Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.

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

Open to Public Inspection

A	For th	e 2023 calendar year, or tax year beginning JUL 1, 2023 and ending	TITAT 20	0.004			
В	Check applica		JUN 30,				
	Add	ress change	D Employer ider	tification number			
	Nar	ne change AAUW ACTION FUND, INC.	F2 22				
	Initi	Number and street for D.O. have the street in the street i	53-0025390				
	Fina	1 1 2 1 0 T CUID TITE	E Telephone number				
	Ame	onded return City or town, state or province, country, and ZIP or foreign postal code		85-7700			
		cation pending WASHINGTON, DC 20005	F Group Exemp	Group Exemption			
G		nting Method: Cash X Accrual Other (specify)	Number				
	Webs	Culor (appenty)	H Check	H Check X if the organization is			
		Yomat status (sheet, selection)	not required to	not required to attach Schedule B			
K	Form		(Form 990).				
Ī	colum	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part In (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	l,				
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	\$	63,916.			
		Check if the organization used Schedule O to respond to any question in this Burning Schedule O to respond to any question in this Burning Schedule O to respond to any question in this Burning Schedule O to respond to any question in this Burning Schedule O to respond to any question in this Burning Schedule O to respond to any question in this Burning Schedule O to respond to any question in this Burning Schedule O to respond to any question in this Burning Schedule O to respond to any question in this Burning Schedule O to respond to any question in this Burning Schedule O to respond to any question in this Burning Schedule O to respond to any question in this Burning Schedule O to respond to any question in this Burning Schedule O to respond to any question in the second schedule O to respond to any question in the second schedule O to respond to any question in the second schedule O to respond to a second schedule O to a sec	ictions for Part I)				
	1	Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received	·····	X			
	2	Program service revenue including government free and contract	1	775.			
	3	Program service revenue including government fees and contracts Membership dues and assessments	2				
	4	Membership dues and assessments Investment income SEE SCHEDULE O	3	37,089.			
	5a	GIOSS amount from sale of accord other than inventory	4	26,052.			
	b						
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)					
	6	Gaming and fundraising events:	5c				
4	a	Gross income from gaming (attach Schedule G if greater than					
Revenue							
eve	Ь	Cross income from fundament					
æ		from fundraising events reported on line 1) (attach Schedule G if the sum of such					
	l c	acci direct avanages from					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) Cross sales of inventors to the control of the control o					
	7a	Gross sales of inventory, less returns and allowances	6d				
	b	acc; and of goods sold					
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) Other revenue (describe in Sebest-Le O)					
	8	Other revenue (describe in Schedule 0) Total revenue Add lines 1 2 2 4 50 6d 70 and 8	7с				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		60.015			
	10	Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O	9	63,916.			
	11	Benefits paid to or for members Salaries, other componenting, and amplicable of the componenting and amplicable of the componenting and amplicable of the component of the comp	10	200,000.			
S	12	Salaries, other compensation, and employee benefits	11	40			
Expenses	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	12	18,844.			
be	14	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping	13	5,197.			
ŵ	15	Printing, publications, postage, and shipping		13,415.			
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	15	478.			
	17	Tatal are a south of the southo	16	15,811.			
"	18	Evenes or (definit) for the second se	17	253,745.			
sets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		-189,829.			
Ass		(must agree with end-of-year figure reported on prior year's return)		640 050			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	19	642,953.			
	21	Net assets or fund halances at end of year Combine lines 19 through 00		0.			
For	Paperv	vork Reduction Act Notice, see the separate instructions.	21	453,124.			
				Form 990-EZ (2023)			

