(Rev. January 2020)

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

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

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/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Α	For the	e 2019 calendar year, or tax year beginning	and ending			
В	Check if applicab	C Name of organization		D Er	mployer identifi	cation number
	Addre	SERVICE WOMEN ACTION NETWORK				
	Name chang				27-13162	32
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/s 600		elephone number	
	Final	1015 15TH STREET		20223689		
	termir ated		е	G Gro	oss receipts \$	485,513.
	Amen	WASHINGTON, DC 20005		H(a)	ls this a group re	
	Application pendi	and the state of t		'	for subordinates	? Yes X No
_		SAME AS C ABOVE		H(b)	Are all subordinates in	cluded? Yes No
			(a)(1) or	527	lf "No," attach a	list. (see instructions)
		te: ► SERVICEWOMEN.ORG			Group exemptio	
		organization: X Corporation Trust Association Other	LY	ear of form	ation: 2007 N	1 State of legal domicile: NY
P	art I	Summary				
ø	1	Briefly describe the organization's mission or most significant activities: SV				
Governance		CONNECT AND ADVOCATE FOR SERVICE WOMEN				
er n	2	Check this box if the organization discontinued its operations or c	•		1 1	
Š	3					12
e e	4	Number of independent voting members of the governing body (Part VI, line				12
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				0
Activities &	6	Total number of volunteers (estimate if necessary)				20
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.
_	b	Net unrelated business taxable income from Form 990-T, line 39				0.
ē					ior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			291,095. 611,538.	485,337.
len.	9	Program service revenue (Part VIII, line 2g)			67.	0. 176.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			499.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			903,199.	485,513.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line			0.	465,513.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			213,328.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5)-10)		0.	0.
Expenses	Ioa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	1 279		0.	0.
X	17				802,201.	376,437.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			015,529.	376,437.
		Revenue less expenses. Subtract line 18 from line 12			112,330.	109,076.
	13	rievende less expenses. Subtract line 10 from line 12			of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		Dogilling	83,731.	104,471.
ASSE	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)			116,667.	35,417.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20			-32,936.	69,054.
P	art II	Signature Block			7000	
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying sch	nedules and sta	tements, and	d to the best of my	knowledge and belief, it is
true	, corre	ct, and complete/Declaration of preparer (other than officer) is based on all information	n of which prep	arer has any	knowledge.	
					07/16/2	020
Sig	n	Signature of officer			Date	
He		DESHAUNA BARBER, CEO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date	Check C	PTIN
Pai	d	BRENDA GUY			self-employ	
Pre	parer	Firm's name ▶ TRIBUTUM CPA GROUP, LLC			Firm's EIN ▶	84-3941051
Use	Only	Firm's address 2099 GAITHER ROAD, SUITE 110				
_		ROCKVILLE, MD 20850			Phone no. 24	0-660-9200
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SWAN'S MISSION IS TO SUPPORT, CONNECT AND ADVOCATE FOR SERVICE WOMEN;
	PAST, PRESENT AND FUTURE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$105,397. including grants of \$) (Revenue \$)
	WOMEN'S MILITARY COALITION - IN 2019, WE HAVE WORKED DILIGENTLY TO
	ESTABLISH THE MILITARY WOMEN'S COALITION AS AN IMPACTFUL AND VALUABLE
	COALITION FOR BOTH MEMBER ORGANIZATIONS AND MILITARY WOMEN ACROSS THE
	UNITED STATES. IN JUNE 2019, SWAN HOSTED THE FIRST ANNUAL MWC STEERING
	COMMITTEE MEETING IN WASHINGTON, DC. IN 2019, SWAN PLAYED A MAJOR ROLE
	NOT ONLY IN THE STEERING COMMITTEE AND THE ESTABLISHMENT OF A BASIC
	ORGANIZATIONAL STRUCTURE FOR THE MWC BUT BY PLANNING, ORGANIZING, AND
	HOSTING THIS CONFERENCE. SWAN IS THE FISCAL SPONSOR FOR THE MWC.
4b	(Code:) (Expenses \$140 , 709 • including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$140,709. including grants of \$) (Revenue \$) IN 2019, SWAN CONTINUED ITS WORK WITH THE AMERICAN CIVIL LIBERTIES
	UNION (ACLU) TO ENSURE THE INTEGRATION OF WOMEN INTO GROUND COMBAT
	UNITS AND OCCUPATIONS GOES SMOOTHLY AND FAIRLY. TO THIS END, WE AMENDED
	OUR ONGOING LAWSUIT NOW CALLED SWAN V. ESPER TO EMPHASIZE THE PROBLEMS
	ASSOCIATED WITH THE MILITARY'S "LEADER'S FIRST" POLICY."
	0 720
4c	(Code:) (Expenses \$8,738. including grants of \$) (Revenue \$) IN 2019, THE SWAN RESOURCE PORTAL GREW TO INCLUDE MORE THAN 85
	GENDER-SPECIFIC RESOURCES AND WAS ACCESSED OVER 3,000 TIMES. THE PORTAL
	INCLUDES RESOURCES RELATED TO GENDER EQUALITY, HOUSING, FINANCIAL
	ASSISTANCE, ALTERNATIVE THERAPIES, MENTAL HEALTH, AND MORE
4d	
	(Expenses \$ 4,256 • including grants of \$) (Revenue \$)

