

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public
Inspection

A For the 2024 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION</td> <td rowspan="4">D Employer identification number 54-0564701</td> </tr> <tr> <td colspan="2">Doing business as GEORGE WASHINGTON'S MOUNT VERNON</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">3200 MOUNT VERNON MEMORIAL HIGHWAY</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code MOUNT VERNON, VA 22121</td> <td>E Telephone number (703) 780-2000</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: DOUGLAS BRADBURN SAME AS C ABOVE</td> <td>G Gross receipts \$ 90,535,016.</td> </tr> <tr> <td colspan="2">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</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: WWW.MOUNTVERNON.ORG</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">L Year of formation: 1853</td> <td>M State of legal domicile: VA</td> </tr> </table>	C Name of organization THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION		D Employer identification number 54-0564701	Doing business as GEORGE WASHINGTON'S MOUNT VERNON		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	3200 MOUNT VERNON MEMORIAL HIGHWAY		City or town, state or province, country, and ZIP or foreign postal code MOUNT VERNON, VA 22121		E Telephone number (703) 780-2000	F Name and address of principal officer: DOUGLAS BRADBURN SAME AS C ABOVE		G Gross receipts \$ 90,535,016.	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		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J Website: WWW.MOUNTVERNON.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	L Year of formation: 1853		M State of legal domicile: VA
C Name of organization THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION		D Employer identification number 54-0564701																										
Doing business as GEORGE WASHINGTON'S MOUNT VERNON																												
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite																											
3200 MOUNT VERNON MEMORIAL HIGHWAY																												
City or town, state or province, country, and ZIP or foreign postal code MOUNT VERNON, VA 22121		E Telephone number (703) 780-2000																										
F Name and address of principal officer: DOUGLAS BRADBURN SAME AS C ABOVE		G Gross receipts \$ 90,535,016.																										
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		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																										
J Website: WWW.MOUNTVERNON.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number																										
L Year of formation: 1853		M State of legal domicile: VA																										

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PRESERVE, RESTORE, AND MANAGE THE ESTATE OF GEORGE WASHINGTON AND EDUCATE VISITORS ABOUT HIS LIFE.		
	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) 24		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 24		
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 740		
	6	Total number of volunteers (estimate if necessary) 280		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 1,265,863.		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.			
Revenue	8	Contributions and grants (Part VIII, line 1h) 30,123,272.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 17,401,083.	30,123,272.	43,002,958.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,951,730.	17,401,083.	15,284,551.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,605,904.	7,951,730.	13,288,487.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 66,081,989.	10,605,904.	10,612,338.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 66,081,989.	66,081,989.	82,188,334.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 258,025.	258,025.	329,180.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 25,782,145.	25,782,145.	27,671,605.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 238,750.	238,750.	243,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) 5,261,753.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 35,802,257.	35,802,257.	35,997,492.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 62,081,177.	62,081,177.	64,241,277.
19	Revenue less expenses. Subtract line 18 from line 12 4,000,812.	4,000,812.	17,947,057.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 365,785,943.	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) 22,449,245.	365,785,943.	400,749,510.
	22	Net assets or fund balances. Subtract line 21 from line 20 343,336,698.	22,449,245.	24,454,006.
22	Net assets or fund balances. Subtract line 21 from line 20 343,336,698.	343,336,698.	376,295,504.	

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	Date			
	PHILIP L. MANNO, CFO Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANK SMITH	FRANK SMITH	11/10/25		P00639053
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	CBIZ ADVISORS, LLC 1899 L STREET, NW #850 WASHINGTON, DC 20036	88-1478669	202-227-4000		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990 (2024)

Page 2

Check if Schedule O contains a response or note to any line in this Part III

X

- THE MISSION OF THE MOUNT VERNON LADIES' ASSOCIATION IS TO PRESERVE,
RESTORE, AND MANAGE THE ESTATE OF GEORGE WASHINGTON TO THE HIGHEST
STANDARDS AND TO EDUCATE VISITORS AND PEOPLE THROUGHOUT THE WORLD
ABOUT THE LIFE AND LEGACIES OF GEORGE WASHINGTON, SO THAT HIS EXAMPLE

- ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- | | | | | | | |
|-----------|-----------------------|--------------------|------------------------|-----------------|-------------|--------------------|
| 4a | (Code:) (Expenses \$ | 27,929,171. | including grants of \$ | 329,180. | (Revenue \$ | 24,060,444. |
|-----------|-----------------------|--------------------|------------------------|-----------------|-------------|--------------------|

EDUCATION: MOUNT VERNON CONTINUED TO PROVIDE OPPORTUNITIES TO EDUCATE TEACHERS AND STUDENTS ABOUT THE LIFE AND LEGACIES OF GEORGE WASHINGTON THROUGH EXPANDED PUBLIC PROGRAMMING AND DIGITAL RESOURCES, WITH APPROXIMATELY 290,000 STUDENTS VISITING THE ESTATE WITH SCHOOL GROUPS.

THE ESTATE UNDERWENT SIGNIFICANT OPERATIONAL CHANGES IN 2024 DUE TO LANDMARK REVITALIZATION WORK IN THE MANSION AND THE CREATION OF A NEW STATE-OF-THE-ART EDUCATION CENTER. "GEORGE WASHINGTON: A REVOLUTIONARY LIFE," REFLECTS UPDATED SCHOLARSHIP ON GEORGE WASHINGTON AND THE 18TH-CENTURY WORLD HE LIVED IN AND IS SLATED TO OPEN IN JULY 2026, AS AMERICA CELEBRATES ITS 250TH ANNIVERSARY.

