,968.	07	1,362,971.
Sale	27	Net assets without donor restrictions		1,750,500.	27	1,302,311.
Ā	28	Net assets with donor restrictions			28	
Ξ		Organizations that do not follow FASB ASC 958, chec	k nere			
ō		and complete lines 29 through 33.				
ets	29	Capital stock or trust principal, or current funds			29	
ASS	30	Paid-in or capital surplus, or land, building, or equipment			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or		1,796,968.	31	1,362,971.
Z	32	Total net assets or fund balances		1,790,908.	32	1,365,156.
	33	Total liabilities and net assets/fund balances		1,331,210•	33	Form <b>990</b> (2019)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,0					
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,0 3,9					
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
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	1,36	2,9	71.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				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 in Schedule	O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,							
	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								
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			l				
	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	ired audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2019)

### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Тах	x) (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organiza	itions: Complete Part III.			
	me of organization	•		Empl	oyer identification number
	AAUW AC	TION FUND, INC.			53-0025390
Pá	art I-A Complete if the or	ganization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
1	Provide a description of the organi	zation's direct and indirect politic	cal campaign activities	in Part IV.	
2	Political campaign activity expendi	tures		▶\$	
3	Volunteer hours for political campa	ign activities			
Pá	art I-B Complete if the or	ganization is exempt und	ler section 501(c)	(3).	
	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	<b>▶</b> \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
	a Was a correction made?				
	<b>b</b> If "Yes." describe in Part IV.				
Pá	art I-C Complete if the or	ganization is exempt und	ler section 501(c)	, except section 501(	c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt func	tion activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for s	ection 527	
	exempt function activities			▶\$	
3	Total exempt function expenditure			•	
	line 17b			▶\$	
4		1120-POL for this year?			Yes No
5	Enter the names, addresses and e	mployer identification number (El	N) of all section 527 po	olitical organizations to whic	h the filing organization
	made payments. For each organiza		• •		•
	contributions received that were p			•	te segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	/ide information in Part	IV.	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

# 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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(	(a)		(b)		
of the	lobbying activity.	Yes	No	Amo	ount		
	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:						
а	Volunteers?						
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c	(5), or se	ction			
	501(c)(6).	• .					
				Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х			
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Х		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				х		
_	answered "Yes."						
	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cai					
	expenses for which the section 527(f) tax was paid).						
	Current year						
	Carryover from last year						
С	Total						
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 ex	cess					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	-					
	expenditure next year?						
	Taxable amount of lobbying and political expenditures (see instructions)		5				
Par	t IV Supplemental Information						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou ctions); and Part II-B, line 1. Also, complete this part for any additional information.	p list); Part l	II-A, lines 1 a	and 2 (see			

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AAUW ACTION FUND, INC.

**Employer identification number** 53-0025390

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.	(4 ) 10 ) 17	
Pai	t III Organizations Maintaining Collections o	-	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	· ·	•
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre-		gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		·
h	Assets included in Form 990, Part X		<b>▶</b> \$

