# 2018 Exempt Organization Business Tax Return prepared by:

#### Desmond CPA, PLC

7159 Highway 28 Norwalk, IA 50211

WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM, US SECTION PO BOX 13075 DES MOINES, IA 50310

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DES MOINES, IA 50310

## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Α	For the 2	2018 cale	endar year, or tax year beginning		018, and end	ling		, 20
В	Check if a	pplicable:	C Name of organization WOMEN'S INT	ERNATIONAL LEAGUE FOR PEAC	E AND FREEDO	M, US SECTION	D Employe	er identification number
	Address c	hange	Doing business as				23-12	231270
	Name cha	inge	Number and street (or P.O. box if ma	ail is not delivered to street address	s) Room/	suite	<b>E</b> Telephor	ne number
	Initial retur	rn	PO BOX 13075				(515)	205-4504
	Final return	/terminated	City or town, state or province, cour	ntry, and ZIP or foreign postal code	,			
	Amended	return	DES MOINES, IA 5031	.0			<b>G</b> Gross re	eceipts \$ 245,818.
	Application	n pending	F Name and address of principal office	er:		H(a) Is this a g	roup return for	subordinates? Yes X No
			JAN CORDERMAN, PO BO		S, IA 50			
<u> </u>	Tax-exem	pt status:	☐ 501(c)(3) 🗵 501(c) (	4) <b>◄</b> (insert no.) ☐ 4947(a)				list. (see instructions)
J	Website:		WWW.WILPFUS.ORG			H(c) Group	exemption	number >
K	Form of org		▼ Corporation    Trust    Associa	tion ☐ Other ►	L Year of form	nation: 191	5 M State	of legal domicile: IA
	art I	Summ						
	1 E		escribe the organization's miss	ion or most significant activ	/ities: SEE	PAGE 2 P	ART II	 I.
é		•	G	G				
Activities & Governance								
ern	2	Check th	nis box ▶ ☐ if the organization	discontinued its operations	or disposed	d of more than	1 25% of	its net assets.
ò			of voting members of the gove	-	-		1 1	6
∞ ∞	I .		of independent voting member	,				6
es	1		mber of individuals employed in			,		0
Σ	I .		mber of volunteers (estimate if				6	0
\ct	I .		related business revenue from	• •			7a	0.
	I .		lated business taxable income				7b	0.
	D I	vet unite	lated business taxable income	1101111 01111 990-1, IIIIe 38		Prior Ye		Current Year
	8 (	Contribu	tions and grants (Part VIII, line	1h)				
Revenue			service revenue (Part VIII, line		0,559.	220,966.		
	I .	•	•	•,			3,242.	19,391.
Re	I .		ent income (Part VIII, column (A				3,113.	5,461.
	I .		venue (Part VIII, column (A), line	299.				
			enue—add lines 8 through 11 (n			34'	7,213.	245,818.
			nd similar amounts paid (Part I					
				or for members (Part IX, column (A), line 4)				
es	I .		other compensation, employee I		,	24	4,596.	38,047.
Expenses			onal fundraising fees (Part IX, c					
ď	1		draising expenses (Part IX, col		40,147.			
ш	1		penses (Part IX, column (A), lin			250	0,200.	215,767.
	I .		penses. Add lines 13-17 (must	• • • • • • • • • • • • • • • • • • • •	•	27	4,796.	253,814.
	<b>19</b> F	Revenue	less expenses. Subtract line 1	8 from line 12			2,417.	-7,996.
or ces						Beginning of Cu	urrent Year	End of Year
Net Assets or Fund Balances	<b>20</b> T		sets (Part X, line 16)			258	8,743.	258,713.
at As	<b>21</b> T	Total liab	oilities (Part X, line 26)				3,875.	5,830.
			ts or fund balances. Subtract li	ine 21 from line 20		254	4,868.	252,883.
Pa	art II	Signa	ture Block					
			iry, I declare that I have examined this r					ny knowledge and belief, it is
tru	e, correct,	and comp	lete. Declaration of preparer (other than	officer) is based on all information	of which prepa	rer has any know	ledge.	
						1	1/01/2	019
Siç		Sign	ature of officer			Da	ate	
He	re	JA	N CORDERMAN, TREASURI	SR .				
		Туре	e or print name and title					
Pa	id	Print/Ty	pe preparer's name	Preparer's signature		Date	Check	X if PTIN
	nu eparer	DENN	IS J. DESMOND JR.	DENNIS J. DESMOND	JR.	11/19/201		P00520699
	eparer se Only		name ▶ Desmond CPA, PI	C		Firr		46-3970992
US	e Only		address ► 7159 Highway 28		1			15)218-1659
Ma	y the IRS		s this return with the preparer s					X Yes \ \ No
	,		a contract the property		,	· · · · ·	<u> </u>	