(see the instructions for Par	t II)			JJU Tage Z
Check if the organization used Schedule O to	respond to any questi	on in this Part II		Feet
		(A) Beginning of year		
22 Cash, savings, and investments		559,358.		End of year
20 Land and buildings		337,330	22	386,051.
24 Other assets (describe in Schedule O) SEE SCHEDUL	ΕO	89,663.		60 510
		649,021.	25	69,518. 455,569.
20 Total nabilities (describe in Schedule 0) SEE SCHEDUL	ΕO	6,068.		2,445.
27 Net assets or fund balances (line 27 of column (B) must agree with lir Part III Statement of Program Service Accomplish	0.41			453,124.
3 - 3 - 1 - 3 - 1 - 3 - 1 - 3 - 1 - 3 - 1 - 3 - 1 - 3 - 1 - 3 - 1 - 3 - 3	ments (see the instru	otions for Dad III		Expenses
Check if the organization used Schedule O to	respond to any questi	on in this Part III	X (Require	d for section
SCHEDUL.	E O		501(c)(3) and 501(c)(4) tions; optional for
Describe the organization's program service accomplishments for each of its three largest promanner, describe the services provided, the number of persons benefited, and other relevant i	gram services, as measured by expens	ses. In a clear and concise	others.)	none, optional for
28 SEE SCHEDULE O	Information for each program title.			
20 222 SCHIDOHE O				
(Grants \$ 200,000 a) If this amount includes for				
(Grants \$ 200,000.) If this amount includes fore SEE SCHEDULE O	eign grants, check here		28a	204,894.
			_	
			_	
(Grants \$ 0 •) If this amount includes fore	eign granta, abaalahara		_	
30	eigh grants, check here		29a	29,000.
			-	
			-	
(Grants \$) If this amount includes fore	eian grants check here	Г	_ .	
			30a	
) If this amount includes fore	eign grants, check here	г		
			31a	233,894.
Part IV List of Officers, Directors, Trustees, and Ke	V Employees		32	433,694.
01 1 16 11	- Checkedell of	e even in not compensated - see		
Check if the organization used Schedule () to	respond to any questic	on in this Part IV	e the instructions fo	or Part IV)
Sheek if the organization used Schedule () to	respond to any questic (b) Average hours	on in this Part IV	d) Health benefits	
Check if the organization used Schedule () to	respond to any questic (b) Average hours per week devoted to	on in this Part IV (c) Reportable Compensation (Forms W-2/1099-MISC/	d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
(a) Name and title	respond to any questic (b) Average hours	on in this Part IV (c) Reportable Compensation (Forms W-2/1099-MISC/	d) Health benefits, contributions to	(e) Estimated
(a) Name and title GLORIA BLACKWELL	respond to any questic (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit lans, and deferred	(e) Estimated amount of other
(a) Name and title GLORIA BLACKWELL CEO	respond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit lans, and deferred	(e) Estimated amount of other compensation
(a) Name and title GLORIA BLACKWELL CEO SHANNON WOLFE	respond to any questic (b) Average hours per week devoted to position 0.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	J) Health benefits, contributions to employee benefit lans, and deferred compensation	(e) Estimated amount of other
(a) Name and title GLORIA BLACKWELL CEO SHANNON WOLFE MANAGING DIR. & CHIEF OF STAFF	respond to any questic (b) Average hours per week devoted to position	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	J) Health benefits, contributions to employee benefit lans, and deferred compensation	(e) Estimated amount of other compensation
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GLORIA BLACKWELL CEO SHANNON WOLFE MANAGING DIR. & CHIEF OF STAFF THOMAS CHAPPELL VP OF FINANCE JULIA BROWN CHAIR MALINDA GAUL VICE CHAIR PEGGY CABANISS FINANCE VICE CHAIR CHERYL SOROKIN	respond to any questic (b) Average hours per week devoted to position 0.00 0.00 1.00 1.00 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0.	1) Health benefits, contributions to employee benefit lans, and deferred compensation 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.

P	art V Other Information (Note the Schedule A and personal benefit contract statement requirements	<u> 5390</u>		Page 3
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	in the)) /	
	y gamena deed een. e te respond to any question in this	- Part		X
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		Yes	No
	activity in Schedule 0	00		v
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33		X
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	24		v
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34		X
	on lines 2, 6a, and 7a, among others)?	35a		X
b	The storage of the organization filed a Form 990-1 for the year? If "No," provide an explanation in Schedule O	35b	N/	
C	was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	330	747	
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes."	- 000		
	complete applicable parts of Schedule N	36	E46295588	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b	97500300300	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee: or were any such loans made	0,0		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	12 14 (2) (2) (2)	X
b	res, complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 N/A; section 4912 N/A; section 4955 N/A			
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	occurrence of the control of the con			
4	organization managers or disqual fied persons during the year under sections 4912, 4955, and 4958 O •			
u	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
_	by the organization O •			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T			
41		40e		X
	The organization's hooks are in any of MILOMAC CITALINET T			
	Legated et: 1310 I CUID FERM NET 1000 LTD CUIT TOTAL T)
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	20005)	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	\ \ \ \ \	
	account)?		Yes	No
	If "Yes," enter the name of the foreign country	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	40-		X
	If "Yes," enter the name of the foreign country	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
	70	14/11		
		F	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			110
	Form 990-EZ	44a		X
b	bid the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	bid the organization receive any payments for indoor taining services during the year?	44c		X
d	The storm 44c, has the organization filed a Form 720 to report these payments? If "No." provide an explanation			
	in Schedule 0 Did the organization have a controlled ontity within the manifes of a view 540% 4000	44d	MARKET CHEST ST	
45 a	214 the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	one or ganization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
0004	2. 10.01.00	Form 99	0-EZ (2	2023)

