Allman & Associates Inc. 9600 Great Hills Trail, Suite 150W Austin, TX 78759 (512) 502-3077

THE LEAGUE OF WOMEN VOTERS OF TEXAS 1212 GUADALUPE STREET, #107 AUSTIN, TX 78701

Dear Miriam,

Enclosed is the 2017 U.S. Form 990-EZ, Return of Organization Exempt from Income Tax, for THE LEAGUE OF WOMEN VOTERS OF TEXAS for the tax year ending May 31, 2018.

Your 2017 U.S. Form 990-EZ, Return of Organization Exempt from Income Tax, return has been electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

Peter L. Allman, CPA

Peter Lacuces

Acknowledgments

Name/ SSN/EIN	Return Type/ Submission ID/BS	A ID Status	Date
THE LEAGUE OF WOMEN 74-1106488	VOTE 990EZ Fed 7075362018284013	1st Extension Accepted 3uhuh	10/11/2018
THE LEAGUE OF WOMEN 74-1106488	VOTE 990EZ Fed 707536201910302	Return Accepted	04/13/2019

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2017 calenda	ar year, or tax year beginning Jun 1 , 2017, and end	ding	May 31	, 20 18
B 0	check if ap	pplicable:	C Name of organization	DE	mployer ident	tification number
	Address o	change	THE LEAGUE OF WOMEN VOTERS OF TEXAS	7	74-11064	88
	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/s	suite E T	elephone num	ber
=	Initial retu		1212 GUADALUPE STREET 107	((512)472	-1100
=	Final retur Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	F	Group Exemp	otion
=		on pending	AUSTIN, TX 78701	1	Number ►	1666
		ting Method:	☐ Cash 🗵 Accrual Other (specify) ▶	H Chec	ck ▶ 🛛 if th	ne organization is not
	Vebsite		LWVTEXAS.ORG	- 1		n Schedule B
J T	ax-exer		eck only one) — ☐ 501(c)(3) 🗵 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 52	- `		Z, or 990-PF).
			☐ Corporation ☐ Trust ☐ Association ☐ Other			·
LA	dd line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or			
(Par	t II, col	lumn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶ \$	49,409.
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (se	e the inst	ructions fo	
			the organization used Schedule O to respond to any question in this			
	1		ons, gifts, grants, and similar amounts received			7,560.
	2		ervice revenue including government fees and contracts			17,975.
	3	_	ip dues and assessments		. 3	22,194.
	4	Investment			. 4	867.
	5a	Gross amo	unt from sale of assets other than inventory 5a			
	b		or other basis and sales expenses			
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		. 5c	
	6		d fundraising events			
	a	_	ome from gaming (attach Schedule G if greater than			
ne	_					
Revenue	b	Gross inco	me from fundraising events (not including \$ of contril	outions		
3eV			aising events reported on line 1) (attach Schedule G if the			
_			h gross income and contributions exceeds \$15,000) 6b			
	С	Less: direc	t expenses from gaming and fundraising events 6c			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b ar	nd subtrac	et	
		line 6c) .			. 6d	
	7a	Gross sale	s of inventory, less returns and allowances	813	3.	
	b		of goods sold	41	1.	
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7с	402.
	8	Other reve	nue (describe in Schedule O)		. 8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			48,998.
	10		I similar amounts paid (list in Schedule O)		. 10	,
	11	Benefits pa	aid to or for members		. 11	
S	12		ther compensation, and employee benefits		. 12	24,482.
Expenses	13		al fees and other payments to independent contractors			2,597.
be	14	Occupancy	y, rent, utilities, and maintenance		. 14	2,400.
Ж	15		ublications, postage, and shipping			775.
	16		enses (describe in Schedule O)			30,983.
	17		enses. Add lines 10 through 16			61,237.
(0	18		(deficit) for the year (Subtract line 17 from line 9)			-12,239.
iet	19		or fund balances at beginning of year (from line 27, column (A)) (must			· · · · · · · · · · · · · · · · · · ·
Net Assets			r figure reported on prior year's return)	_		63,838.
et /	20	Other char	ges in net assets or fund balances (explain in Schedule O)		. 20	2,753.
Ž	21		or fund halances at end of year. Combine lines 18 through 20	h	21	54.352

