

Return of Organization Exempt From Income Tax

2024

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending
C Name of organization LEAGUE OF WOMEN VOTERS OF TENNESSEE
D Employer identification number 62-6051527
E Telephone number 629-777-5677
F Group Exemption Number

G Accounting Method: [x] Cash [ ] Accrual Other (specify):
H Check [ ] if the organization is not required to attach Schedule B (Form 990).

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

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ 86,313

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 86,313 and total expenses is 53,414, resulting in a net asset of 154,363.

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

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	121,464	<b>22</b> 154,363
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 0
<b>25</b> <b>Total assets</b> . . . . .	121,464	<b>25</b> 154,363
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b> 0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	121,464	<b>27</b> 154,363

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

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

What is the organization's primary exempt purpose? See Schedule O, Statement 2

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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

<b>28</b> <u>State level advocacy for League of Women Voters of Tennessee public policy positions, especially issues related to voting and open government. Other issues include education, health care and the environment.</u> <u>(Continued on Schedule O, Statement 3)</u> (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	20,422
<b>29</b> <u>Administrative and program support to local leagues in Tennessee and to the League of Women Voters of Tennessee Education Fund. Expenses include providing liability insurance, collecting dues and then</u> <u>(Continued on Schedule O, Statement 4)</u> (Grants \$ <u>14,750</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	21,312
<b>30</b> <u>Providing information about public policy issues through online communication as well as in person meetings.</u>  (Grants \$ <u>4,500</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	5,008
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	46,742

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Debra Gould</u> President	25.00	0	0	0
<u>Leslie Collum</u> 1st Vice President	20.00	0	0	0
<u>Barbara Ibarra</u> 2nd Vice President	10.00	0	0	0
<u>Marian Ott</u> Treasurer	15.00	0	0	0
<u>Shelly Ames</u> Secretary	5.00	0	0	0
<u>Megan Carter</u> Director	3.00	0	0	0
<u>Ophelia Doe</u> Director	3.00	0	0	0
<u>Marilyn Finley</u> Director	5.00	0	0	0
<u>Joy Fulkerson</u> Director	3.00	3	3	3
<u>Kathryn King</u> Director	4.00	0	0	0
<u>(Continued on Schedule O, Statement 5)</u>				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed: TN
42a The organization's books are in care of: Marian Ott Telephone no. 615-812-8462
Located at: 110 31st Ave N Unit 1001, Nashville, TN 37203 ZIP + 4 37203
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	<input checked="" type="checkbox"/>

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

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

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

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  **Yes**  **No**

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

<b>Sign Here</b>	Signature of officer <b>Marian Ott, treasurer</b>	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions  **Yes**  **No**



Other Expenses Structured Explanation

Description	Amount
Travel expenses to meetings and training	1,725
Advocacy related direct expenses	418
Support for LWVUS	357
Meeting expenses	1,560
Transaction fees for Stripe and PayPal	1,333
Bookkeeping zoom and database software	2,147
Annual corporate fee	40
<b>Total:</b>	<b>7,580</b>

**Primary Exempt Purpose**

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The League of Women Voters, a nonpartisan political organization, encourages informed and active participation in government. The League influences public policy through education and advocacy. Activities include voter registration, providing voter information, and poll watching. Other activities include studying public policy issues, providing information to the public on these issues, developing a position on some of these issues based on league principles, and often advocating for these league positions.

**First Program Service Accomplishments Description**

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**Description**

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Activities include contracting with a lobbyist, alerting members of opportunities to weigh in on issues with legislators, and actively engaging with the legislative process

**Second Program Service Accomplishments Description**

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**Description**

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remitting the moneys to the local leagues, and providing funding to the League of Women Voters of Tennessee Education Fund for voter engagement efforts.

**Officers, Directors, Trustees and Key Employees Compensation**

		Hours	Compensation	Benefits	Expense
<b>Name</b>	Kathy Greenberg	3.00	0	0	0
<b>Title</b>	Director				
<b>Name</b>	Sandra McCrea	3.00	0	0	0
<b>Title</b>	Director				
<b>Name</b>	Harper-Grace Rice	3.00	0	0	0
<b>Title</b>	Director				
<b>Name</b>	Dorinda Smith	3.00	3	3	3
<b>Title</b>	Director				
<b>Name</b>	Robert Walker	3.00	0	0	0
<b>Title</b>	Director				
<b>Name</b>	Chandra Wilson	3.00	0	0	0
<b>Title</b>	Director				