Form 990 (2019) SERVICE WOMEN ACTION NETWORK Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8	, ,			x
_	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?			, .
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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		X
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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
D	, .	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the approximation projection on office approximation of the United Obstaco			X
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	l		.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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? If "Yes," complete Schedule G, Part I	17		<u> </u>
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	and the contract of the contra	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? If "Yes," complete Schedule I, Parts I and II	21		Х
		_		_

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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 27 if Yine,** (complete Schedule I. Part I and III) 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 offices, director, sustees, key employees, and highest compensated employees? If Yes,* complete Schedule J. Part I III and the Complete schedule III and the Sc				Yes	No
23 Dit the organization answer "Vas" to Part VII Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and the variety of the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that via as issued after December 31, 2002? If "Yes," answer lines 25 through 224 and complete Schedule I, If "Yo," or line 25a 24a D D Dit the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds? 24b D D the organization animatian an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds? 25c Section 501(6)3, 501(6)4), and 501(6)201 organizations. Did the organization range in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a Section 501(6)3, 501(6)4), and 501(6)201 organizations. Did the organization are also an 'entropaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25b 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 organizations prior Forms 990 or 990 EZ7. If "Yes," complete Schedule I, Part II 26b Is the organization apport any amount on Part X, line 5 or 22 for reconcibes from or pepables to any current or former officer, director, intakes, key employee, creator or founder, substantial contribution or employee thereof, a part and section or founder, substantial contribution or employee thereof, a part and section or founder, or substantial contribution? If "Yes," complete Schedule I, Part II 27b Did the organization to provide a part or other assistance to any current or former officer, director, trustee, key empl	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yee," complete Schedule I., Part IV. 23 La 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 "Yee," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization marks an exercive account other than a refunding secrow at any time during the year? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization expended an any excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction have not been reported on any off the organization with a disqualified person in a prior year, and that the transaction have not provide any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any or Complete Schedule L, Part IV 25d Did the organization provide a part or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If X is interested to the substance of the transaction with an of the following parties (see Schedule L, Part IV in Interested Schedule L, Part IV interested in Interested Schedule Interested Schedule L, Part IV in		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
Schedule / Late to organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the late of the year. I half was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to fine 25a. b Dot the organization meant an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? d Dot the organization meantain an escrive account other than a refunding escrive at any time during the year? d Dot the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? d Dot the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? d Dot the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16)3, 501(16)4, and 501(16)29 organizations. Did the organization access benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25b Is the organization aware that the graged in an excess benefit transaction in as not been reported on any of the organization sprone for many amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, rustee, key employee, creator or founder, substantial contributor or sprone officer, director, rustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persones? If "Yes," complete Schedule I., Part II 25b IX 27b IX 27	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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 "Res," answer lines 24b through 24d and complete Schedule K. If "No," go to hie 25a b Did the organization mistain an escrow account of the than a refunding secrow at any time during the year to defease any tax exempt bonds? 24b Did the organization mistain an escrow account of ther than a refunding secrow at any time during the year to defease any tax exempt bonds? 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 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 in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction miss not been reported on any of the organization prior Forms 990 or 990 E27 (if "Yes," complete Schedule L, Part I I 25a X Did the organization report any amount on Part X, lime 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or formed officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II 25a X X 25a X 25b Controlled entity of one or more individuals and/or organizations described in lines 28a C 28b? If Yes, "complete Schedule L,		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stated 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. b Did the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization and an an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16),3, b01(e)4), and 501(e)(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 X b Is the organization aware that the gragader in an excess benefit transaction with a disqualified person 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 X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 25b X 27c Did the organization provide a grant or other assistance to any current or former officer, director, fusitee, key employee, creator or founder, or substantial contributor or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27c included entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27c included entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part		Schedule J	23		<u> X</u>
Schedule K. If "No." go to fine 25a	24a				
b Did the organization miest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization maintain an escrew account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24d		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d					<u>X</u>
any tax-exempt bonds? 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 I, Part I 25a X 25b Is the organization aware that the nagaget in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I, Part I 25b X 25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or, or 35% controlled entity of mainly member of any of these persons? If "Yes," complete Schedule I, Part II 25c X 27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part II 27d 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule I, Part II 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule I, Part II 28d Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV 28d Was the administration of the schedule I, Part IV 28d Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV 28d Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II 28d Was the organization or eceive contributions of art, historical treasures, or other similar assets, or proplete Schedule II 28d Was the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301			24b		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d	С				
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? # "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 E27 it "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity founding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 In A standard or parties of the standard or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28 A 35% controlled entity of one or more individual sand/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization individual described M 31 Did the organization all, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sactions 301,7701.2 and 301,7701.2 and 301,7701.3 and			24d		
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 spiror Forms 980 or 990 E27 ""Yes," complete Schedule L, Part I 250 bill the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	25a				37
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I			25a		
Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or their similar assests or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 30 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I II 31 X 33 Did the organization or solve or the substance of the treations of the part of th	b				
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SERVICE WOMEN ACTION NETWORK 27-1316232 Page 5 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** 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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X 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 Х sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Х Did the sponsoring organization make any taxable distributions under section 4966? X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 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. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

