

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury

Internal Revenue Service

(HTA)

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

OMB No 1545-1150

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public Inspection

A	For the	e 2009 caler	dar year,	or tax year beginning	7/1/2009	, and	ending	6/	30/2010)
В		f applicable	Please	C Name of organization				D Emplo	yer ident	ification number
	Address	change	use IRS	Longue of Momon Vote	ers of ME, Edu Fund, Inc				04.3	386477
	Name c	hange	label or print or	(Room/suite	E Telep		
	Initial re	turn	type.	Number and street (of P O box	r, if mail is not delivered to street address)		Room/suite	- 10.0		
	Termina	ated	See	P O Box 863					(207)	622-0256
	Amende	ed return	Specific Instruc-	City, town, or country	State	ZIP +	· 4	F Grou	Exemp	tion
	Applicat	tion pending	tions.	Augusta	ME	043	32-0863	Numi	oer	•
•	Section	n 501(c)(3) o	rganizatio	ns and 4947(a)(1) nonexe	mpt charitable trusts must a	ttach	G Accountir	g Method	ı X	Cash Accrual
				eted Schedule A (Form 99			Other (sp	ecify)		
		,				[]	H Check ▶	ıf th	e organi	zation is not
ı	Websit	e: ▶ <u>WW</u> V	V.LWVME	E Org						B (Form 990,
J	Tax-exer	npt status (che	eck only one)	⊢ X 501(c) (3) ⊲ (ı	nsert no) 4947(a)(1) or	527	990-EZ, c	r 990-PF)	
ĸ	Check	▶ If the	organizati	on is not a section 509(a)(3) supporting organization and	its gross re	ceipts are no	mally no	t more th	nan \$25,000
					e organization chooses to file					
L	Add lines	5b, 6b, and 7t	o, to line 9 to	determine gross receipts, if \$50	00,000 or more, file Form 990 instea	ad of Form 99	90-EZ		▶\$	154,506
P	art l	Revenue	, Expens	ses, and Changes in	Net Assets or Fund Ba	lances (S	See the ins	truction	s for P	
	1			grants, and similar amou		<i>.</i>			1	151,964
	2				ent fees and contracts			· · _	2	2,500
	3		•					· _	3	
	4	Investmen						· _ _	4	42
	5a			sale of assets other than	r	5a		0		
	ь			basis and sales expense	-	5b	F.\	0		•
ē	C				inventory (Subtract line 5b			⊢	5c	0
enue	6				Schedule G) If any amount is from g	gaming, checi	k nere	\sqcup		
Reserve	а				0 of contributions	ا ده ا				
	<u> </u>	reported o		es other than fundraising	*	6a 6b				
6 0 ₹0	b		-	_	d activities (Subtract line 6t		62)	<u>-</u>	6c	0
	с 7а			ntory, less returns and al	•	7a	oa).	·	-	
- (1)	b			sold		7b				
L	C		-		(Subtract line 7b from line				7c	0
\subseteq	8	Other reve	-	-	`	,) [8	0
뷁	9			l lines 1, 2, 3, 4, 5c, 6c, 7	c, and 8			_	9	154,506
JANINATED OF THE CONTROLL OF THE CONTROL OF THE CONTR	10			amounts paid (attach sch	adula)		V 10-10	<u> </u>	10	40,000
1	11	Benefits pa	aid to or f	or members		RECE	VED.	:/· L	11	
J'S	12			pensation, and employed]	31 L	12	
SU	13			nd other payments to ind	ependent contractors	FEB 08	2011 - 10	51 L	13	102,517
Expe	14			ilities, and maintenance		00	10	51 -	14	0
ш				s, postage, and shipping)	<u>.</u>	€/ .	15	6,826
	16			escribe See Attached		OGDEN	<u>, UT</u>		16 17	14,241
_	17			dd lines 10 through 16.					18	<u>163,584</u> -9,078
şţe	18			or the year (Subtract line		(A)) (mus	Lagree with	·	10	-9,070
SS	19			eported on prior year's re	year (from line 27, column			-	19	54,451
Net Assets	20	•	•	et assets or fund balance				F	20	04,401
Se	21				Combine lines 18 through 2			`▶	21	45,373
P	art II				5, column (B) are \$1,250,00			990 inste		
				the instructions for Part I			(A) Begin			(B) End of year
22	Cash	, savings, a		ments				54,45	1 22	45,373
23		and buildin							23	
24		r assets (de	-)			0 24	0
25		assets.						54,45	_	45,373
26		liabilities)			0 26	0
					B) must agree with line 21	<u>) </u>		54,45	1 27	45,373
Fo	r Privac	y Act and P	aperwork	Reduction Act Notice, see	the separate instructions.				_	Form 990-EZ (2009)