Page 2

Pa	rt II Balance Sheets (see the instructions f	,				:
	Check if the organization used Schedule	O to respond to a	ny question in this			
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			66,256.	22	51,437.
23	Land and buildings			0.	23	0.
24	Other assets (describe in Schedule O)			1,389.	24	4,719.
25	Total assets			67,645.	25	56,156.
26	Total liabilities (describe in Schedule O)		+	3,807.	26	1,804.
27	Net assets or fund balances (line 27 of column			63,838.	27	54,352.
Par		• '		,		_
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III	(Day	Expenses
Wha	t is the organization's primary exempt purpose?	See Part III	Stmt			quired for section (c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			orga othe	anizations; optional for ers.)
28	DURING SPECIAL SESSIONS OF TX LEGISLATURE, WE T GAVE TESTIMONY ON 98. WE POSTED 156 ACTION ALERTS "ONE-CLICK POLITICS" ALLOWED MEMBERS/SUPPORTERS TO M	ON FACEBOOK ABOUT U AKE THEIR WISHES KNO	PCOMING VOTES. OUR WN TO ELECTED REPS I	SOFTWARE PLATFORM		
		includes foreign gra		<u> </u>	28 a	6,223.
29	THROUGH OUR ACTION NEWS NEWSLETTER, WEB SI ABREAST OF HAPPENINGS IN TX LEGISLATURE AN TX CONSTITUTIONAL AMENDMENTS GOT 55,000 VIEWS A	D ACTIONS TAKEN I AND OUR FACEBOOK PO	BY LWVTX. OUR VI OSTINGS ON THAT IS	DEOS EXPLAINING SUE GOT 200,000.	00-	10 150
-00	·	includes foreign gra			29 a	12,158.
30	WE HELD OUR BIENNIAL STATE CONVENT 12 BOARD MEMBERS & 15 OBSERVERS FROM AR LEAGUES & LEARNED SKILLS AND TECHNI	ROUND THE STATE. QUES TO STRENG	ATTENDEES WORI	KED WITH OTHER GANIZATIONS.		
		includes foreign gra	ants, check here .	▶ 📙	30a	35,627.
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
	Total program service expenses (add lines 28a t				32	
Par		'		•		<u>.</u>
	Check if the organization used Schedule	O to respond to a	, , , 			
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		(Estimated amount of other compensation
ELA	INE WIANT					
PRE	SIDENT	12.00	0.	0		0.
NAN	ICY PARRA					
VIC	E PRESIDENT, EDUCATION	5.00	0.	0		0.
	SAN MORRISON					
VIC	E PRESIDENT, DEVELOPMENT	15.00	0.	0		0.
GRA	ACE CHIMENE					
VIC	E PRESIDENT, ADVOCACY	20.00	0.	0		0.
ELI	ZABETH ERKEL					
VIC	E PRESIDENT	5.00	0.	0		0.
SEC	GUERITE SCOTT-JOHNSON CRETARY	8.00	0.	0		0.
	CIAM FOSHAY					
	ASURER	9.00	0.	0		0.
	INIE BORN 					
	RECTOR	8.00	0.	0	•	0.
	BER BRIGGLE		_	_		
	RECTOR	8.00	0.	0	•	0.
	GARET HILL					
	RECTOR	15.00	0.	0		0.
	LENE LOBBERECHT					_
סדת	RECTOR	27.00	0.	0		0.
CAR	OL OLEWIN RECTOR	8.00	0.			0.

Part	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		_^
04	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		×
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)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
00	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	×	
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	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		×
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? .	38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
70u	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	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	40h		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		×
·	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	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	40e		×
41	List the states with which a copy of this return is filed ▶			•
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (512)	2)47	2-11	00
	Located at ▶ 1212 GUADALUPE STREET, STE 107, AUSTIN TX ZIP + 4 ▶ 7870)1		
D	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)?	401-	Yes	
	If "Yes," enter the name of the foreign country:	42b		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		×
	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		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
	completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	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-F7 (see instructions)	45h		V