- 4b** (Code:) (Expenses \$ **25,571,559.** including grants of \$) (Revenue \$)

HISTORIC PRESERVATION AND COLLECTIONS: IN 2024, THE PRESERVATION TEAM CONTINUED ITS LANDMARK INITIATIVE TO PRESERVE GEORGE WASHINGTON'S HOME FOR GENERATIONS OF FUTURE VISITORS. PREPARATIONS FOR THIS MULTI-YEAR "MANSION REVITALIZATION" PROJECT INCLUDED THE EXPANSION OF THE UNDERGROUND BUNKER TO HOUSE IMPROVED MECHANICAL SYSTEMS; THE REMOVAL OF 1990S-ERA DUCTWORK; AND THE ASSESSMENT AND STABILIZATION OF THE CELLAR'S DRY WELL, A 1785 ARCHITECTURAL FEATURE. THE ARCHAEOLOGY TEAM EXCAVATED ALL ROOMS OF THE MANSION CELLAR, IN PREPARATION FOR INSTALLING NEW UNDERGROUND DUCTWORK; THEY ALSO CONDUCTED A FIELD SCHOOL AT THE SITE OF GEORGE WASHINGTON'S UNION FARM, IDENTIFYING LIKELY EVIDENCE OF TWO WELLS, GARDEN PLOTS, AND DOMESTIC STRUCTURES OF THE ENSLAVED COMMUNITY ON THIS OUTLYING FARM. THE ARCHITECTURE TEAM

- 4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

- | | | |
|-----------|--------------------------------|-------------|
| 4e | Total program service expenses | 53,500,730. |
|-----------|--------------------------------|-------------|

Form **990** (2024)

432002 12-10-24

SEE SCHEDULE O FOR CONTINUATION(S)

2

08491110 150872 192856

2024.05000 THE MOUNT VERNON LADIES' 192856 1

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Form 990 (2024)

54-0564701 Page **3**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Form 990 (2024)

54-0564701 Page **4**

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 224	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Form 990 (2024)

54-0564701

Page **5**

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		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	2a 740		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X	
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)?	4a		X
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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
a 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	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b 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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Form 990 (2024)

54-0564701 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 A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 24		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY

18 Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
PHILIP L. MANNO - 703-780-2000
P.O. BOX 110, MOUNT VERNON, VA 22121

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Form 990 (2024)

54-0564701 Page **7**

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUGLAS BRADBURN PRESIDENT/CEO	40.00			X				492,791.	0.	106,336.
(2) PHILIP MANNO CHIEF FINANCIAL OFFICER	40.00			X				287,673.	0.	45,225.
(3) SUSAN SCHOELWER EXEC DIR, HPC & SR CURATOR, RHS	40.00				X			263,342.	0.	38,975.
(4) JOSEPH BONDI SR VP, DEVELOPMENT	40.00				X			276,108.	0.	22,291.
(5) JOE SLIGER VP, OPERATIONS	40.00				X			155,230.	0.	69,781.
(6) KAROL WICKENS VP, EDUCATION	40.00				X			192,067.	0.	24,073.
(7) BEREND OLTMAANS DIRECTOR, IT	40.00					X		188,351.	0.	24,744.
(8) AMELIA TURCOTTE SR DIRECTOR, DEVELOPMENT	40.00					X		167,748.	0.	30,965.
(9) CAROLINA CAMARGO SR DIRECTOR, DEVELOPMENT	40.00					X		168,490.	0.	28,692.
(10) KENNETH HILL SR DIRECTOR, DEVELOPMENT	40.00					X		159,662.	0.	30,625.
(11) JULIE ALMACY VP, MEDIA & COMMUNICATIONS	40.00					X		153,253.	0.	34,019.
(12) PATRICK SPERO EXECUTIVE DIRECTORS OFFICE WL	40.00			X				169,513.	0.	13,794.
(13) LINDSAY CHERVINSKY EXECUTIVE DIRECTORS OFFICE WL	40.00			X				95,192.	0.	2,040.
(14) ANNE NEAL PETRI REGENT	20.00	X		X				0.	0.	0.
(15) SUSAN MARSHALL TOWNSEND SECRETARY	20.00	X		X				0.	0.	0.
(16) CATHERINE MARLETTE WADDELL TREASURER	20.00	X		X				0.	0.	0.
(17) SARAH SEAMAN ALIJANI VICE REGENT	10.00	X						0.	0.	0.

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Form 990 (2024)

54-0564701 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARY LANG BISHOP VICE REGENT	10.00	X						0.	0.	0.
(19) ANN HAUNSCHILD BOOKOUT VICE REGENT	10.00	X						0.	0.	0.
(20) MARIBETH ARMSTRONG BORTHWICK VICE REGENT	10.00	X						0.	0.	0.
(21) SARAH MILLER COULSON VICE REGENT	10.00	X						0.	0.	0.
(22) CAROLYN SHERRILL FULLER VICE REGENT	10.00	X						0.	0.	0.
(23) ELIZABETH MEDLIN HALE VICE REGENT	10.00	X						0.	0.	0.
(24) LUCIA BOSQUI HENDERSON VICE REGENT	10.00	X						0.	0.	0.
(25) ADRIAN MACLEAN JAY VICE REGENT	10.00	X						0.	0.	0.
(26) KAREN MCCABE KIRBY VICE REGENT	10.00	X						0.	0.	0.
1b Subtotal								2,769,420.	0.	471,560.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,769,420.	0.	471,560.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **32**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CHRISTMAN MID ATLANTIC CONSTRUCTORS, LLC, 22560 GLENN DRIVE, SUITE 108, STERLING, VA	CONSTRUCTION	4,760,747.
SOLID LIGHT INC 800 SOUTH 5TH STREET, LOUISVILLE, KY 40203	CONSTRUCTION/DESIGN SUPPORT	3,607,285.
MOORE, A SERIES LLC, 4200 PARLIAMENT PLACE, 3RD FLOOR, LANHAM, MD 20706	DIRECT MAIL FUNDRAISING SERVICES	1,605,967.
MANA CONSTRUCTION LTD 6401 ROSE HILL DRIVE, ALEXANDRIA, VA 22310	CONSTRUCTION & MAINTENANCE SUPPORT	850,057.
DESIGN CUISINE, 2659 S. SHIRLINGTON ROAD, ARLINGTON, VA 22206	CATERING	749,684.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **58**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Form 990

54-0564701

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) VIRGINIA DAWSON LANE VICE REGENT	10.00	X						0.	0.	0.
(28) HELEN HERBOTH LAUGHERY VICE REGENT	10.00	X						0.	0.	0.
(29) ELIZABETH ROLLINS MAURAN VICE REGENT	10.00	X						0.	0.	0.
(30) CAMERON KOCK MAYER VICE REGENT	10.00	X						0.	0.	0.
(31) CATHERINE HAMILTON MAYTON VICE REGENT	10.00	X						0.	0.	0.
(32) SUSAN BREWSTER MCCARTHY VICE REGENT	10.00	X						0.	0.	0.
(33) ANN SHERRILL PYNE VICE REGENT	10.00	X						0.	0.	0.
(34) LAURA PEEBLES RUTHERFORD VICE REGENT	10.00	X						0.	0.	0.
(35) ANN CADY SCOTT VICE REGENT	10.00	X						0.	0.	0.
(36) MARGARET HARTMAN NICHOLS VICE REGENT	10.00	X						0.	0.	0.
(37) ANDREA NOTMAN SAHIN VICE REGENT	10.00	X						0.	0.	0.
(38) HILARY CARTER WEST VICE REGENT	10.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Form 990 (2024)