Part I	II Statement of Program Service A	ccomplishments		
	Check if Schedule O contains a re-	sponse or note to any line in this F	Part III	
1	Briefly describe the organization's mission			
	THE WILPF GLOBAL MISSION IS			
	SETTLE DISPUTES AND FOR THE			
	POLITICAL, ECONOMIC, SOCIAL,			
2	THE WORLD THAT CAN ASSURE PE Did the organization undertake any signifi			the
2	prior Form 990 or 990-EZ?			· Yes X No
	If "Yes," describe these new services on S			· Lifes Mino
3	Did the organization cease conducting,		how it conducts any progr	ram
	services?	•		
	If "Yes," describe these changes on Sche			103 110
4	Describe the organization's program serv		s three largest program servi	ices, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	organizations are required to repo		
4a	(Code:) (Expenses \$19	,674. including grants of \$	0.) (Revenue \$	18,500.)
	EDUCATION PUBLIC EDUCATION	ON PEACE, SOCIAL WELFARE	E AND RACE	
	RELATIONS ISSUES THROUGH PEA	CE CURRICULA, EDUCATIONA	AL SEMINARS,	
	LITERATURE, WEBSITE AND NATI	ONAL MAGAZINE.		
4b	(Code:) (Expenses \$164	, 057 . including grants of \$	0 . ) (Revenue \$	891.)
	GENERAL PROGRAMS ORGANIZE			
	COMMUNITIES AND AT NATIONAL			
	AWARDS, CEREMONIES, ETC.			
4c	(Code: ) (Expenses \$	including grants of \$	) (Payanua \$	\
40	(Code) (Expenses \$	Including grants of \$	) (Neverlue \$	/
4d	Other program services (Describe in Sche			
	(Expenses \$ including gra		)	
4e	Total program service expenses ▶	183,731.		

Part I	V 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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV </i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #E:\@Boi/16@PROPLEE Schedule I, Parts I and II	21		×

Part	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		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		×
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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		
31	conservation contributions? <i>If "Yes," complete Schedule M </i>	30		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
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	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	3		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	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)?	4a		×
	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	×	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	×	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> 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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
	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		
	If "Yes," see instructions and file Form 4720, Schedule N.	40		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change								
	Check if Schedule O contains a response or note to any line in this Part VI				X				
Secti	on A. Governing Body and Management								
		l .		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 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 in Schedule O.								
b	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . <b>1b</b> 6								
2	Did any officer, director, trustee, or key employee have a family relationship or a business	elationship with							
	any other officer, director, trustee, or key employee?		2		×				
3									
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4 5		×				
6	<ul> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Did the organization have members or stockholders?</li> </ul>								
7a	Did the organization have members of stockholders, or other persons who had the power to	elect or appoint	6	×					
7 a	one or more members of the governing body?		7a	×					
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		×				
8	Did the organization contemporaneously document the meetings held or written actions un								
	the year by the following:	3							
а	The governing body?		8a	×					
<b>b</b> Each committee with authority to act on behalf of the governing body?									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the experiencies and addresses in School Jacobs				.,				
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule Con B. Policies (This Section B requests information about policies not required by the		9	nde )	<u>×</u>				
Jecu	on B. Folicies (This Section B requests information about policies not required by the	e internar neveri		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a	×					
b	If "Yes," did the organization have written policies and procedures governing the activities o								
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b	×					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the copy of the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of	-	11a		×				
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	· ·					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	×					
C	Did the organization regularly and consistently monitor and enforce compliance with the p		120						
·	describe in Schedule O how this was done		12c	×					
13	Did the organization have a written whistleblower policy?		13		×				
14	Did the organization have a written document retention and destruction policy?		14	×					
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation								
а	The organization's CEO, Executive Director, or top management official		15a		×				
b	Other officers or key employees of the organization		15b		×				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	•							
	with a taxable entity during the year?		16a		×				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization								
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		16b						
Secti	on C. Disclosure		100						
17	List the states with which a copy of this Form 990 is required to be filed ► See Part VI	. Line 17 st	.mt						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable			tion 5	01(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that		•		. /				
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Sca	hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of int	erest p	oolicy	, and				
	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords						