932051 10-02-19

Schedule D (Form 990) 2019

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

Pai	t III Organizations Maintaining Co	ollections of A	rt, Hist	torical Tı	reasures,	or Othe	er Sim	ilar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, checl	k any of the	following that	at make s	significa	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change progr	am					
b	Scholarly research	е		Other							
С											
4	Provide a description of the organization's coll	lections and explain	n how th	ney further t	the organizat	ion's exe	mpt pur	pose in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be main	ntained as part of t	he orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contributio	ns or other as	ssets not	include	d			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. (						•				]
Pai											
		(a) Current year		rior year				e years back	(e) Four	years I	back
1a	Beginning of year balance	,	,		' '		,		,		
b	Contributions										
c	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities				†						
·	and programs										
	Administrative expenses										
	End of year balance										
g	Provide the estimated percentage of the curre	ent year and balana	o (lino 1	a column (	(a)) hold oo:	<u> </u>					
2		ini year end baland		g, coluitii (	a)) Helu as.						
a	Board designated or quasi-endowment	0/	_%								
	Permanent endowment	%									
С	Term endowment \( \bigsep \)										
_	The percentages on lines 2a, 2b, and 2c should be a sh	· ·									
За	Are there endowment funds not in the posses .	sion of the organiza	ation tha	at are held a	and administe	ered for t	he orgai	nization	Г		
	by:								- "	Yes	No
	(i) Unrelated organizations									$\dashv$	
	(ii) Related organizations								3a(ii)	$\longrightarrow$	
b	If "Yes" on line 3a(ii), are the related organizati				?				3b		
4	Describe in Part XIII the intended uses of the o		wment	funds.							
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	), Part I\	·		<del></del>					
	Description of property	(a) Cost or o			t or other		ccumula	I	(d) Book	( value	9
		basis (investr	nent)	basis	(other)	de	preciatio	n			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										
Total	Add lines 1a through 1a (Column (d) must ea	ual Farm OOO Dort	V 1	(D) !:	10-1						Ο.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 AAUW ACTION Part VIII Investments - Other Securities.	FUND, INC.		-0025390 <sub>Page</sub>
Complete if the organization answered "Yes"	on Form 900 Part IV line	11h Soo Form 900 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1) Financial derivatives	(a) Dook raide	(0)	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	F 000 P+ IV II	44d Oss Farms 000 Bart V Bras 45	
Complete if the organization answered "Yes"	Description	Tid. See Form 990, Part X, line 15.	(b) Book value
DIE EDOM 33IE THE	Description		227,850
			227,030
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b></b>	227,850
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>

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

Schedule D (Form 990) 2019

Par	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
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	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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			
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
Par	rt XII Reconciliation of Expenses per Audited Financial S		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
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:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		/, line 4; Part X, line	e 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		
D 7 F	om w ithe O.			
PAF	RT X, LINE 2:			
mitt	E ODGANITZAMION DEGLITDEG MIJAM A MAY DOG	THION DE DEGOGNITA	ED OD	
THE	E ORGANIZATION REQUIRES THAT A TAX POS	ITION BE RECOGNIZ	ED OR	
חשת	DECOCNITIED DACED ON A "MODE I THEIR MILA	I NOM" MIDECIALD	MILTO ADD	TTPC MO
חבר	RECOGNIZED BASED ON A "MORE-LIKELY-THAI	N-NOT THRESHOLD.	THIS APP	TIES IO
DOG	CIMIONC MYREN OD ERDECMED WO DE WYREN :	IN A MAY DEMIIDN		T 7 3 M T ( ) N
PUS	SITIONS TAKEN OR EXPECTED TO BE TAKEN	IN A IAA REIURN.	IRE ORGAN	IZATION
חחד	EC NOM DELTEVE TMC CONCOLTDAMED ETNANC:	TAT CHAMEMENING TN	CT TIDE OF	
DOE	ES NOT BELIEVE ITS CONSOLIDATED FINANC	TAL STATEMENTS IN	CLODE, OR	
ססס	FI FOR ANY IINOFPRATH MAY DOCTMIONO			
KEI	FLECT, ANY UNCERTAIN TAX POSITIONS.			
тит	E ORGANIZATION'S IRS FORM 990, RETURN (	ος οραλητολοτον σ	AEMDu EDV	м тисоме
111	E ONGANIZATION S INS FORM 330, KETUKN (	OL OUGHNITARIION E	VEHLI LKO	H INCOME
πаз	X AND RELATED STATE FILINGS ARE SUBJECT	ייי ח∨ באסאנאט עיי וו	BA EEUEDy	T. AND
<u> </u>	V WIN VEHWIEN SIVIE LIHINGS WVE BORNEC	I TO EVALUATION	DI REDEKA	ת אא
STA	ATE TAXING AUTHORITIES, GENERALLY FOR '	THREE YEARS AFTER	THEY WER	E FILED.