54-0564701 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	2,184,244.				
	c Fundraising events	1c	1,991,956.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	38,826,758.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,100,841.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a <u>ADMISSION FEES</u>	Business Code 900099		13,011,202.	13011202.		
	b <u>EVENT REVENUE</u>	900099		2,116,594.	2,116,594.		
	c <u>CONFERENCES & SYMPOSIA</u>	900099		156,755.	156,755.		
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f				15,284,551.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			6,727,855.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties			63,686.			63,686.	
6 a Gross rents		6a	(i) Real				
			(ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities				
			(ii) Other				
b Less: cost or other basis and sales expenses		7b	624,215.				
c Gain or (loss)		7c	6,560,632.				
d Net gain or (loss)			6,560,632.			6560632.	
8 a Gross income from fundraising events (not including \$ 1,991,956. of contributions reported on line 1c). See Part IV, line 18		8a					
			610,459.				
b Less: direct expenses	8b	773,036.					
c Net income or (loss) from fundraising events			-162,577.			-162,577.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		16,991,187.					
b Less: cost of goods sold	10b	6,949,431.					
c Net income or (loss) from sales of inventory			10,041,756.	8,775,893.	1265863.		
Miscellaneous Revenue	11 a <u>OTHER INCOME</u>	Business Code 900099		669,473.			669,473.
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d				669,473.		
	12 Total revenue. See instructions				82,188,334.	24060444.	1265863.

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Form 990 (2024)

54-0564701 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 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	81,050.	81,050.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	226,750.	226,750.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,380.	21,380.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,170,431.	1,373,796.	415,567.	381,068.
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	20,313,654.	17,153,773.	1,645,653.	1,514,228.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,295,154.	1,101,964.	99,948.	93,242.
9 Other employee benefits	2,136,511.	1,775,980.	177,241.	183,290.
10 Payroll taxes	1,755,855.	1,450,275.	158,433.	147,147.
11 Fees for services (nonemployees):				
a Management				
b Legal	38,491.		38,491.	
c Accounting	87,109.		87,109.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	243,000.			243,000.
f Investment management fees	214,491.		214,491.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,596,228.	2,260,623.	1,064,623.	270,982.
12 Advertising and promotion	1,143,745.	900,610.	7,906.	235,229.
13 Office expenses	5,621,708.	4,050,455.	481,708.	1,089,545.
14 Information technology	703,630.	89,459.	614,171.	
15 Royalties				
16 Occupancy	15,209,012.	14,951,479.	161,285.	96,248.
17 Travel	539,165.	484,356.	8,575.	46,234.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	56,972.	41,633.	8,140.	7,199.
20 Interest	568,132.	568,132.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,316,307.	3,919,827.	198,240.	198,240.
23 Insurance	342,171.	273,736.	51,326.	17,109.
24 Other expenses. Itemize expenses not covered 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 O.)				
a EVENT EXPENSES	1,422,884.	1,047,460.	14,475.	360,949.
b COLLECTIONS/ACQUISITION	1,172,122.	1,172,122.		
c DIRECT MAIL	587,880.	306,102.	7,939.	273,839.
d MISCELLANEOUS EXPENSES	377,445.	249,768.	23,473.	104,204.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	64,241,277.	53,500,730.	5,478,794.	5,261,753.
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	2,143,607.	1,136,112.	21,436.	986,059.

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Form 990 (2024)

54-0564701 Page **11**

Part 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
Assets	1 Cash - non-interest-bearing	6,838,124.	1	5,856,779.
	2 Savings and temporary cash investments	24,296,719.	2	28,194,632.
	3 Pledges and grants receivable, net	18,842,195.	3	29,240,463.
	4 Accounts receivable, net	218,944.	4	525,917.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,087,411.	8	3,479,853.
	9 Prepaid expenses and deferred charges	277,641.	9	290,939.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 155,175,713.		
	b Less: accumulated depreciation	10b 90,013,571.	67,770,266.	10c 65,162,142.
	11 Investments - publicly traded securities	233,446,341.	11	253,255,961.
	12 Investments - other securities. See Part IV, line 11	4,781,940.	12	3,943,022.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,226,362.	15	10,799,802.
16 Total assets. Add lines 1 through 15 (must equal line 33)	365,785,943.	16	400,749,510.	
Liabilities	17 Accounts payable and accrued expenses	4,092,109.	17	6,826,718.
	18 Grants payable		18	
	19 Deferred revenue	399,439.	19	341,170.
	20 Tax-exempt bond liabilities	15,000,000.	20	15,000,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,957,697.	25	2,286,118.
	26 Total liabilities. Add lines 17 through 25	22,449,245.	26	24,454,006.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	139,258,406.	27	138,362,733.
	28 Net assets with donor restrictions	204,078,292.	28	237,932,771.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	343,336,698.	32	376,295,504.
	33 Total liabilities and net assets/fund balances	365,785,943.	33	400,749,510.

Form **990** (2024)

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Form 990 (2024)

54-0564701 Page **12**

Part 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	82,188,334.
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,241,277.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,947,057.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	343,336,698.
5	Net unrealized gains (losses) on investments	5	13,956,775.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,054,974.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	376,295,504.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
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** (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION

Employer identification number
54-0564701

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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: _____
- 5 ☐ 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).**
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 university: _____
- 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ 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.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Schedule A (Form 990) 2024

54-0564701 Page 2

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20927276.	19623448.	29742069.	30123272.	43002958.	143419023
2 Tax revenues levied for the organization'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	20927276.	19623448.	29742069.	30123272.	43002958.	143419023
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)						8260676.
6 Public support. Subtract line 5 from line 4.						135158347

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	20927276.	19623448.	29742069.	30123272.	43002958.	143419023
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7358352.	11056694.	7733476.	7975686.	6791541.	40915749.
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.)	360,877.	235,590.	941,303.	424,197.	669,473.	2631440.
11 Total support. Add lines 7 through 10						186966212
12 Gross receipts from related activities, etc. (see instructions)					12	120,029,284.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	72.29 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	71.17 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2024

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Schedule A (Form 990) 2024

54-0564701 Page 3

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Schedule A (Form 990) 2024

54-0564701 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Schedule A (Form 990) 2024

54-0564701 Page 5

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		

Section 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		

Section 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 on line 2, above, 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		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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.			
a			
b Did the activities described on line 2a, above, 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.			
b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? If "Yes" or "No," provide details in Part VI .			
a			
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.			
b			

THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION

Schedule A (Form 990) 2024

54-0564701 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION

Schedule A (Form 990) 2024

54-0564701 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION

Schedule A (Form 990) 2024

54-0564701 Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2020 AMOUNT: \$ 360,877.
2021 AMOUNT: \$ 235,590.
2022 AMOUNT: \$ 941,303.
2023 AMOUNT: \$ 424,197.
2024 AMOUNT: \$ 669,473.

