



NOVEMBER 14, 2019

NATIONAL ASSOCIATION OF WOMEN JUDGES
1001 CONNECTICUT AVENUE, NW, SUITE 1138
WASHINGTON, DC 20036
ATTENTION: CONNIE PILLICH

DEAR MS. PILLICH

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2018 FORM 990

2018 FORM 990-T

2018 FORM D-20

FEDERAL LAW REQUIRES THAT THE LATEST THREE YEARS OF FORM 990 MUST BE AVAILABLE FOR INSPECTION BY THE GENERAL PUBLIC AT YOUR PRINCIPAL OFFICE AND ANY REGIONAL OR DISTRICT OFFICES THAT HAVE EMPLOYEES WHOSE AGGREGATE NUMBER OF PAID HOURS A WEEK ARE NORMALLY AT LEAST 120. IN ADDITION, IF ON OR AFTER JULY 15, 1987, YOUR ORGANIZATION HAD ACCESS TO A COPY OF ITS EXEMPTION APPLICATION, THAT DOCUMENT WITH ITS RELATED ATTACHMENTS MUST BE KEPT AVAILABLE FOR INSPECTION BY THE GENERAL PUBLIC. SEVERE PENALTIES APPLY FOR NON-COMPLIANCE.

CHANGES TO THE FEDERAL LAW BY THE "TAXPAYER BILL OF RIGHTS 2" IN 1996 REQUIRE YOU TO PROVIDE COPIES OF THESE DOCUMENTS IF REQUESTED. IF WE CAN HELP YOU TO COMPLY WITH THESE REQUIREMENTS, PLEASE CONTACT US.

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

ETHAN GEWOLB, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2018

Prepared for	NATIONAL ASSOCIATION OF WOMEN JUDGES 1001 CONNECTICUT AVENUE, NW, SUITE 1138 WASHINGTON, DC 20036
Prepared by	CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2018, or tax year beginning _____, 2018, and ending _____, 20____

2018

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

NATIONAL ASSOCIATION OF WOMEN JUDGES

Employer identification number

52-1185005

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

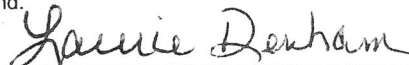
1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>818,744.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.


If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here		11/12/2019	INTERIM EXECUTIVE DIRECT
	Signature of officer	Date	Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer(see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature 	Date <u>11/14/19</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00762403</u>
	Firm's name (or yours if self-employed), address, and ZIP code	CALIBRE CPA GROUP PLLC		EIN <u>47-0900880</u>	Phone no. <u>202-331-9880</u>
		7501 WISCONSIN AVENUE, SUITE 1200 WEST			
		BETHESDA, MD 20814			

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL ASSOCIATION OF WOMEN JUDGES Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1001 CONNECTICUT AVENUE, NW, 1138 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036 F Name and address of principal officer: TAMILA E. IPEMA SAME AS C ABOVE	D Employer identification number 52-1185005 E Telephone number (202) 393-0222 G Gross receipts \$ 944,875. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NAWJ.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1995		M State of legal domicile: DC

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROMOTE THE JUDICIAL ROLE OF PROTECTING THE RIGHTS OF INDIVIDUALS UNDER THE RULE OF LAW THROUGH		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	24
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	846.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	232,333.	281,500.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	589,486.	490,039.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,385.	44,019.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	467.	3,186.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	878,671.	818,744.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	1,184.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	239,932.	187,060.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 63,412.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	730,494.	793,898.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	970,426.	982,142.
19	Revenue less expenses. Subtract line 18 from line 12	-91,755.	-163,398.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	943,777.	744,278.
22	Net assets or fund balances. Subtract line 21 from line 20	95,645.	136,558.
		848,132.	607,720.

Part II Signature Block

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

Sign Here	Signature of officer LAURIE DENHAM, INTERIM EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ETHAN GEWOLB, CPA	Preparer's signature
	Date 11/14/19	Check <input type="checkbox"/> if self-employed PTIN P00762403
	Firm's name ▶ CALIBRE CPA GROUP PLLC	Firm's EIN ▶ 47-0900880
	Firm's address ▶ 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814	Phone no. 202-331-9880

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