Schedule D (Form 990) 2019	AAUW ACTION FUND,	INC.	53-0025390 Page <b>5</b>
Schedule D (Form 990) 2019 Part XIII Supplemental Infe	ormation (continued)		

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AAUW ACT	ON FUND,	INC.					53-0025390
Part I General Information on Grants	and Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's pr</li> </ol>	istance?						tion X Yes No
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990. Part	: IV. line 21. for any
recipient that received more than	<del>-</del>				,		, = . , ,
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC 1310 L ST., NW #1000							
- WASHINGTON, DC 20036	52-6037388	501(C)(3)	500,000.	0.	FMV		SEE SCHEDULE I PART IV
<ul> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organization</li> </ul>		1 table					<b>1.</b>

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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 req	uired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE BOARD OF DIRECTORS AND THE CEC	OVERSEE	THE USE O	F FUNDS FO	R	
PROGRAMMATIC PURPOSES. AN ACCOUNTI	NG OF TH	E FUNDS IS	REPORTED	TO THE BOARD	
OF DIRECTORS ANNUALLY.					
PART II LIN 1 COLUMN (H)					
THE AAUW ACTION FUND MADE A CONTRI	BUTION T	O AAUW, IN	IC. TO SUPP	ORT	
PUBLIC POLICY INITIATIVES THAT INV	OLVE MEM	BER AND SU	PPORTER IS	SUES.	
EDUCATION THAT IS APPROPRIATELY UN	DERTAKEN	WITH THE	CHARITABLE		

Part IV	Supp	lemental In	format	ion								
501(C)	(3)	STRUCTU	RE OF	THE	AAUW	, INC	C. AND	THAT	ADVANCES	THE	AAUW	
MISSIO	N OF	EQUITY	AND	EDUC	ATION	FOR	WOMEN	AND	GIRLS.			

### SCHEDULE J (Form 990)

**Compensation Information** 

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Inspection
Employer identification number

53-0025390

### AAUW ACTION FUND, INC.

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain \_\_\_\_\_ 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation survey or study Independent compensation consultant □ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X **a** Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a  $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(6)(1)-(U)	reported as deferred on prior Form 990
(1) KIMBERLY CHURCHES	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	365,143.	0.	0.	28,000.	22,051.	415,194.	0.
(2) THOMAS CHAPPELL (	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	160,534.	0.	0.	16,223.	11,136.	187,893.	0.
(3) SHANNON WOLFE	(i)	0.	0.	0.	0.	0.	0.	0.
MANAGING DIRECTOR AND CHIEF OF STAFF	ii)	216,553.	0.	0.	22,031.	11,507.		0.
(4) DEBORAH VAGINS	(i)	5,712.	0.	0.	475.	272.		0.
SVP, PUBLIC POLICY, RESEARCH & LAF	ii) 🛚	184,696.	0.	0.	15,350.	8,802.	208,848.	0.
	(i)							
(i	ii)							
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	(i) 							
	ii)							

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, PART I, LINE 3
OFFICER COMPENSATION IS BETERMINED BY AAUW, INC, A RELATED PARTY, WITH
THE ASSISTANCE OF AN INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION
SURVEY AND APPROVAL BY THE BOARD OF DIRECTORS.

### **SCHEDULE 0**

Internal Revenue Service

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

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AAUW ACTION FUND, INC.

**Employer identification number** 53-0025390

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

ADVOCACY.

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

FORM 990 IS REVIEWED BY MANAGEMENT, THE FINANCE VICE CHAIR, AND THE BOARD OF DIRECTORS BEFORE FILING.

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

THE ORGANIZATION REQUIRES DIRECTORS AND OFFICERS TO SIGN AN AFFIRMATION OF COMPLIANCE TO DISCLOSE ANY POTENTIAL SITUATON THAT MAY RAISE A CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MN,MS,MO,NH,NJ,NY,NC,ND,OH,OK OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

THE ORGANIZATION'S BYLAWS ARE AVAILABLE IN THE WWW.AAUW.ORG WEBSITE.

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE.

FORM 990, PART XII, LINE 2C

THE AAUW BOARD OF DIRECTORS UTILIZES AN AUDIT COMMITTEE THAT ASSUMES

THE RESPONSIBILITY OF OVERSEEING THE ANNUAL AUDIT OF THE FINANCIAL

STATEMENTS AND THE SELECTION OF THE INDEPENDENT AUDITOR.