Form 990-EZ (2009) League of Women Voters (of ME, Edu.Fund, Inc		U4-3386	<u>4//</u>	Page 4
Part III Statement of Program Service Ac		instructions for Pa	art III)		Expenses
What is the organization's primary exempt purpose?					red for section
Describe what was achieved in carrying out the organ					(3) and 501(c)(4) zations and section
manner, describe the services provided, the number of				-	a)(1) trusts, optional
each program title.				for oth	
28 Offer information about national & state issues ar	nd to provide publications				
that inform the public about elections				Ì	
(Grants \$ 0) If this amou	int includes foreign grants, ch	eck here	. ▶ □	28a	143,019
20		•	1		1,10,010
(Grants \$ 0) If this amou	ınt ıncludes foreign grants, ch	eck here		29a	0
20			 -	23a	
30				1	
/O					
·	int includes foreign grants, ch	ieck nere	<u> </u>	30a	0
31 Other program services (attach schedule)			:		
<u>`</u>	int includes foreign grants, ch			31a	0
32 Total program service expenses. (add lines 28				32	143,019
Part IV List of Officers, Directors, Trustees,		one even if not comper	nsated (See th	ne instr	uctions for Part IV.)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributionemployee benefit		(e) Expense account and
(a) Name and address	devoted to position	enter -0)	deferred comper		other allowances
Barbara McDade	Title President				· ·
43 Cottage Street Bangor ME 04401	- Hr/WK 1.00	l ol		ol	C
Colleen P Tucker	Title Secretary	1			
P O. Box 15003 Portland ME 04112	Hr/WK 1 00	o		ol	C
Ann M Luther	Title Treasurer				
14 Loon Cove Lane Trenton ME 04605	Hr/WK 1 00	l		o	ď
	11			ᢇ	
Martha Dickinson	_ Title Hr/WK 1.00	o		o	
40 Washington Street Ellsworth ME 04605-2105		<u> </u>		──┦	
Polly Ferguson	_ Title				,
41 Arrowwood Court South Portland ME 04106	Hr/WK 1 00	0		0	
Anne B Schink	- Title				
22 Wisteria Way South Portland ME 04106	Hr/WK 1.00	0		0	
Michelle Small	- Title	1			1
34 Stanwood Street Brunswick ME 04011	Hr/WK 1.00	0		0	(
Jill Ward	_ Title				1
28 Candlebrook Lane South Portland ME 04106	Hr/WK 1 00	0		0	
Sarah R. Walton	Title				
P.O Box 123 Augusta ME 04332-0123	Hr/WK 1 00	0		0	(
Cathie Whittenburg	Title				
26 Kent Street Portland ME 04102	Hr/WK1.00	0		0	(
	Title				
	Hr/WK .00	0		0	. (
	Title				-
	Hr/WK .00	ol o		0	1
	Title				
	Hr/WK 00	0	Ì	0	(
	Title			<u>`</u>	···
	-	0		0	
	Hr/WK .00	,			
	Title			_	
	Hr/WK .00	0		0	
	- Title] _		_	
	Hr/WK .00	0		0	
	Title				
	Hr/WK .00	0		0	(
	Title				
	Hr/WK .00	0	ł	0	

Form 9	90-EZ (2009) League of Women Voters of ME, Edu.Fund, Inc04	-33864	77	Page 3
Part	V Other Information (Note the statement requirements in the instructions for Part V)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity.	33_		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			V
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
_	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
d	6033(e) notice, reporting, and proxy tax requirements?	35a		Х
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		$\overline{}$
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	-		
	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return? .	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations Enter.			
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	-		
40 a				
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		x
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	405		<u>├</u> ^
·	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	ļ		1
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		}	
	reimbursed by the organization	Ì		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	<u> </u>
41	List the states with which a copy of this return is filed ► NONE REQUIRED			
42 a	The organization's books are in care of ► Ann M. Luther Telephone no. ►	(207)6	64-06	96
	Located at ► 14 Loon Cove Lane City Trenton ST ME ZIP + 4 ► 046	05		
b	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		Yes	+
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			,
	and Financial Accounts.	42c		X
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	426		
	If "Yes," enter the name of the foreign country			▶
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		• •	
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		162	140
44	Form 990-EZ	44	<u> </u>	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			1
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	X
			90-E	Z (2009)