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

JAN CORDERMAN, PO BOX 13075, DES MOINES, IA 50310 (515)205-4504

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# 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☑ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)									
(A) Name and Title	(B) Average hours per week (list any	box, office	unles	neck ss pe d a d	rson	e than o is both or/trust	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DARIEN DE LU	35.00									
PRESIDENT				×				0.	0.	0.
(2) EILEEN KURKOSKI SECRETARY	25.00			×				0.	0.	0.
(3) JAN CORDERMAN TREASURER	25.00			×				0.	0.	0.
(4) MARY HANSON	25.00									
PRO TEM		×						0.	0.	0.
(5) SHILPA PANDEY MEMBERSHIP CHAIR	15.00	×						0.	0.	0.
(6) NANCY PRICE DIRECTOR AT LARGE	25.00	×						0.	0.	0.
(7)										
(8)										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key Eı	mploy	yees			lighes	st C	ompensated E	mployees (	continu	ued)	•	
	(A)	(B)			Posi	•			(D)	(E)			F)	
	Name and title	Average	box, ι	unles	s pe	rson	than o	n an	Reportable	Reportab		Estir	nated	
		hours per week (list any					or/trust	<u> </u>	compensation from	compensation related		ot	unt of her	
		hours for related	Individual trustee or director	stitut	Officer	Key employee	ighes mploy	Former	the organization	organizatio (W-2/1099-N		fror	ensation n the	
		organizations below dotted	ual tru	ional		ηploy	t com		(W-2/1099-MISC)			and i	ization elated	
		line)	ıstee	Institutional trustee		8	Highest compensated employee					organ	izations	
				ě			ated							
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(24)														
(25)														
1b	Sub-total							<b></b>	0.		0.			0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			٠				<b>&gt;</b>	0.		0.			0.
2	Total number of individuals (including but						above	e) w		ore than \$1		O of		<u> </u>
	reportable compensation from the organi	zation >												
3	Did the organization list any former of	ficer, direct	tor, o	or tr	uste	ee.	kev e	emp	olovee, or high	est compe	nsate	d D	Yes	No
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	vidu	ıal					3		×
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortal	ole d	com	per	nsatio	n a	nd other comp	ensation fro	om the	e		
	individual											4		×
5	Did any person listed on line 1a receive of for services rendered to the organization											al 5		×
Section	on B. Independent Contractors	700, 0	omp.	0.0	0011			0, 0	aon percen					
1	Complete this table for your five highest compensation from the organization. Repyear.												n's ta	×
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
	Total number of independent contractor	rs (includin	na hu	ıt n	Ot I	imi+	ed to		nse listed abo	ove) who				
~	received more than \$100,000 of compens							, (11	iooo iioteu abt	, vo, viilo				

Form 990	(2018)
Part V	III Statement of Revenue
	Check if Schedule O contains a response or note to any line in this Part VIII