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14b

X

Х

X

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Section	n A. Governing Body and Management								
			Yes	No					
1a Ent	ter the number of voting members of the governing body at the end of the tax year 12								
	here are material differences in voting rights among members of the governing body, or if the governing								
boo	dy delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b Ent	ter the number of voting members included on line 1a, above, who are independent								
	d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	icer, director, trustee, or key employee?	2		Х					
3 Dic	d the organization delegate control over management duties customarily performed by or under the direct supervision								
	officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4 Did	the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
	the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
	d the organization have members or stockholders?	6		Х					
7a Did	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	ore members of the governing body?	7a		Х					
	e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	rsons other than the governing body?	7b		Х					
8 Did	I the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	e governing body?	8a	Х						
	ch committee with authority to act on behalf of the governing body?	8b		Х					
	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	ganization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Section	n B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	(Into doctors Diographic Internation about Solicion Internation and International International Control		Yes	No					
10a Did	d the organization have local chapters, branches, or affiliates?	10a		Х					
	Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
and	d branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a Ha	is the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b Des	scribe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a Did	a Did the organization have a written conflict of interest policy? If "No," go to line 13								
	re officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	Schedule O how this was done	12c	X						
13 Did	the organization have a written whistleblower policy?	13	Х						
	the organization have a written document retention and destruction policy?	14	Х						
	d the process for determining compensation of the following persons include a review and approval by independent								
	rsons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	e organization's CEO, Executive Director, or top management official	15a	Х						
	her officers or key employees of the organization	15b	Х						
	Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
	d the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	cable entity during the year?	16a		Х					
	Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	empt status with respect to such arrangements?	16b							
	n C. Disclosure								
	t the states with which a copy of this Form 990 is required to be filed ▶DC , NY								
	ction 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble					
	public inspection. Indicate how you made these available. Check all that apply.	,,							
.51	Own website Another's website X Upon request Other (explain on Schedule O)								
	o opon request o the (explain on ochequie O)								
19 De	, ,	financ	cial						
	scribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial						
sta	scribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and atements available to the public during the tax year.	d finand	cial						
sta 20 Sta	scribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial ——						