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION

Employer identification number

54-0564701

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 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 foundationCheck 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**☐ 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Employer identification number

54-0564701**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
<u>1</u>		\$ <u>12,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,985,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

54-0564701

Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number 54-0564701
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
<u>2</u>	4,212 SHARES OF ADI, 1,291 SHARES OF LIN, 2,687 SHARES OF TMUS, 2,671 SHARES OF ICE, 350 SHARES OF BLK	\$ <u>2,985,000.</u>	<u>10/24/24</u>
<u>4</u>	300 SHARES OF CAT	\$ <u>97,900.</u>	<u>06/11/24</u>
<u>4</u>	300 SHARES OF PAYX	\$ <u>39,100.</u>	<u>08/29/24</u>
<u>4</u>	150 SHARES OF LMT	\$ <u>84,900.</u>	<u>08/29/24</u>
<u>4</u>	963 SHARES OF TRI	\$ <u>164,200.</u>	<u>08/29/24</u>
<u>4</u>	150 SHARES OF RTX	\$ <u>18,200.</u>	<u>08/29/24</u>

Employer identification number

54-0564701

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	1000 SHARES OF ADP	\$ 299,000.	12/10/24
(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
THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	54-0564701

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION

Employer identification number
54-0564701

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1	\$	
(ii) Assets included in Form 990, Part X	\$	

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	\$	
b Assets included in Form 990, Part X	\$	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

THE MOUNT VERNON LADIES' ASSOCIATION

Schedule D (Form 990) (Rev. 12-2024) OF THE UNION

54-0564701 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☒ Public exhibition

d ☒ Loan or exchange program

b ☒ Scholarly research

e ☐ Other _____

c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	226,147,794.	195,336,810.	231,240,981.	207,616,880.	184,775,698.
b Contributions	2,527,351.	4,003,805.	8,539,813.	2,505,281.	4,663,825.
c Net investment earnings, gains, and losses	24,969,166.	33,901,107.	-37,605,597.	28,801,261.	26,268,889.
d Grants or scholarships					
e Other expenditures for facilities and programs	7,789,073.	7,093,928.	6,838,387.	7,682,441.	8,091,532.
f Administrative expenses					
g End of year balance	245,855,238.	226,147,794.	195,336,810.	231,240,981.	207,616,880.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 26.5830 %

b Permanent endowment 73.4170 %

c Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		637,798.		637,798.
b Buildings		104,550,499.	45,762,449.	58,788,050.
c Leasehold improvements				
d Equipment		40,654,218.	38,714,021.	1,940,197.
e Other		9,333,198.	5,537,101.	3,796,097.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				65,162,142.

Schedule D (Form 990) (Rev. 12-2024)

THE MOUNT VERNON LADIES' ASSOCIATION

Schedule D (Form 990) (Rev. 12-2024) **OF THE UNION**

54-0564701 Page **3**

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP AGREEMENT	1,599,943.
(3) ANNUITY GIFT LIABILITY	670,080.
(4) POOLED INCOME FUND LIABILITY	16,095.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,286,118.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) (Rev. 12-2024)

THE MOUNT VERNON LADIES' ASSOCIATION

Schedule D (Form 990) (Rev. 12-2024) OF THE UNION

54-0564701 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	104,006,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	13,956,775.
b	Donated services and use of facilities	2b	353,057.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	14,309,832.
3	Subtract line 2e from line 1	3	89,696,310.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	214,491.
b	Other (Describe in Part XIII.)	4b	-7,722,467.
c	Add lines 4a and 4b	4c	-7,507,976.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	82,188,334.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	72,102,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	353,057.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	7,722,467.
e	Add lines 2a through 2d	2e	8,075,524.
3	Subtract line 2e from line 1	3	64,026,786.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	214,491.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	214,491.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	64,241,277.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

HISTORICAL PROPERTIES AND COLLECTIONS OWNED BY THE ASSOCIATION HAVE BEEN ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE ASSOCIATION'S INCEPTION. THESE HISTORICAL PROPERTIES AND COLLECTIONS ARE NOT INCLUDED AS ASSETS IN THE STATEMENT OF FINANCIAL POSITION. THE COST OF THE PROPERTIES IS NOT READILY AVAILABLE, AND THE ASSOCIATION IS OF THE OPINION THAT, BECAUSE OF THE INTRINSIC VALUE OF THE PROPERTIES, IT IS IMPRACTICAL TO ASSIGN VALUES TO THE COMPONENTS.

IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED FOR HISTORICAL PROPERTIES, THE VALUE OF COLLECTIONS, AS WELL AS REPAIRS AND IMPROVEMENTS TO HISTORICAL PROPERTIES, HAVE BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL POSITION. COLLECTIONS AND REPAIRS & IMPROVEMENTS TO HISTORICAL PROPERTIES ARE INCLUDED IN THE PRESERVATION OF HISTORIC PROPERTIES IN THE ACCOMPANYING STATEMENT OF FUNCTIONAL EXPENSES.

PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTION IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED, OR AS DECREASES IN NET ASSETS WITH DONOR RESTRICTION IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. THE FINANCIAL STATEMENTS DO NOT REFLECT ANY CONTRIBUTED COLLECTION ITEMS. ALL PROCEEDS FROM THE SALE OF DEACCESSIONED COLLECTIONS ITEMS ARE RECORDED AS WITH DONOR RESTRICTION AND ARE EXPENDED TO PURCHASE NEW ITEMS OR TO CONSERVE ITEMS IN THE COLLECTIONS.

THE MOUNT VERNON LADIES' ASSOCIATION

Schedule D (Form 990) (Rev. 12-2024) OF THE UNION

54-0564701 Page 5

Part XIII Supplemental Information (continued)

PART III, LINE 4:

THE ASSOCIATION COLLECTS, RESEARCHES, CONSERVES, RESTORES, RECONSTRUCTS, PRESERVES, DOCUMENTS, AND SHARES WITH THE PUBLIC HISTORIC STRUCTURES, ARCHAEOLOGICAL SITES, AND THE CULTURAL LANDSCAPE AS WELL AS TWO AND THREE-DIMENSIONAL OBJECTS IN A VARIETY OF MEDIA. RESPONSIBILITY FOR THE PRESERVATION AND MAINTENANCE OF THE HISTORIC STRUCTURES, CULTURAL RESOURCES AND THE COLLECTIONS FALLS TO THE HISTORIC PRESERVATION AND COLLECTIONS DEPARTMENT AND THE FRED W. SMITH LIBRARY FOR THE STUDY OF GEORGE WASHINGTON AT MOUNT VERNON.