Form 990-EZ (2017) Page **4**

								Ye	s∣No
46		ne organization engage, directly or in							
		ndidates for public office? If "Yes," c		Part I			. 4	16	×
Part		Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.		stions 47–49b and	d 52, and co	mplete th	e table	s for li	nes
		Check if the organization used Sch	nedule O to respond	to any question in	this Part VI				. 🗆
		<u> </u>	·					Ye	s No
47	year?	he organization engage in lobbying If "Yes," complete Schedule C, Part	tII			_		17	
48		organization a school as described in	. , . , . , .				_	18	
49a		ne organization make any transfers to	•	_			_	9a	
50		s," was the related organization a se plete this table for the organization's						9b	and kov
30		oyees) who each received more than							
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health contributions	benefits, to employee and deferred	(e) Estin	nated am compens	nount of
f	Total	number of other employees paid over	er \$100,000	. ▶					
51	Comp \$100	olete this table for the organization' 000 of compensation from the orga	s five highest compenization. If there is no	ensated independer one, enter "None."	nt contractors	who each	receiv	ed mo	re than
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)	Compen	sation	
d	Total	number of other independent contra	actors each receiving	over \$100.000	. ▶				
52	Did 1	the organization complete Schedu	•			ust attacl	n a . ⊳ ∏ Y	∕es □	No
	enalties	of perjury, I declare that I have examined this r							ef, it is
rue, co	rrect, an	d complete. Declaration of preparer (other than	otticer) is based on all info	rmation of which prepare					
Sign		Signature of officer			04 / Date	13/2019)		
Here		MIRIAM FOSHAY, TREASU	RER		Date	•			
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	CT	Date	Check	if PTI	N	
Prep	arer	Peter L. Allman, CPA	, , ,	Lacropa (04/13/2019	self-emplo	yed P0		33
-	Only	Firm's name ► Allman & Assoc				's EIN ▶46			
		Firm's address ▶ 9600 Great Hill			X 78759 Pho		12)50		
iviav ti	ile iKS	discuss this return with the preparer	Shown above? See I	nstructions			▼ X Y	es	I N∩

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose Continuation Statement

Organization's Primary Exempt Purpose	
TO PROMOTE INFORMED AND ACTIVE PARTICIPATION	
IN GOVERNMENT AND INFLUENCE PUBLIC POLICY	
THROUGH EDUCATION AND ADVOCACY.	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 Tax) (see separate instructions), then

· un, (ce separate monactions, ti	1011			
• Se	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Name (of organization			Employer ider	ntification number
THE	LEAGUE OF WOMEN VO	OTERS OF TEXAS		74-11064	188
Part	I-A Complete if the	e organization is exempt unde	er section 501(d	c) or is a section 527 of	organization.
1	Provide a description of definition of "political can	the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2		y expenditures (see instructions) .			
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)		
Part	I-B Complete if the	e organization is exempt unde	er section 501(d	c)(3).	
1 2 3 4a b Part 1 2 3 4 5 5	Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part I-C Complete if the Enter the amount directly activities Enter the amount of the 527 exempt function activities 17b Did the filing organization Enter the names, address organization made payment the amount of political control of the amount of political control of the state o	excise tax incurred by the organization and a section 4955 tax, did it file Form. IV. e organization is exempt under the expended by the filing organization organization organization organization. filing organization's funds contributities. expenditures. Add lines 1 and 2. file Form 1120-POL for this year's organization organization organization organization organization organization organization listed, organizations received that were profund or a political action committeents.	er section 501(content of the section	section 4955	Yes No No Yes No No (c)(3). Yes No N
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Pa	section 501(h)).	tion is exempt	under section 50	01(c)(3) and filed	l Form 5768 (ele	ction under
Α	Check ► ☐ if the filing organization be address, EIN, expenses, a				iated group memb	er's name,
В	Check ▶ ☐ if the filing organization ch	ecked box A and	"limited control" pr	ovisions apply.		
	Limits on Lo	bbying Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	s paid or incurred.)	organization's totals	group totals
1	1a Total lobbying expenditures to influer	nce public opinior	grass roots lobby	ring)		
	b Total lobbying expenditures to influer	nce a legislative b	ody (direct lobbying	g)		
	c Total lobbying expenditures (add line	s 1a and 1b) .				
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (a	add lines 1c and	1d)			
	f Lobbying nontaxable amount. Ente columns.	er the amount t	rom the following	g table in both		
	If the amount on line 1e, column (a) or (b	is: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter	,				
	h Subtract line 1g from line 1a. If zero of	*				
	i Subtract line 1f from line 1c. If zero of	•				
	j If there is an amount other than ze reporting section 4911 tax for this ye					Yes No
	(Some organizations that made a	section 501(h) el	Period Under section do not have tructions for lines	e to complete all	of the five columi	ns below.
	Lobby	ing Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Page 3