		Check if Schedule O contains a resp	onse or note to	any line in this	Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	35,063.				
S, G	С	Fundraising events 1c					
ar/	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e					
ion r Si	f	All other contributions, gifts, grants,					
but		and similar amounts not included above 1f	185,903.				
ig Q	g	Noncash contributions included in lines 1a–1f: \$					
Co	h	Total. Add lines 1a-1f	•	220,966.			
			Business Code				
ven	2a	EVENTS & INITIATIVES	611710	19,391.	19,391.	0.	0.
Be	b						
Program Service Revenue	С						
Ser	d						
Ē	е						
gra	f	All other program service revenue .					
P.	g	Total. Add lines 2a-2f	🕨	19,391.			
	3	Investment income (including divide					
		and other similar amounts)		5,461.	0.	0.	5,461.
	4	Income from investment of tax-exempt bo	nd proceeds ▶				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss) .					
	d	Net gain or (loss)	▶				
Other Revenue	8a	Gross income from fundraising events (not including \$					
er Re		of contributions reported on line 1c). See Part IV, line 18 a					
퓽	b	Less: direct expenses b					
		Net income or (loss) from fundraising	events . ►				
		Gross income from gaming activities.  See Part IV, line 19					
		Less: direct expenses b					
		Net income or (loss) from gaming activ	/ities ▶				
		Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inve	-				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C						
	d	All other revenue	<b>K</b>				
	e 12	Total revenue See instructions		245 010	10 201		Г 461
	12	<b>Total revenue.</b> See instructions .	🕨	245,818.	19,391.	0.	5,461.

	Statement of Functional Expenses				(4)
Section	n 501(c)(3) and 501(c)(4) organizations must con	-			
Do no	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b,	se or note to any lir  (A)  Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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 5	Benefits paid to or for members 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 $4958(c)(3)(B)$				
7 8	Other salaries and wages	38,047.	21,847.	8,100.	8,100.
9 10 11	Other employee benefits				
a b	Management	63,718.	38,451.	5,000.	20,267.
c d e	Accounting				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	20,015.	20,015.	0.	0.
13 14	Office expenses	10,526.	2,238.	560.	7,728.
15	Royalties				
16	Occupancy	3,875.	0.	3,875.	0.
17 18	Travel	16,793.	16,793.	0.	0.
19 20	Conferences, conventions, and meetings Interest	4,450.	4,450.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	544.	0.	544.	0.
23	Insurance	1,698.	469.	1,229.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	EVENTS & INITIATIVES	19,674.	19,674.	0.	0.
b	INTERNATIONAL SUPPORT	24,860.	24,860.	0.	0.
С	BRANCH SUPPORT	16,159.	16,159.	0.	0.
d	GOVERNANCE	10,018.	3,235.	6,783.	0.
е	All other expenses	20,728.	12,831.	3,845.	4,052.
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	253,814.	183,731.	29,936.	40,147.
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	·	REV 05/20/19 PRO		l .	Form <b>990</b> (2018

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#### Part X Balance Sheet

Г	art X			An annually and the D	1 V		
		Check if Schedule O contains a response or	note	to any line in this Par			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			129,483.	1	151,935.
	2	Savings and temporary cash investments		_		2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			500.	4	0.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers	ons (a	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), are					
		sponsoring organizations of section 501(c)(9) volume					
şts		organizations (see instructions). Complete Part II of Sche			6		
Assets	7	Notes and loans receivable, net				7	
V	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,625.	9	1,979.
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b		627.	10c	84.
	11				126,508.	11	104,715.
	12	Investments—other securities. See Part IV, line				12	
	13	Investments-program-related. See Part IV, line		_		13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa		-	258,743.	16	258,713.
	17	Accounts payable and accrued expenses	<del>-</del>	3,875.	17	5,830.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete		_		21	
ies	22	Loans and other payables to current and for					
Ħ		trustees, key employees, highest comper					
Liabilities		disqualified persons. Complete Part II of Schedu		<u> </u>		22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		· -	0.	24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D	5 17-2	.4). Complete Part A		OF.	
	26				3,875.	25 26	5,830.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958			3,073.	20	5,630.
es		complete lines 27 through 29, and lines 33 an		CK Here P M and			
ııc	27	Unrestricted net assets			249,789.	27	249,693.
ala	28	Temporarily restricted net assets			210,700.	28	217,075.
<u>В</u>	29	Permanently restricted net assets		<del>-</del>	5,079.	29	3,190.
Ĕ	23	Organizations that do not follow SFAS 117 (ASC 9			37073.	23	3,150.
ř		complete lines 30 through 34.	30,, 01.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or ed		-		31	
As	32	Retained earnings, endowment, accumulated in		_		32	
let	33	Total net assets or fund balances		_	254,868.	33	252,883.
~	34	Total liabilities and net assets/fund balances .		-	258,743.	34	258,713.
_			<u> </u>		,		F 000 (2018)