THE HISTORIC PRESERVATION AND COLLECTIONS DEPARTMENT IS DIVIDED INTO THE FINE AND DECORATIVE ARTS CURATORIAL COLLECTION, THE ARCHAEOLOGICAL COLLECTION, THE ARCHITECTURAL FRAGMENTS COLLECTION, AND PHOTO ARCHIVES. THE FINE AND DECORATIVE ARTS CURATORIAL COLLECTION INCLUDES THREE-DIMENSIONAL OBJECTS, TEXTILES, WORKS OF ART ON PAPER, AND PAINTINGS. THE ARCHAEOLOGICAL COLLECTION INCLUDES ARTIFACTS AND THEIR ASSOCIATED DOCUMENTATION DERIVING FROM EXCAVATION PROJECTS, AS WELL AS RANDOM FINDS ORIGINATING ON THE MOUNT VERNON ESTATE. THE ARCHITECTURAL FRAGMENTS COLLECTION INCLUDES FEATURES, BUILDING MATERIALS, AND FINISH TREATMENTS THAT ARE ARCHITECTURAL IN NATURE, AND WHICH HAVE BEEN REMOVED FROM THEIR ORIGINAL CONTEXT DURING THE COURSE OF RESTORATION WORK UNDERTAKEN TO STABILIZE, PROTECT, OR REINTERPRET MOUNT VERNON'S HISTORIC BUILDINGS AND STRUCTURES. PHOTO ARCHIVES CONTAINS MODERN FILM, NEGATIVES, AND DIGITAL IMAGE FILES OF A VARIETY OF MOUNT VERNON RELATED SUBJECTS. SPECIAL COLLECTIONS INCLUDES RARE BOOKS, HISTORIC MANUSCRIPTS, PHOTOGRAPHS, THE ASSOCIATION'S ARCHIVAL MATERIALS, AND PRINTED EPHEMERA.

THE LIBRARY COLLECTS PRINTED MATERIAL WITH A PRIMARY EMPHASIS ON GEORGE WASHINGTON, MOUNT VERNON, AND THE MOUNT VERNON LADIES' ASSOCIATION. THE MOST IMPORTANT INITIAL CRITERION WITH WHICH TO EVALUATE A POTENTIAL ACQUISITION IS ITS CONTRIBUTION TO INTERPRETATION, EXHIBITION, AND RESEARCH VALUE AT MOUNT VERNON. THIS INCLUDES THE FOLLOWING ITEMS: OBJECTS ORIGINAL TO MOUNT VERNON OR OWNED BY GEORGE AND MARTHA WASHINGTON; OBJECTS RELATED TO WASHINGTON'S NON-DOMESTIC LIFE, INCLUDING HIS ROLE AS MILITARY LEADER, SURVEYOR, AND PRESIDENT; MANUSCRIPTS BY GEORGE OR MARTHA WASHINGTON NOT PREVIOUSLY REPRODUCED OR PUBLISHED IN PRINT OR ELECTRONIC FORMAT; BOOKS AND OTHER PUBLISHED MATERIALS OWNED BY GEORGE OR MARTHA WASHINGTON; OBJECTS RELATING TO THE DEVELOPMENT AND DOMESTIC LIFE OF MOUNT VERNON, INCLUDING MATERIAL RELATED TO FAMILY MEMBERS, VISITORS, AND ACQUAINTANCES; PERIOD OBJECTS THAT REPLICATE OBJECTS THAT WERE AT MOUNT VERNON, FOR THE PURPOSE OF ENHANCING THE INTERPRETATION AND UNDERSTANDING OF THE ESTATE AND THE LIFE AND LEGACY OF GEORGE AND MARTHA WASHINGTON; ARCHIVAL MATERIALS RELATING TO THE DEVELOPMENT AND DOMESTIC LIFE OF MOUNT VERNON, INCLUDING MATERIALS OF FAMILY MEMBERS, VISITORS, AND ACQUAINTANCES; BOOKS OF THE WASHINGTON AND CUSTIS FAMILIES THAT ARE RELATED TO COLLECTIONS OR INTERPRETATION GOALS; MANUSCRIPTS BY GEORGE OR MARTHA WASHINGTON PREVIOUSLY REPRODUCED OR PUBLISHED IN PRINT OR ELECTRONIC FORMAT; MAPS, PLANS, SURVEYS, MANUSCRIPTS, RARE BOOKS, PHOTOGRAPHS AND OTHER DOCUMENTS OF HISTORICAL VALUE RELATING TO 17TH, 18TH 19TH AND 20TH CENTURY LIFE AT MOUNT VERNON AND THE WASHINGTON FAMILY.

PART V, LINE 4:

THE ASSOCIATION'S ENDOWMENT CONSISTS OF MANY FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE BOARD APPROVES SPENDING ON PROGRAM RESTRICTED ENDOWMENTS AS PART OF ITS ANNUAL BUDGET APPROVAL PROCESS. IN ADDITION, THE

Schedule D (Form 990) (Rev. 12-2024)

54-0564701 Page 5

SCHEDULE F
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number 54-0564701
--	---

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		21,380.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT IN ENTITIES IN REGION		473,014.
3 a Subtotal	0	0			494,394.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			494,394.

THE MOUNT VERNON LADIES ' ASSOCIATION

Schedule F (Form 990) (Rev. 12-2024) **OF THE UNION**

54-0564701

Page **2**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) (Rev. 12-2024) OF THE UNION

Page 3

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) (Rev. 12-2024)

THE MOUNT VERNON LADIES' ASSOCIATION

Schedule F (Form 990) (Rev. 12-2024) OF THE UNION

54-0564701 Page 4

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ASSOCIATION PERIODICALLY AWARDS GRANTS TO ORGANIZATIONS WITH WHICH WE PARTNER ON PROJECTS THAT FURTHER OUR MISSION. GRANTS ARE APPROVED AND DOCUMENTED WITH FORMAL GRANT AGREEMENTS, AND FUNDS ARE DISBURSED ACCORDING TO THE SUBSTANTIATION PROVISIONS OF EACH GRANT AGREEMENT. THE ASSOCIATION REQUIRES GRANT REPORTS AT THE END OF EACH GRANT TERM AND/OR MONITORS PROGRESS TOWARDS GRANT ACCOMPLISHMENTS THROUGH OUR DAY-TO-DAY INVOLVEMENT WITH A PARTNER.