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director 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) JENNIFER HOGG CO-CHAIR	2.00	x						0.	0.	0.
(2) DAWNE DAVIS	2.00	^						0.	0.	0.
CO-CHAIR	2.00	x						0.	0.	0.
(3) TIM ROSS	2.00	25						•	•	•
TREASURER	2.00	x						0.	0.	0.
(4) FLORA DARPINO	2.00								J •	
SECRETARY		x						0.	0.	0.
(5) ROBERT KAUFMAN	2.00									
BOARD MEMBER		x						0.	0.	0.
(6) CHARLES ZIELINSKI	2.00									
BOARD MEMBER		x						0.	0.	0.
(7) MELINA SELIMBEGOVIC	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) BONNIE SCHWEPPE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DEE MCWILLIAMS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JETTANDER DULANI	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) EMILY MILLER	2.00									
BOARD MEMBER	10.00	Х						0.	0.	0.
(12) ELLEN HARING	40.00			7.7				20.000	0	•
FORMER CEO	40.00			Х				20,000.	0.	0.
(13) DESHAUNA BARBER	40.00			37					0	0
CEO				Х				0.	0.	0.
		H								
		H			-	\vdash				
		$\vdash \vdash$								
932007 01-20-20								I		Form 990 (2019)

	1 990 (2019) SERVICE W	OMEN AC	TI:	ON	N	ΕT	OW	RK	ζ	27-13	316	232	Pi	age 8
Pai	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		,				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than of the structure o	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	l .	(F) stimate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa om the anizati d relate anizatio	e ion ed
	Subtotal			<u> </u>	<u> </u>	<u> </u>	<u> </u>	▶	20,000.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A						▶	20,000.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable)			0
3	Did the organization list any former officer,	•		•	•	•		•		•			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	•										tion fr		
_	the organization. Report compensation for t								the organization's tax y					
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices		(Compe	زد) nsatioı	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to	thos (_	ted	above) who received mo	ore than		Form	990 (2	2010\

			Check if Schedule O contai	ns a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	٠								
ij g			Membership dues						
fts, Ar			Fundraising events						
ig ig			Related organizations						
ns, Sim			Government grants (contributio						
utio er (Ť	All other contributions, gifts, grants		40E 227				
현된			similar amounts not included above		<u>485,337.</u>				
ont od (•	Noncash contributions included in lines 1a			405 227			
<u>0 g</u>		h	Total. Add lines 1a-1f			485,337.			
					Business Code				
e	2	а							
Program Service Revenue		b							
S		С							
am		d							
og B		е							
Ā		f	All other program service reven	ue					
			Total. Add lines 2a-2f						
	3		Investment income (including d						
			other similar amounts)		176.			176.	
	4		Income from investment of tax-						
	5		Royalties						
	Ū			(i) Real	(ii) Personal				
	6	•	Gross rents 6a	(7	()				
	U		Less: rental expenses 6b						
			' · · · · ·						
			Rental income or (loss) 6c						
	_		Net rental income or (loss)	(i) Securities	(ii) Other				
	′	а	Gross amount from sales of	(i) Securities	(ii) Other				
		_	assets other than inventory 7a						
-		b	Less: cost or other basis						
her Revenue			and sales expenses						
ě.		С	Gain or (loss) 7c						
æ			Net gain or (loss)	I					
her	8	а	Gross income from fundraising eve	nts (not					
ᅙ			including \$	of					
			contributions reported on line 1	c). See					
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		С	Net income or (loss) from fundra	aising event <u>s</u>	>				
	9	а	Gross income from gaming acti	vities. See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
		С	Net income or (loss) from gamir	ng activities					
	10	а	Gross sales of inventory, less re	eturns					
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales		•				
		-	,, 54100		Business Code				
sno	11	а							
Miscellaneous Revenue	• •	b							
ella Ver		C		_					
Sce			All other revenue						
Σ			Total. Add lines 11a-11d						
	12					485,513.	0.	0.	176.
	12		Total revenue. See instructions .			1 -00,010.	ı •	ı •	