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	245,8	318.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	253,8	314.
3	Revenue less expenses. Subtract line 2 from line 1	3		-7,9	996.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	254,8	368.
5	Net unrealized gains (losses) on investments	5	-	-14,2	268.
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4	232,6	504.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain i	n		
	Schedule O.				
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?			×	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?				×
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ 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 or	_			
	of the audit, review, or compilation of its financial statements and selection of an independent account				×
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	the Single Audit Act and OMB Circular A-133?				×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	_			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		<u> </u>
			Fo	m 990	1/2018

Form **990** (2018

## Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

**Continuation Statement** 

	<u> </u>	•	States Where Copy of Return is Required
MA			
PA			

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

## **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

	i the organization	Employer identification number
	EN'S INTERNATIONAL LEAGUE FOR PEAC	
Par		vised Funds or Other Similar Funds or Accounts.
	Complete if the organization answered	
		(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		r advisors in writing that the assets held in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal control? Yes  No
6	Did the organization inform all grantees donors	and donor advisors in writing that grant funds can be used
		efit of the donor or donor advisor, or for any other purpose
		· · · · · · · · · · · · · · · · · · ·
Par		
	Complete if the organization answered	"Yes" on Form 990 Part IV line 7
1	Purpose(s) of conservation easements held by the	
•		ation or education)   Preservation of a historically important land area
	Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	Freservation of a certified historic structure
2		eld a qualified conservation contribution in the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
a		
b	Total acreage restricted by conservation easemer	
С	Number of conservation easements on a certified	
d	Number of conservation easements included in	
_	_	
3		sferred, released, extinguished, or terminated by the organization during the
	tax year >	
4	Number of states where property subject to conse	
5		egarding the periodic monitoring, inspection, handling of
		asements it holds?
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing conservation easements during the year
	<b>)</b>	
7		ng, handling of violations, and enforcing conservation easements during the year
	<b>▶</b> \$	
8		e 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · ·
9		conservation easements in its revenue and expense statement, and
	balance sheet, and include, if applicable, the text	of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easem	
Part		ns of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under SF	FAS 116 (ASC 958), not to report in its revenue statement and balance sheet
		r assets held for public exhibition, education, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its revenue statement and balance sheet
	works of art, historical treasures, or other similar	r assets held for public exhibition, education, or research in furtherance of
	public service, provide the following amounts rela	
	(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 ar	t, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under S	
а	-	· · · · · · · · · · · · · · · · · · ·
b	Assets included in Form 990, Part X	