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Employer identification number
54-0564701

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of nongovernment grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MOORE, SERIES A LLC - 4200 PARLIAMENT PLACE, SUITE 300,	DIRECT MAIL		X	3,637,359.	243,000.	3,394,359.
Total				3,637,359.	243,000.	3,394,359.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MO, MS, NV, NH, NJ, NM, NY
NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

Schedule G (Form 990) (Rev. 12-2024)

SEE PART IV FOR CONTINUATIONS

LHA 432081 01-14-25

39

08491110 150872 192856

2024.05000 THE MOUNT VERNON LADIES' 192856 1

THE MOUNT VERNON LADIES' ASSOCIATION

Schedule G (Form 990) (Rev. 12-2024) **OF THE UNION**

54-0564701 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 LIFEGUARD EVENT	(b) Event #2 SPIRIT OF MOUNT VERNON	(c) Other events 2	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,014,345.	977,767.	610,303.	2,602,415.
	2 Less: Contributions	847,495.	804,467.	339,994.	1,991,956.
	3 Gross income (line 1 minus line 2)	166,850.	173,300.	270,309.	610,459.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	36,941.	29,316.		66,257.
	7 Food and beverages	132,061.	315,905.	99,456.	547,422.
	8 Entertainment	32,375.	29,823.	13,408.	75,606.
	9 Other direct expenses	43,238.	14,587.	25,926.	83,751.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				773,036.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-162,577.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

THE MOUNT VERNON LADIES' ASSOCIATION

Schedule G (Form 990) (Rev. 12-2024) OF THE UNION

54-0564701 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MOORE, SERIES A LLC

(I) ADDRESS OF FUNDRAISER:

4200 PARLIAMENT PLACE, SUITE 300, LANHAM, MD 20706

PART I, LINE 2B, COLUMN (V):

THE ORGANIZATION ENGAGES MOORE, SERIES A LLC TO PROVIDE PROFESSIONAL FUNDRAISING SERVICES. AS PART OF THE AGREEMENT, THE ORGANIZATION PAYS THE ORGANIZATION BOTH FOR THE SERVICES AS WELL AS TO REIMBURSE COSTS INCURRED BY MOORE IN PROVIDING THOSE SERVICES. FOR 2024, THE TOTAL AMOUNT PAID FOR REIMBURSEMENT OF SUPPLIES AND OTHER ASSOCIATED COSTS WAS \$607,057.

Part IV	Supplemental Information <i>(continued)</i>
----------------	--

This image shows a full page of blank, lined paper. It features approximately 30 evenly spaced horizontal grey lines across its entire width, typical of notebook or legal stationery. The margins are consistent on all sides, and there are no markings, text, or illustrations present on the page.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Employer identification number
54-0564701

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCOKEEK FOUNDATION 3400 BRYAN POINT ROAD ACCOKEEK, MD 20607	52-6037288	501(C)(3)	15,000.	0.			PROTECTION OF VIEWSHED
GEORGE MASON UNIVERSITY FOUNDATION, INC - 4400 UNIVERSITY DRIVE MS 1A3 - FAIRFAX, VA 22030	54-1603842	501(C)(3)	13,000.	0.			GRADUATE COURSE FOR GWTI ALUMNI
UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	25,000.	0.			PAPERS OF GEORGE WASHINGTON
POHICK CHURCH 9301 RICHOMOND HWY LORTON, VA 22079	54-0611000	501(C)(3)	10,000.	0.			ANNUAL SUPPORT
AMERICAN COLLEGE OF THE BUILDING ARTS - 649 MEETING STREET - CHARLESTON, SC 29403	57-1075250	501(C)(3)	10,000.	0.			GALA SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

THE MOUNT VERNON LADIES ' ASSOCIATION

Schedule I (Form 990) (Rev. 12-2024) OF THE UNION

54-0564701

Page 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS & AWARDS	43	226,750.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ASSOCIATION PERIODICALLY AWARDS GRANTS TO ORGANIZATIONS WITH WHICH WE PARTNER ON PROJECTS THAT FURTHER OUR MISSION. GRANTS ARE APPROVED AND DOCUMENTED WITH FORMAL GRANT AGREEMENTS, AND FUNDS ARE DISBURSED ACCORDING TO THE SUBSTANTIATION PROVISIONS OF EACH GRANT AGREEMENT. THE ASSOCIATION REQUIRES GRANT REPORTS AT THE END OF EACH GRANT TERM AND/OR MONITORS PROGRESS TOWARDS GRANT ACCOMPLISHMENTS THROUGH OUR DAY-TO-DAY INVOLVEMENT WITH A PARTNER.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number	54-0564701
--------------------------	--	--------------------------------	------------

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b <input checked="" type="checkbox"/>									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2 <input checked="" type="checkbox"/>									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table><tr><td><input type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input checked="" type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input checked="" type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	<input checked="" type="checkbox"/>								
b Any related organization?	5b	<input checked="" type="checkbox"/>								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	<input checked="" type="checkbox"/>								
b Any related organization?	6b	<input checked="" type="checkbox"/>								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7 <input checked="" type="checkbox"/>									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

THE MOUNT VERNON LADIES' ASSOCIATION

Schedule J (Form 990) (Rev. 12-2024) **OF THE UNION**

54-0564701

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DOUGLAS BRADBURN PRESIDENT/CEO	(i)	481,300.	0.	11,491.	36,849.	69,487.	599,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PHILIP MANNO CHIEF FINANCIAL OFFICER	(i)	287,673.	0.	0.	23,745.	21,480.	332,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN SCHOELWER EXEC DIR, HPC & SR CURATOR, RHS	(i)	263,342.	0.	0.	21,509.	17,466.	302,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOSEPH BONDI SR VP, DEVELOPMENT	(i)	276,108.	0.	0.	21,246.	1,045.	298,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOE SLIGER VP, OPERATIONS	(i)	155,230.	0.	0.	12,728.	57,053.	225,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KAROL WICKENS VP, EDUCATION	(i)	191,581.	486.	0.	15,507.	8,566.	216,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BEREND OLTMANS DIRECTOR, IT	(i)	187,051.	0.	1,300.	15,509.	9,235.	213,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMELIA TURCOTTE SR DIRECTOR, DEVELOPMENT	(i)	167,248.	500.	0.	13,806.	17,159.	198,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CAROLINA CAMARGO SR DIRECTOR, DEVELOPMENT	(i)	167,990.	500.	0.	14,113.	14,579.	197,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KENNETH HILL SR DIRECTOR, DEVELOPMENT	(i)	159,162.	500.	0.	13,466.	17,159.	190,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JULIE ALMACY VP, MEDIA & COMMUNICATIONS	(i)	153,253.	0.	0.	13,062.	20,957.	187,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PATRICK SPERO EXECUTIVE DIRECTORS OFFICE WL	(i)	169,513.	0.	0.	3,462.	10,332.	183,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) (Rev. 12-2024)