Preparer's

Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

Kathryn A Dunn, CPA

May the IRS discuss this return with the preparer shown above? See instructions

P.O Box 1016;10Court St Place, Augusta, ME 04332

Form 99	0-EZ (2009) League of Women Voters of I	ME, Edu.Fund, Inc				04	-33864	177	Page 4
Part			nonexe	mpt cha	ritable 1	rusts only. All	section	1	
	501(c)(3) organizations and section 49								
	and complete the tables for lines 50 ar	nd 51.							
46	Did the organization engage in direct or indirect	political campaign activ	vities on	behalf of	or in opp	osition to		Yes	No
	candidates for public office? If "Yes," complete S						46		X
	Did the organization engage in lobbying activities						47	Χ	
	Is the organization a school as described in sect				chedule l	E	48		X
49 a	Did the organization make any transfers to an ex	xempt non-charitable re	elated org	ganization			49a		Χ
b	If "Yes," was the related organization a section 5	527 organization?					49b		
50	Complete this table for the organization's five hig	ghest compensated em	ployees	(other tha	n officers	s, directors, truste	es and	l key	
	employees) who each received more than \$100,	,000 of compensation f	rom the	organızati	on If the	re is none, enter '	None '	•	
		(b) Title and average	je	(c) Compe	nsation	(d) Contributions to		e) Expens	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	n			employee benefit plans & deferred compensation		ccount ar er allowar	
Name	None Str	Title							
City	ST ZIP	Hr/WK	00		o		<u> </u>		0
Name	Str	Title							
City	ST ZIP	Hr/WK	00		0	(0
Name	Str	Title							
City	ST ZIP	Hr/WK	.00		0	(0
Name	Str	Title	-				1		
City	ST ZIP	Hr/WK	.00		0				0
Name	Str	Title							
City	ST ZIP	Hr/WK	00		0	(<u></u>		0
51	Complete this table for the organization's five hig \$100,000 of compensation from the organization	-	-		iors who	each received inc	ne ina	•	
	(a) Name and address of each independent contract	tor paid more than \$100,000			(b) Type	e of service	(c) Co	mpensat	ion
Name	None Str								
City	ST	ZIP							
Name	Str								
City	ST	ZIP							
Name	Str								
City	ST	ZIP							
Name	Str								
City	ST	ZIP							
Name	Str								
City	ST	ZIP	20.000						
d	Total number of other independent contractors of	each receiving over \$10	. 000,000	'					0
	Under pendities of perjury, declare that Have examinand belief, it is true, correct and complete Declaration	ned this return, including according preparer (other than office	mpanying ser) is based	chedules and on all informa	d statement ation of whi	s, and to the best of m ch preparer has any kn	/ knowle owledge	dge	
Sign	1 mile	<u> </u>			L	- L/4/	1 1		
Here	Signature of officer X HN N LNT	her Ter	EASL	ARER		Date			
	Type or print name and title		Date	T	Check if	Preparer's iden	ifvina nun	nber (See I	nstructions)
Paid	Preparer's signature	CPA			self- employed	'		, ,	

EIN

Phone no ► (207) 626-3554

No

► X Yes

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. ► See separate instructions. Inspection

Name	of the	organization							Employer	identificat	lon numbe	r	
			ers of ME, Edu F						<u> </u>	_	386477		
Par	_			narity Status (All org						<u>ıstructio</u>	ns		
ine o	orgar 			ation because it is: (Forches, or association o						`			
2	H			on 170(b)(1)(A)(ii). (At			eu iii sec			,.			
3	H			nospital service organi		=	section	170/b)(1)	(Δ\/iii)				
4	H	· ·	•	ition operated in conju						(h)(1)(A)	(iii) Ent	er the	
•	<u></u>		me, city, and sta	•		 							
5				the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental ur	nit descri	bed	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	•		y receives a substanti (1)(A)(vi). (Complete f	•	its suppor	t from a g	jovernme	ntal unit o	or from th	e genera	al publi	ic
8	П	A community	trust described	l in section 170(b)(1)((A)(vi). (C	omplete F	Part II.)						
9	\Box	-		y receives (1) more th				om contri	butions, r	nembers	hip fees,	and g	ross
		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)											
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. Se	ee sectio	n 509(a)(4).			
11		purposes of	one or more pul	nd operated exclusive blicly supported organ at describes the type o	izations d	lescribed	in section izatıon an	509(a)(1) d comple) or section	on 509(a) 1e throug	(2) See	section	
е				y that the organization			-	-	hy one or	_	• •		
•		persons other		on managers and othe			-						on
f		organization	, check this box							e III supp	orting 		
g		Since Augus following per		the organization acce	pted any	gift or con	itribution 1	from any	of the				
				or indirectly controls,	either alo	ne or toge	ther with	persons o	described	ın (ıı)		Yes	No
				verning body of the su			on?				11g(i)		
				person described in (i						•	11g(ii)		
h		• •		y of a person describe ation about the suppor				•			11g(iii)		
		e of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9	(iv) Is the o	organization sted in your	(v) Did y	ou notify	, ,	Is the		Amount support	of
	org	anızatıon		above or IRC section	governing	document?		of your port?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No	1		
													0
											 		