Schedule D (Form 990) 2018 Page **2** 

Part	III Organizations Maintaining	Collections of A	Art, His	torical T	reasures, o	or Oth	er Similar As	sets (cor	tinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and otl	ner recoi	ds, chec	k any of the	follow	ing that are a si	gnificant	use of its
а	☐ Public exhibition		d	Loan	or exchange	progra	ams		
b	☐ Scholarly research		е	Other	r				
С	☐ Preservation for future generations								
4	Provide a description of the organizati XIII.		ınd expla	in how t	hey further th	ne orga	anization's exem	pt purpos	se in Part
5	During the year, did the organization assets to be sold to raise funds rather							r Yes	s □ No
Part	IV Escrow and Custodial Arra	ngements.							
	Complete if the organization	answered "Yes'	on For	m 990, F	Part IV, line	9, or r	eported an am	ount on	Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee,	custodian or oth	er intern	nediary fo	or contributio	ns or	other assets no	t	
	included on Form 990, Part X?							☐ Yes	s □ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing ta	able:				
		·					Ar	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun						account liability	? \(\tag{Yes}\)	No No
	If "Yes," explain the arrangement in Pa								
Par				10.000					
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	10.			
		(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	ne current vear en	d halanc	e (line 1a	column (a))	held a	s.		
– a	Board designated or quasi-endowmen		%	o (o 19	, σσιαιτιιτ (α))	noia a	<b>.</b> .		
h	Permanent endowment		/ 0						
c	Temporarily restricted endowment ▶	·′°							
·	The percentages on lines 2a, 2b, and 2		nn%						
3a	Are there endowment funds not in the			zation tha	at are held ar	nd adn	ninistered for the	<del>,</del>	
- Ju	organization by:	, possession or an	o organii		at are riola ar	ia aan	milotoroa for the		es No
	(i) unrelated organizations							3a(i)	63 140
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses							OD	
Part			TI O OTIGO	77771101111	arido.				
rait	Complete if the organization		on For	m 990 F	Part IV line	112 9	See Form 990	Part X liı	ne 10
	Description of property	(a) Cost or oth			or other basis		ccumulated	(d) Book	
	Description of property	(investme			ther)		preciation	( <b>u</b> ) book	value
12	Land	,	0.	,					0.
			0.						0.
b	Buildings								
C	Leasehold improvements				E 252		E 260		0.4
d	Equipment				5,353.		5,269.		84.
e Total	Other		On Port V	/ 00/11/20	(D) line 10-	1			8.4
· mai	BUILDING TA DITOUGH TE IL OUTERN (A) M	usi Poliai Porm 90	u Par l	COURTIN					04

Complete if the organization answered "Yes" on Form 990, Part IX, line 11b. See Form 990, Part X, line 12.  (b) Book value  (c) Entering a read of security (c)  (d) Book value  (e) Book value  (f) Financial derivatives  (g) Closely-held equity interests  (g) Other  (A)  (g)  (g)  (g)  (g)  (g)  (g)  (g)	Part VII	Investments – Other Securities		m 990 Part IV line	a 11h Saa Form	000 Part V line 12
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (3) Other (A) (5) (6) (6) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		(a) Description of security or catego			(c) Met	hod of valuation:
(2) Closely-held equity interests   (3) Other   (4)   (6)   (7)	(4) Financial				Cost of end	-oi-yeai market value
(3) Other   (4)   (6)   (6)   (7)						
A	(2) Other					
(5)   (6)   (7)   (7)   (8)   (9)   (9)   (1)						
Co   Co   Co   Co   Co   Co   Co   Co						
(E) (F) (G) (G) (H) (Total, Column (b) must equal Form 990, Part X, col. (β) line 12) ▶    Part VIII   Investments—Program Related.   (a) Description of investment   (b) Book value   (c) Method of valuation: Coof or end-of-year marked value   (b) Book value   (c) Method of valuation: Coof or end-of-year marked value   (c) Method of valuation: Coof or end-of-year marked value   (d) Method of valuation: Coof or end-of-year marked value   (e) Method of valuation: Coof or end-of-year	(C)					
(i) (ii) (iii) (iv) (iv) (iv) (iv) (iv)	(D)					
(ii) Total, Column (b) must equal Form 990, Part X, col. (B) line 12) ▶    Part VIII   Investments — Program Related.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (c) Method of valuation: Cost or end-of-year market value   (d) Method of valuation: Cost or end-of-year market value   (e)   (e)	(E)					
Total, Column (b), must equal Form 990, Part X, col. (B) line 12.) ►   Part X   Investments - Program Related.						
Total,   Column (i) must equal Form 990, Part X, col. (B) line 12.) ►   Part X    Investments — Program Related.						
Investments — Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.						
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Iine 25.   1.	Part X					
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organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page **4** 