THE MOUNT VERNON LADIES' ASSOCIATION

Schedule J (Form 990) (Rev. 12-2024) OF THE UNION

54-0564701

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE PRESIDENT/CEO OF THE ASSOCIATION, AND THE VP OF OPERATIONS, ARE
REQUIRED TO LIVE ON THE PREMISES AND ARE PROVIDED WITH HOUSING. THESE
AMOUNTS ARE NOT REPORTED AS TAXABLE INCOME TO THE RECIPIENTS. THE
PRESIDENT/CEO ALSO RECEIVES SOCIAL CLUB DUES REIMBURSEMENTS FROM THE
ORGANIZATION, WHICH ARE REPORTED AS TAXABLE INCOME TO THE RECIPIENT.

PART I, LINE 7:

ALTHOUGH THE MAJORITY OF BONUSES PAID FOR 2024 WERE FIXED PERFORMANCE
BONUSES, THERE WAS A SMALLER NUMBER OF NON-FIXED, DISCRETIONARY BONUSES
THAT WERE GIVEN OUT THROUGHOUT THE YEAR.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number	54-0564701
--------------------------	--	--------------------------------	------------

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
FAIRFAX COUNTY ECONOMIC A DEVELOPMENT AUTHORITY	91-1910090	30382EDU5	06/20/07	15000000.	REFINANCE EXISTING BONDS		X		X		X
B											
C											
D											

Part II Proceeds											
				A		B		C		D	
1 Amount of bonds retired											
2 Amount of bonds legally defeased											
3 Total proceeds of issue				15,000,000.							
4 Gross proceeds in reserve funds											
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds				128,967.							
8 Credit enhancement from proceeds											
9 Working capital expenditures from proceeds											
10 Capital expenditures from proceeds				14,871,033.							
11 Other spent proceeds											
12 Other unspent proceeds											
13 Year of substantial completion				2009							
				Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?				X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?					X						
16 Has the final allocation of proceeds been made?				X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?				X							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) (Rev. 12-2024)

THE MOUNT VERNON LADIES' ASSOCIATION

Schedule K (Form 990) (Rev. 12-2024) **OF THE UNION**

54-0564701

Page **2**

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

THE MOUNT VERNON LADIES ' ASSOCIATION

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	TRUIST							
c Term of hedge	30.0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization **THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Employer identification number
54-0564701

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	39	5,008,500.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>SUPPLIES</u>)	X	7	67,287.	FMV
26 Other (<u>MISCELLANEOUS</u>)	X	2	25,054.	FMV
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31	X	
32a		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2024

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number	54-0564701
--------------------------	--	--------------------------------	------------

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF CHARACTER AND LEADERSHIP WILL CONTINUE TO INFORM AND INSPIRE FUTURE
GENERATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
OVER THE COURSE OF SIX WEEKS IN THE SUMMER OF 2024, WE WELCOMED 147
TEACHERS FROM 46 STATES TO MOUNT VERNON FOR OUR 25TH YEAR OF IN-PERSON
PROFESSIONAL DEVELOPMENT EXPERIENCES. EACH WEEK OF PROGRAMMING IN 2024
PROVIDED EDUCATORS WITH OPPORTUNITIES TO EXCHANGE IDEAS WITH VISITING
SCHOLARS AND WITH ONE ANOTHER, APPLYING THESE INSIGHTS TO THE CLASSROOM
AND IMPACTING NEARLY 19,000 AMERICAN STUDENTS NATIONWIDE.

ATTENDEES STAYED IN HISTORIC OLD TOWN ALEXANDRIA, VIRGINIA, AND ENGAGED
WITH PARTNER HISTORY AND CIVICS INSTITUTIONS IN THE D.C. METRO AREA TO
FOSTER PROFESSIONAL DEVELOPMENT AND NETWORKING OPPORTUNITIES. OTHER
TEACHER-SPECIFIC PROGRAMMING, RANGING FROM STEAM WORKSHOPS TO STATE AND
NATIONAL EDUCATION CONFERENCE SESSIONS, ALLOWED MOUNT VERNON TO REACH
MORE THAN 550 ADDITIONAL TEACHERS.

OVER 5,000 STUDENTS BENEFITED FROM DIGITAL AND IN-PERSON PROGRAMS AT
THE GEORGE WASHINGTON PRESIDENTIAL LIBRARY, INCLUDING ONSITE LEADERSHIP
SIMULATION PROGRAMS. NEARLY 500 VISITORS ATTENDED MOUNT VERNON THROUGH
OUR PARTNERSHIP WITH TICKETS FOR KIDS, A NONPROFIT ORGANIZATION THAT
PROVIDES TICKET DONATIONS TO LOW-INCOME FAMILIES. WE ALSO CONTINUE OUR
PARTICIPATION IN THE MUSEUMS FOR ALL INITIATIVE, SPONSORED BY THE
INSTITUTE OF MUSEUM AND LIBRARY SERVICES, WHICH OFFERS SIGNIFICANTLY
REDUCED ADMISSIONS TO THOSE RECEIVING FOOD ASSISTANCE.