Form 990 (2019) SERVICE WOMEN ACTION NETWORK Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				_
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes				
11	Fees for services (nonemployees):				
··· a	Management				
b	Legal	277,515.	208,690.	68,825.	
C		9,650.	200,0301	9,650.	
_	Accounting	3,030.		3,030.	_
d	Lobbying Professional fundraising services. See Part IV, line 17				
e •	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	43,230.	29,125.	6,035.	8,070.
12	Advertising and promotion	522.	261.	0,033.	261.
	-	789.	588.	181.	20.
13	Office expenses	705.	300.	101.	201
14	Information technology				-
15	Royalties	13,681.		13,681.	-
16	Occupancy	810.	604.	186.	20.
17	Travel	010.	004.	100.	20•
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	8,531.	8,531.		
19	Conferences, conventions, and meetings	96.	0,331.	96.	
20	Interest Payments to affiliates	90•		90•	
21	Payments to affiliates Depreciation, depletion, and amortization				
22		2,867.		2,867.	
23	Other expenses. Itemize expenses not covered	4,007.		4,001•	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) WEBSITE	10,124.	4,283.		5,841.
a	PRINTING AND SUPPLIES	4,468.	4,263.		J,041•
b	SOFTWARE SERVICES	1,668.	1,244.	383.	41.
C	TELEPHONE	714.	533.	164.	17.
d		1,772.	773.	990.	9.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	376,437.	259,100.	103,058.	14,279.
26	Joint costs. Complete this line only if the 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)				Form 990 (2010)

<u>Par</u>	t X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		81,584.	1	100,111
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	2,000
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	hese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons descri		6		
ts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
ĕ	9	Donatal company and defended also are		1,047.	9	1,260
	10a	Land, buildings, and equipment: cost or other	er			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, li		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	1,100.	15	1,100 104,471	
	16	Total assets. Add lines 1 through 15 (must e	equal line 33)	83,731.	16	104,471
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	116.66	18	25 445	
	19	Deferred revenue	116,667.	19	35,417	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
es	22	Loans and other payables to any current or for				
₽		trustee, key employee, creator or founder, su				
Liabilities		controlled entity or family member of any of t			22	
-	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,	• •			
		parties, and other liabilities not included on li	, ,			
				116,667.	25	35,417
	26	Total liabilities. Add lines 17 through 25		110,007.	26	33,417
ģ		Organizations that follow FASB ASC 958, o	check here 📂 🔼			
nce	07	and complete lines 27, 28, 32, and 33.		-40,022.	07	69,054
ala	27	Net assets without donor restrictions		7,086.	27	09,034
d B	28	Net assets with donor restrictions		7,000.	28	
<u>-</u>		Organizations that do not follow FASB ASC and complete lines 29 through 33.	2 956, Check here			
ō	20		do		200	
ets	29	Capital stock or trust principal, or current fun			30	
SS	30	Paid-in or capital surplus, or land, building, o			31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		-32,936.	32	69,054
Ž	32	Total liabilities and not assets/fund balances		83,731.	33	104,471
	33	Total liabilities and net assets/fund balances		1 00,701.	აა	Form 990 (201

Pa	T XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>5,5</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,4					
3	Revenue less expenses. Subtract line 2 from line 1	3			76.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-3	2,9	36.				
5	Net unrealized gains (losses) on investments								
6									
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_'	7,0	86.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B)) 10								
Pa	t 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 X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a 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 compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2 b		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		X				
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2019)				

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SERVICE WOMEN ACTION NETWORK