Par	Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, F	⊃art I	V, line 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		-	
C	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .			
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		_	
C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i>			5	
	XII Reconciliation of Expenses per Audited Financial Statem			_	turn.
	Complete if the organization answered "Yes" on Form 990, F				
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:			•	
<b>-</b> а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i .			
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		-	
С	Add lines 4a and 4b			4c	
с 5	Add lines <b>4a</b> and <b>4b</b>			4c 5	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			-	
5 Part	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b>	e 18.)		5	V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>Supplemental Information.</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		<b>5</b> ; Part	
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b>	e 18.)		<b>5</b> ; Part	
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<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>Supplemental Information.</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		<b>5</b> ; Part	
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<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>Supplemental Information.</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		<b>5</b> ; Part	
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<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>Supplemental Information.</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		<b>5</b> ; Part	
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>Supplemental Information.</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		<b>5</b> ; Part	
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>Supplemental Information.</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		<b>5</b> ; Part	
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>Supplemental Information.</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		<b>5</b> ; Part	
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>Supplemental Information.</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		<b>5</b> ; Part	
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>Supplemental Information.</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		<b>5</b> ; Part	
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>Supplemental Information.</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		<b>5</b> ; Part	
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>Supplemental Information.</b> de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		<b>5</b> ; Part	

Schedule D (Fo	orm 990) 2018	Page 🕻
Part XIII	Supplemental Information (continued)	

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

**Employer identification number** Name of the organization WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM, US SECTION 23-1231270 THE ORGANIZATION'S ADMINISTRATOR PERFORMS DAY TO DAY ACCOUNTING Pt VI, Line 3: FUNCTIONS. Pt VI, Line 6: MEMBERS OF THE GOVERNING BODY ARE ELECTED BY THE MEMBERS. IF THERE IS A VACANCY, THE BOARD MAY FILL THAT POSITION. MEMBERS OF THE GOVERNING BODY ARE ELECTED BY THE MEMBERS. Pt VI, Line 7a: IF THERE IS A VACANCY, THE BOARD MAY FILL THAT POSITION. Pt VI, Line 7b: MEMBERS OF THE ORGANIZATION'S NATIONAL BOARD ARE TYPICALLY RESPONSIBLE FOR MAKING GOVERNANCE DECISIONS. Pt VI, Line 12c: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS/CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. Pt VI, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS/CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. Pt VI, Line 11b: THE TREASURER REVIEWS THE 990 BEFORE FINALIZING THE RETURN. THE 990 IS AVAILABLE TO THE BOARD WHEN REQUESTED. Pt VI, Section C, Line 17: State: PA Pt IX, Line 11g: Description: IT SERVICES Total: \$20,015 Program services: \$20,015 Management and general: \$0 Fundraising: \$0 Pt IX, Line 24e: Description: PRINTING Total: \$10,564

Name of the organization	Employer identification number
WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM, US SECTION	23-1231270
Program services: \$8,214	
Management and general: \$2,350	
Fundraising: \$0	
Description Dogman	
Description: POSTAGE	
Total: \$4,172	
Program services: \$3,338	
Management and general: \$834	
Fundraising: \$0	
Description: MISCELLANEOUS	
Total: \$250	
Program services: \$0	
Management and managed to 2000	
Management and general: \$250	
Fundraising: \$0	
Description: TELEPHONE	
Total: \$411	
Program services: \$0	
Management and general: \$411	
Fundraising: \$0	
Description: BANK CHARGES	
Total: \$5,331	
Program services: \$1,279	
Management and general: \$0	
Fundraising: \$4,052	
rundratsing. \$4,002	

#### SCHEDULE R (Form 990)

Part I

# Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047

2018
Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Inspection

(f)

Direct controlling

entity

Name of the organization

WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM, US SECTION

23-1231270

(b)

Primary activity

(c)

Legal domicile (state

or foreign country)

(d)

Total income

(e)