VISITORS TO MOUNT VERNON IN 2024 ENGAGED WITH A MULTITUDE OF DAILY
PROGRAMS, INCLUDING DISCOVERY CARTS, EXPLORING GEORGE WASHINGTON'S
ICONIC HOME; STORY TIME PROGRAMS; FAMILY DAY PROGRAMS THROUGHOUT THE
YEAR; 18TH-CENTURY FOODWAYS DEMONSTRATIONS; AND HISTORIC TRADES
DEMONSTRATIONS. A SERIES OF THEMED WEEKEND PROGRAMS, RUNNING FROM JULY
THROUGH DECEMBER, OFFERED AN IN-DEPTH LOOK AT 18TH-CENTURY TOPICS,
RANGING FROM HEALTHCARE TO TAVERN CULTURE, ANIMALS, AND HOLIDAY
CELEBRATIONS. PARTNER ORGANIZATIONS, SUCH AS COLONIAL WILLIAMSBURG, THE
NATIONAL MUSEUM OF THE AMERICAN REVOLUTION, AND THE NATIONAL MUSEUM OF
THE UNITED STATES ARMY, ADDED TO THE VISITOR EXPERIENCE WITH THEIR
EXPERTISE AND PROGRAMMING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
COMPLETED THE EXTERIOR RESTORATION OF THE MANSION'S EAST FRONT;
REFRESHED ITS FIRST-FLOOR BEDCHAMBER; COMPLETED FRAMING AND ROOF
REPAIRS OF THE MANSION'S NORTH COLONNADE AND FRAMING AND SIDING REPAIRS
OF THE WASH HOUSE; AND CONSTRUCTED A POULTRY COOP. THE FINE AND
DECORATIVE ARTS (FDA) TEAM COMPLETED THE ACQUISITION OF THE PETER
PRESIDENTIAL COLLECTION, INCLUDING NEARLY 100 ORIGINAL WASHINGTON
ITEMS, AND REINSTALLED THE MANSION'S LITTLE PARLOR AND THE WASH HOUSE,
THE LATTER INTERPRETING WORK DONE BY ENSLAVED LAUNDRESSES DOLSHY AND
VINA. THE FDA TEAM ALSO INSTALLED A NEW EXHIBIT OF WASHINGTON AND MOUNT
VERNON COMMEMORATIVES IN THE WASHINGTON PRESIDENTIAL LIBRARY AND
CONSERVED AND REHOUSED ADDITIONAL ORIGINAL WASHINGTON TEXTILES.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number	54-0564701
--------------------------	--	--------------------------------	------------

FORM 990, PART VI, SECTION B, LINE 11B:

THE ASSOCIATION'S PROCESS FOR PREPARING AND REVIEWING THE FEDERAL FORM 990, CONTAINS FOUR LEVELS OF REVIEW: 1) A DRAFT OF THE FEDERAL FORM 990 IS PREPARED BY THE ASSOCIATION'S TAX ADVISORS, CBIZ, BASED ON FINANCIAL INFORMATION IN THE CERTIFIED AUDIT, ORGANIZATIONAL INFORMATION DOCUMENTED FROM THE AUDIT, PREPARATION OF INFORMATION SCHEDULES BY THE FINANCE DEPARTMENT AND ANSWERS TO CHECKLIST QUESTIONS; 2) THE DRAFT OF FEDERAL FORM 990 IS REVIEWED BY THE ASSOCIATION'S MANAGEMENT (PRESIDENT/CEO, CHIEF FINANCIAL OFFICER AND CONTROLLER) FOR ACCURACY AND COMPLETENESS; 3) THE AUDIT COMMITTEE REVIEWS THE FINAL DRAFT WITH THE INDEPENDENT AUDITOR; AND 4) THE FINAL DRAFT IS THEN PROVIDED TO THE FULL BOARD FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ASSOCIATION'S CONFLICT OF INTEREST POLICY REQUIRES THE ANNUAL COMPLETION OF A CONFLICT OF INTEREST FORM BY ALL DIRECTORS AND OFFICERS. THE FORM WAS PREPARED BY OUTSIDE COUNSEL AND ASKS FOR DOCUMENTATION OF POTENTIAL CONFLICTS OF INTEREST IN THE FOLLOWING AREAS: FINANCIAL INTERESTS, GIFTS OR ENTERTAINMENT THAT MIGHT INFLUENCE DECISION MAKING, AND ANY OTHER ACTIVITIES. THE FORMS ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER AND ARE DISCUSSED WITH THE OUTSIDE COUNSEL AND THE EXECUTIVE COMMITTEE OF THE BOARD, IF APPROPRIATE. THE PRESIDENT/CEO REVIEWS THE COMPLETED FORM OF THE CHIEF FINANCIAL OFFICER, AND TAKES ANY APPROPRIATE ACTION. IF A CONFLICT IS IDENTIFIED ON THE QUESTIONNAIRE, THE CONFLICT IS SENT TO THE EXECUTIVE COMMITTEE AND IS RESOLVED APPROPRIATELY BASED ON THE CIRCUMSTANCES.

FORM 990, PART VI, SECTION B, LINE 15:

ON A PERIODIC BASIS, THE ASSOCIATION WORKS WITH A COMPENSATION CONSULTANT TO PERFORM COMPARATIVE MARKET STUDIES. THE MOST RECENT STUDY WAS COMPLETED IN 2022 AND INCLUDED ANALYSIS ON MORE THAN 300 POSITIONS INCLUDING EXECUTIVE AND MANAGEMENT POSITIONS AS WELL AS MANY FRONT LINE STAFF POSITIONS. COMPENSATION IS BENCHMARKED AGAINST OUR PEER GROUP (MUSEUMS AND HISTORICAL SITES), OTHER NON-PROFIT ORGANIZATIONS, SIMILAR POSITIONS IN THE WASHINGTON DC METRO AREA AND THE NOT-FOR-PROFIT INDUSTRY AT-LARGE. MARKET ADJUSTMENTS ARE MADE AND SALARY GRADES ADJUSTED BASED ON THESE STUDIES.

IN ADDITION, PRESIDENT/CEO COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE BOARD. IN 2017 THE BOARD HIRED AN INDEPENDENT EXECUTIVE SEARCH FIRM THAT SPECIALIZED IN NON-PROFIT CEO COMPENSATION TO ANALYZE OUR PRESIDENT/ CEO COMPENSATION STRUCTURE TO ENSURE IT IS CONSISTENT WITH CURRENT MARKET AND INDUSTRY RATES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NV, NY, NC, ND, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION'S ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC THROUGH THE STATE OF VIRGINIA STATE CORPORATION COMMISSION(SCC). THE BYLAWS AND THE CONFLICTS OF INTEREST POLICY, WHICH REQUIRES ANNUAL DISCLOSURE OF CONFLICTING INTERESTS BY EXECUTIVE COMMITTEE BOARD AND OFFICERS, ARE NOT MADE AVAILABLE TO THE PUBLIC. FINANCIAL STATEMENTS ARE POSTED ON THE ASSOCIATION'S WEBSITE AND ARE AVAILABLE IN HARD COPY UPON SPECIFIC REQUEST. IN ADDITION, SUMMARIZED FINANCIAL INFORMATION IS DISCLOSED IN THE

Name of the organizationTHE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION

Employer identification number54-0564701

ASSOCIATION'S ANNUAL REPORT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT	772,475.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	282,499.
TOTAL TO FORM 990, PART XI, LINE 9	1,054,974.