Employer identification number

27-1316232 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	91,477.	401,067.	276,058.	291,095.	199,602.	1259299.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	91,477.	401,067.	276,058.	291,095.	199,602.	1259299.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						1259299.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	91,477.	401,067.	276,058.	291,095.	199,602.	1259299.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1259299.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
_	organization, check this box and stop	here	······				> X
	ction C. Computation of Publi						
	Public support percentage for 2019 (li					14	<u>%</u>
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2018. If the o	•		•		•	
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac-			-	· · · · · · · · · · · · · · · · · · ·	-	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•	•	,		▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						_
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
16	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	▶□
k	33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
За		
- Oa		
3b		
3с		
4-		
4a		
4b		
_		
4c		
E-		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
00		
9с		
10a		
10b		
.55		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organia	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrated	d Type III supporting orga	anization (see
	inches (ations)			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2					
	organ	izations, in excess of income from activity			
3	Admir				
4	Amou	ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in Part VI). See instructions.			
9		outable amount for 2019 from Section C, line 6			
		B amount divided by line 9 amount			
10	LIIIO C	amount divided by line o amount	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:				
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		uinder. Subtract lines 4a and 4b from 4.			
		uning underdistributions for years prior to 2019, if			
-		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		uning underdistributions for 2019. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
•		-			
	and 4				
		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
е	Exces	ss from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

27-1316232

2019

Name of the organization

Employer identification number

SERVICE WOMEN ACTION NETWORK

Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

SERVICE WOMEN ACTION NETWORK

27-1316232

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	MKM FOUNDATION 55 WALLS DR, 3RD FLOOR FAIRFIELD, CT 06824	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	PALMIERI FOUNDATION 65 MONROE AVE STE C PITTSFORD, NY 14534	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	NEW YORK COMMUNITY TRUST 909 3RD AVENUE NEW YORK, NY 10022	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
110.	Name, address, and Zir + +	\$	Person Payroll Ocomplete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)		

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Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** SERVICE WOMEN ACTION NETWORK 27-1316232 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SERVICE WOMEN ACTION NETWORK

Employer identification number 27-1316232

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: IN 2019, SWAN PUBLISHED THE TENTH EDITION OF "WOMEN IN THE MILITARY: WHERE THEY STAND." THE BOOKLET PROVIDES INFORMATION, STATISTICS, AND STATUS UPDATES ON WOMEN IN THE U.S. MILITARY. THE BOOKLET INCLUDES UP TO DATE DATA ABOUT THE NUMBER OF WOMEN SERVING IN EACH BRANCH, PROMINENCE OF WOMEN IN OFFICER AND ENLISTED POSITIONS AND A HISTORICAL BACKGROUND OF WOMEN'S INVOLVEMENT IN THE US MILITARY. EXPENSES \$ 4,256. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 8B: THERE WERE NO SEPARATE COMMITTEES APART FROM THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: FINANCIAL STATEMENTS WERE REVIEWED BY AN INDEPENDENT CPA FIRM. COPIES OF THE REVIEWED FINANCIAL STATEMENTS AND 990 WERE APPROVED BY THE BOARD TREASURER AND BOARD MEMBERS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF SWANS BOARD REVIEW AND SIGN THE DOCUMENTS FOR COMPLIANCE PURPOSES AND UPDATE THE EXISTING POLICY AS DEEMED NECESSARY. FORM 990, PART VI, SECTION B, LINE 15: THE SALARY FOR THE CEO WAS APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 18:

AVAILABLE AT ORGANIZATION'S OFFICE

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

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

FORM 990, PART VI, SECTION C, LINE 19: SWAN'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCE STATEMENTS ARE AVAILABLE TO THE PUBLIC FOR REVIEW IN THE ORGANIZATE OFFICE. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACT LABOR: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES	
STATEMENTS ARE AVAILABLE TO THE PUBLIC FOR REVIEW IN THE ORGANIZAT: OFFICE. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACT LABOR: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRALSING EXPENSES	
OFFICE. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACT LABOR: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	IAL
FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACT LABOR: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	ION'S
CONTRACT LABOR: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	
FUNDRAISING EXPENSES	26,245.
MODAL EXPENSES	6,035.
TOTAL EXPENSES	8,070.
	40,350.
CONSULTING:	
PROGRAM SERVICE EXPENSES	2,880.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,880.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	43,230.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RESTRICTION REMOVED	-7,086.