End-of-year assets

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
Part II Identification of Related Tax-Exempt Organiz one or more related tax-exempt organizations do	ations. Complete if turing the tax year.	he organization a	nswered "Yes" o	n Form 990, Part	IV, line 34, beca	ause it h	ad
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	rolled
				(3,43)		ent	ity?
(1) PEACE DEVELOPMENT FUND 04-2738794			501/5/0		,	Yes	No
(1) PEACE DEVELOPMENT FUND 04-2738794  44 NORTH PROSPECT STREET AMHERST MA 01002 (2)	NON-PROFIT PUBLIC FOUNDATION-FUND GRANT		501(C)3	LINE 1	N/A		<u> </u>
44 NORTH PROSPECT STREET AMHERST MA 01002	NON-PROFIT PUBLIC FOUNDATION-FUND GRANT		501(C)3		,		No
44 NORTH PROSPECT STREET AMHERST MA 01002 (2)	NON-PROFIT PUBLIC FOUNDATION-FUND GRANT		501(C)3		,		No
44 NORTH PROSPECT STREET AMHERST MA 01002 (2) (3)	NON-PROFIT PUBLIC FOUNDATION-FUND GRANT		501(C)3		,		No
44 NORTH PROSPECT STREET AMHERST MA 01002 (2) (3)	NON-PROFIT PUBLIC FOUNDATION-FUND GRANT		501(C)3		,		No

Name, address, and EIN (if applicable) of disregarded entity

Schedule R (Form 990) 2018 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

DCGGGGC It ridd Gri	e or more related organ	112ations	ircutcu as a pe	a tricionip daring	tilo tax your.							
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 – 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	i) eral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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 country)	(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	Section 5 contr enti	i) 512(b)(13) folled ity?
								Yes	No
<u>(1)</u>									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2018 Page 3

Yes No

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

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[	1a ×
b	Gift, grant, or capital contribution to related organization(s)			[	1b X
С	Gift, grant, or capital contribution from related organization(s)			[	1c ×
d	Loans or loan guarantees to or for related organization(s)			[	1d ×
е	Loans or loan guarantees by related organization(s)			[	1e X
f	Dividends from related organization(s)			+	1f X
g	Sale of assets to related organization(s)				1g X
h	Purchase of assets from related organization(s)				1h ×
i	Exchange of assets with related organization(s)				1i ×
j	Lease of facilities, equipment, or other assets to related organization(s)				1j ×
k	3			+	1k ×
I	Performance of services or membership or fundraising solicitations for related organization(s)				11 ×
m	(-)				1m ×
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n ×
0	Sharing of paid employees with related organization(s)				10 ×
р	Reimbursement paid to related organization(s) for expenses			+	1p ×
q	Reimbursement paid by related organization(s) for expenses				1q ×
r	Other transfer of cash or property to related organization(s)				1r ×
s	Other transfer of cash or property from related organization(s)				1s ×
2_	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, incl	uding covered relation	ships and transaction	n thresholds.
	(a)	(b)	(c)	(d)	
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining	amount involved
		3,62 (4. 3)			
<u>(1)</u> P	EACE DEVELOPMENT FUND	С	37,054.	BOD	
(0)					
(2)					
(3)					
(3)					
(4)					
_(-/_					
(5)					
(6)					
BAA	REV 05/17/19 PRO			Schedule B	(Form 990) 2018

Schedule R (Form 990) 2018 Page 4

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	l, section led 501(c)(3) organizations?		(f) Share of total income	(f) (g) Share of Share of		h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2018 Page <b>5</b>							
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.						

#### Form **8879-E0**

#### **IRS** e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending

OMB No. 1545-1878

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 23-1231270 WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM, US SECTION Name and title of officer JAN CORDERMAN, TREASURER

#### 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 amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ 🗵 <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)		1b	245,818.
2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9)	. ;	2b	
<b>3a</b> Form 1120-POL check here ▶ □ <b>b Total tax</b> (Form 1120-POL, line 22)	. ;	3b	
<b>4a</b> Form 990-PF check here ▶ □ <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .		4b	
<b>5a</b> Form 8868 check here ▶ □ <b>b Balance Due</b> (Form 8868, line 3c)	. !	5b	

#### 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 examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: che	eck one box only		_		_	
☐ I authorize		to enter my PIN				as my signature
	ERO firm name			r five r	•	

on the organization's tax year 2018 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.

X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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 ▶ Date ► 11/01/2019

#### 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.

	4	2	5	1	7	2	5	0	8	4	0
Do not enter all zeros											

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IBS e-file Providers for Business Returns.

ERO's signature ▶	Date ►	11/19/2019

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So