Form	1 990-E	Z (2023)	AAUW	ACTION	FUND	IN	c.					E 2	00253			D 4
																Page 4
46	Did th	e organizati	on engage, dir	ectly or indirect	ly, in politica	al campa	aign activities	on behalf of or	in opposition	on to cand	lidates for n	ublic of	fice?		163	NO
Da	11 162	complete	Schedule C, P	art I							p	ubiio 01	1100:	46		х
Pa	rt VI			o) Organiza	ations O	nıy								10		
		All sect	ion 501(c)(3)	organizations	must ansv	ver que	stions 47-49	b and 52, and	d complet	te the tab	les for line	s 50 ar	nd 51.			
		Check i	f the organiz	ation used Sc	hedule 0 t	o respo	ond to any q	uestion in this	Part VI							
47	Did th												_		Yes	No
47	If "Voo	e organizatii	on engage in id	bbying activitie	es or have a	section	501(h) electio	n in effect duri	ng the tax y	/ear?						
48	le the	, complete	Sch. C, Part II	escribed in sect										47		
40 40 a		o. gainzacioi	i a concor as a	daninga ili agri	ווטוו וויטוו	1)(A)(II)	g II yes, con	nniete Schedille	1 ⊢					48		
43a h	If "Vac	" was the re	olated arganiza	ansfers to an ex	xempt non-c	haritabl	e related orga	nization?						49a		
50	Compl	oto thic tabl	o for the organ	tion a section 5	27 organiza	tion?							L	49b		
••	than \$	100 000 of	companeation	ization's five hi from the organi	gnest comp	ensateo	employees (c	ther than office	rs, director	rs, trustee:	s, and key er	mployee	es) who eac	h rece	ived n	nore
	ιιαιιφ	100,000 01	(a) Name and	title of each em	ization. II the	ere is no	ne, enter "Noi					T				
			(a) Name and	une of each eff	ipioyee			(b) Average per week de			Reportable sation (Forms		alth benefits, ibutions to		Estim	
					N/A			positio		W-2/1	099-MISC/ 99-NEC)	emplo	yee benefit and deferred	1	unt of opensa	other
					11/11					10.			pensation	COII	ibense	111011
										-				_		
								***************************************		+		 		-		
							-					 		_		
										_		-		_		

f	Total n	umber of ot	ther employees	paid over \$100	0,000											
51	Comple	ete this tabl	e for the organ	ization's five hig	ghest comp	ensated	independent o	contractors who	each recei	ived more	than \$100 C))))) of c	omnoncatio	on fron	a tha	
	organiz	zation. If the	ere is none, ent	er "None."	N/A					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ιπαπ φτου,	00 01 0	ompensant	<i>I</i> II II 011	ı ıne	
	(a) Name and	business addi	ess of each ind	ependent co	ntractor			(b) Type of :	service		(c) C	ompen	sation	
													(0) 0.	mpon	Jacion	
					-											