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

Schedule O (Form 990 or 990-EZ) (2019)

### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

➤ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number 53-0025390 AAUW ACTION FUND, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Legal domicile (state or **Exempt Code** Public charity Direct controlling Name, address, and EIN Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC. - 52-6037388, 1310 L STREET, NW, STE Х 1000 WASHINGTON DC 20005 SEE SCHEDULE R. PART VII DISTRICT OF COLUMBIA 501(C)(3) LINE 7 N/A

	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	1		1			1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	allocations?		amount in box	partne	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	
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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>(b)</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	Sect 512(b contra enti	tion b)(13) rolled :ity?
		country)		or tracty		400010		Yes	No
-									
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Page 3

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

				Yes	No				
ns with one or more r	elated organizations listed i	n Parts II-IV?							
у			1a		X				
			1b	X					
			1c		Х				
			1d		X				
			1e		X				
			1f		X				
			1g		X				
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									
			1k		Х				
I Performance of services or membership or fundraising solicitations for related organization(s)									
anization(s)			1m		Х				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
Sharing of paid employees with related organization(s)									
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	anization(s) anization(s) cion(s) who must complete t (b) Transaction	who must complete this line, including covered return type (a-s)  B  500,000.	anization(s) aniza	1a	Is with one or more related organizations listed in Parts II-IV?  y  1a 1b X 1c 1d 1d 1e 1f 1g 1h 1i 1j 1i 1j 1s 1s anization(s) 11 1a 1a 1b X 1c 1d 1e 1f 1g 1h 1i 1j 1x 1i 1j 1x				

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.

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)( orgs.	sec. (3)	Share of total	Share of end-of-year	Disprition	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	or Perce	centage
or entity		country)	excluded from tax under sections 512-514)	orgs.	?"	totai	ena-or-year	allocat	ions?				- ق - ا - ا - ا - ا - ا
		Country)	Sections 5 (2-5 (4)			income	assets	uou		of Schedule K-1	partne	? OWIT	nersnip
				Yes	No	lilcome	assets	Yes	No	(FOIII 1065)	Yes N	0	
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### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

**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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Autom	etic & Month Extension of Time Only subse	it ouloio	ol (no conice needed)									
	atic 6-Month Extension of Time. Only submations required to file an income tax return other than Fo			oo DEMIC	's and trusts							
•	Form 7004 to request an extension of time to file incom			JS, HLIVIIC	s, and trusts							
Type or												
print	AAUW ACTION FUND, INC.	53-0025390										
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1310 L STREET, NW, NO. 1000		tions.									
instructions.												
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1						
Applicati	on	Return	Application			Return						
Is For		Code	Is For			Code						
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07						
Form 990	-BL	02	Form 1041-A			08						
Form 472	0 (individual)	03	Form 4720 (other than individual)			09						
Form 990	-PF	04	Form 5227 10									
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069												
Form 990	-T (trust other than above)	06	Form 8870 310 L STREET NORTH			12						
Teleph  If the o	books are in the care of $\blacktriangleright$ WASHINGTON, DC none No. $\blacktriangleright$ $(202)$ $785-7700$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box $\blacktriangleright$	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole group, c							
the ▶[ ▶[	quest an automatic 6-month extension of time until organization named above. The extension is for the org or or tax year beginning JUL _ 1 , 2019 ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	anization's	d ending JUN 30, 2020		npt organization retu ·	ırn for						
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less											
	nonrefundable credits. See instructions.	\		3a	\$	0.						
	imated tax payments made. Include any prior year overp			3b	\$	0.						
	ance due. Subtract line 3b from line 3a. Include your page EETDS (Floatronic Fodoral Tax Payment System). So	•		20	<b>6</b>	0.						
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$							
instruction:	If you are going to make an electronic funds withdrawal ns.	(alrect de	ibit) with this form 8868, see form 8	453-EU ar	10 FORM 8879-EO 10	r payment						

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

Form 8868 (Rev. 1-2020)