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
desci	ription of the lobbying activity.	Yes	No	Aı	moun	t
1	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	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	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 2a	Total. Add lines 1c through 1i					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	×	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	×	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					×
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
a	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		3			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up lis	t); Par	t II-A, I	ines 1	I and

Schedule C (Forn	m 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	

Schedule C (Form 990 or 990-EZ) 2017

SCHEDULE O (Form 990 or 990-EZ)

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.

20**17**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

name of the organization		Employer identification number
THE LEAGUE OF WOMEN VOTE	ERS OF TEXAS	74-1106488
Pt I, Line 16:		
Description: MEETINGS	\$17,983	
Description: OFFICE EX	KPENSE \$4,071	
Description: INSURANCE	E \$345	
Description: INFORMATI	ION TECHNOLOGY \$3,603	
Description: TRAVEL \$2	204	
Description: ADVOCACY	\$2,510	
Description: MARKETING	G AND DEVELOPMENT \$2,267	
Pt I, Line 20:		
Description: UNREALIZE	ED GAIN ON INVESTMENTS \$2,767	
Description: PRIOR PER	RIOD ADJUSTMENTS -\$14	
Pt II, Line 24:		
Description: ACCOUNTS	RECEIVABLE Beginning of Year: \$1,389 End	of Year: \$4,083
Description: INVENTORY	Beginning of Year: \$0 End of Year: \$636	
Pt II, Line 26:		
Description: PAYROLL I	LIABILITIES Beginning of Year: \$3,807 End	of Year: \$1,804

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2017, or fiscal year beginning Jun 1 , 2017, and ending May 31, 20 18

	OWR	NO.	1545-16
l):			

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization	Employer identification number
THE LEAGUE OF WOMEN VOTERS OF TEXAS Name and title of officer	74-1106488
MIRIAM FOSHAY, TREASURER	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return believe line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you enter the applicable line below. Do not complete more than one line in Part I.	eing filed with this form was blank, then
1a Form 990 check here ▶ □ b Total revenue, if any (Form 990, Part VIII, column (A), line	AND
2a Form 990-EZ check here ► ★ b Total revenue, if any (Form 990-EZ, line 9)	
4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI	
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c)	
Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have	
organization's 2017 electronic return and accompanying schedules and statements and to the are true, correct, and complete. I further declare that the amount in Part I above is the amount sorganization's electronic return. I consent to allow my intermediate service provider, transmitter to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement the transmission, (b) the reason for any delay in processing the return or refund, and (c) the dat authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds wifinancial institution account indicated in the tax preparation software for payment of the organizaturn, and the financial institution to debit the entry to this account. To revoke a payment, I mu Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. involved in the processing of the electronic payment of taxes to receive confidential information resolve issues related to the payment. I have selected a personal identification number (PIN) as electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	shown on the copy of the r, or electronic return originator (ERO) on to freceipt or reason for rejection of the of any refund. If applicable, I sthdrawal (direct debit) entry to the reation's federal taxes owed on this list contact the U.S. Treasury Financial I also authorize the financial institutions in necessary to answer inquiries and
Officer's PIN: check one box only	
▼ I authorize Allman & Associates Inc. to enter my PIN	7 8 7 0 1 as my signature
	Enter five numbers, but do not enter all zeros
on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ► / Wan C. Joshy Date ► /	3 april 2019
Part III Certification and Authentication ()	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	7 0 7 5 3 6 8 2 7 7 0
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronicall indicated above. I confirm that I am submitting this return in accordance with the requirements Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶	
ERO Must Retain This Form — See Instructions	
Do Not Submit This Form to the IRS Unless Requested To Do So	