	Total n	umbar of at	han in dan and													
u 52	Did the	uniber of ot	ner independe	nt contractors e	each receivir	ig over §	5100,000									
JZ	comple	tod Cobodu	n complete Sc	hedule A? Note	e: All section	1501(c)	(3) organization	ons must attach	а							
Inder	nanalt	ice of paris	av I deelere the				<u></u>							Yes		No
riie r	correct	and comple	y, i ucciare illi età Doclaration	at I have examin	ied this retu	rn, inclu	ding accompa	anying schedule	s and state	ements, ar	d to the bes	t of my	knowledge	and b	elief, i	t is
140, 0	1	and Lower	The Declaration	of preparer (of	ther than on	icer) is	based on all ir	nformation of w	hich prepai	rer has an	y knowledge	e				
Sigr	n	Signatur	e of officer				•					Date				
Here		GLC	RIA BI	ACKWELL	CEO							Date				
		Type or p	orint name and tit	le	, спо											
		Print/Tv	/pe preparer's	name	Pre	eparer's	signature		Date		Chack -	7 ; 1	DTIM			
Paic	4		ARD J.	LOCAST		- Paror 5	- griatal t	1	Date		Self- employ		PTIN			
	ı barer	MD3			7				2/1//		sen- emplo	yeu		A		
•	Only	Elma la	name GE	LMAN, R	OSENR	ERG	ुम्प्रम	IDMAN	2/14/2	2023	Fine to Fine		2002			
- 30	Unity	Firm's a		550 MON	TGOME	RY Z	VE CIII	בונה טטטי ייסיייסיי	NT.		Firm's EIN		1 0 5 1	0.0	0.0	
			В	ETHESDA	, MD	2081	4-2930		. N		Phone no.	30.	1-951	-90	90	
∕ay th	he IRS	discuss this	return with th	e preparer shov	vn above? S	ee instr	uctions		· · · · · · · · · · · · · · · · · · ·				िरु	7		
						30 mou								Yes	<u></u>	No
32174	12-21-2	23											Foi	rm 990)-EZ (2023)

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number 53-0025390

AAUW ACTION FUND, INC.	53-0025390
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT	INCOME:
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	26,052.
	20,032.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMIL	AR AMOUNTS PAID:
ACTIVITY CLASSIFICATION: GRANTS	
GRANTEE NAME: AMERICAN ASSOCIATION OF UNIVERSI	TY WOMEN, INC
GRANTEE ADDRESS: 1310 L STREET, NW, SUITE 1000	WASHINGTON, DC 20005
GRANTEE RELATIONSHIP: RELATED	
DATE OF GIFT: 06/30/24	
AMOUNT GIVEN:	200,000.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
LICENSE/PERMIT/FILING FEES	10,151.
TELEPHONE	72.
SUPPLIES-GENERAL	1.
LEASED EQUIPMENT	6.
OFFSITE STORAGE	4.
CONFERENCES & MEETINGS	1,055.
MEMBERSHIPS/SUBSCRIPTION DUES	37.
INFORMATION TECHNOLOGY	1,549.
INSURANCE	42.
DEPRECIATION & AMORTIZATION	1,628.
PAYROLL TAXES	1,266.
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23	Schedule O (Form 990) 2023

Name of the organization			Page
The state of the s	AUW ACTION FUND, INC.	Employer identification 53-0025390	on number
TOTAL TO FORM 990	-EZ, LINE 16	15	,811.
FORM 990-EZ, PART	II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YE	AR END OF	YEAR
ACCOUNTS RECEIVABL	LE 2,39		
DUE FROM RELATED I			
TOTAL TO FORM 990-	-EZ, LINE 24 89,66		
FORM 990-EZ, PART	II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION	BEG. OF YE	AR END OF	YEAR
ACCOUNTS PAYABLE	6,06		
MOBILIZATION.			
	III, LINE 28, PROGRAM SERVICE ACCOMPLISHM	ENTS:	
	HER PROGRAMS INCLUDE ADVOCACY AND		
	S THAT CONNECT AND RALLY MEMBERS,		
MISSION.	OCATES TO ADVANCE THE ACTION FUND		
FORM 990-EZ, PART	III, LINE 29, PROGRAM SERVICE ACCOMPLISHM	FNMC.	
	IC POLICY AND GOVERNMENT RELATIONS	31(15):	
	INFLUENCING LEGISLATION AND REGULATIONS,		
	ICAL ASSISTANCE, ISSUE ANALYSIS AND		
	SED ON THE MEMBER ADOPTED PUBLIC POLICY PI	RIORITIES OF	
THE ACTION FUND.			
332212 11-14-23	6	Schedule O (Form	990) 2023

332212 11-14-23