											 		0
									<u> </u>		<u> </u> 		0
					_								.0
											 		0
Tota	1		i	i		1		1	1		1		0

04-3386477 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)

Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,075	46,595	66,920	73,411	151,964	344,965
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	_ 0	0	0	0	0
4 5	Total. Add lines 1 through 3 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	6,075	46,595	66,920	73,411	151,964	344,965
	amount shown on line 11, column (f)				F		215,000
6	Public support. Subtract line 5 from line 4.						129,965
	ion B. Total Support		· · · · · · · · · · · · · · · · · · ·	 -			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	6,075	46,595	66,920	73,411	151,964	344,965
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources	141	0	650	218	42	1,051
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						346,016
12	Gross receipts from related activities, etc. (s	ee instructions).			12	2,500
13	First five years. If the Form 990 is for the o organization, check this box and stop here	_		rd, fourth, or fif	th tax year as a	a section 501(c)(3) .► □
Sect	ion C. Computation of Public Support					· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2009 (line 6,			column (f))		14	37 56%
15	Public support percentage from 2008 Scheo					15	89 04%
16a	33 1/3% support test–2009. If the organiza and stop here. The organization qualifies a	s a publicly sup	ported organiz	zation .			. ▶ 🗓
b	box and stop here. The organization qualifies as a publicly supported organization ▶ □						
17a b	10%-facts-and-circumstances test–2009. or more, and if the organization meets the "facts-and-circumstances test–2008. or more, and if the organization meets the "facts-and-circumstances test–2008. or more, and if the organization meets the "facts-and-circumstances" the "facts	facts-and-circul nstances" test. If the organiza facts-and-circul	mstances" test The organizat tion did not che mstances" test	t, check this bo non qualifies as eck a box on lir t, check this bo	x and stop he l a publicly sup ne 13, 16a, 16b x and stop he l	re. Explain in P ported organiz o, or 17a, and li re. Explain in P	art IV how ation. ▶ ☐ ine 15 is 10% Part IV how
18	Private foundation. If the organization did not ch		•	·		-	→

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you checked to	HE DOX OIT HITE	3 OF Fait 1.				
	tion A. Public Support						_
Cale	endar year (or fiscal year beginning in) 🕒 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0				0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an	0	0	· · · · · · · · · · · · · · · · · · ·			0
4	unrelated trade or business under section 513 Tax revenues levied for the organization's						0
•	benefit and either paid to or expended on its behalf	0	0				0
5	The value of services or facilities furnished by a governmental unit to the						•
6	organization without charge	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons		-		-		0
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						
С	amount on line 13 for the year	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)				,		0
Sec	tion B. Total Support	1					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	• • • • • •		•				
9 10a	Amounts from line 6	0	0	0	0	0	0
b	sources						0
	acquired after June 30, 1975						0
с 11	Add lines 10a and 10b	0	0	0	0	0	0
12	whether or not the business is regularly carried on						0
	loss from the sale of capital assets (Explain in Part IV.)	0	0	-			0
13	Total support. (Add lines 9, 10c, 11, and 12).	o	0	0	0	· · · · · · · · · · · · · · · · · · ·	0
14	First five years. If the Form 990 is for the organization, check this box and stop here.	_		d, fourth, or fiftl · · · · · ·		section 501(c)	(3)
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co		d by line 13. c	olumn (f))		15	0 00%
16	Public support percentage for 2009 (line o, oc Public support percentage from 2008 Schedution D. Computation of Investment Inc.	ule A, Part III, lii	ne 15		· · ·	16	0 00%
	Investment income percentage for 2009 (line			e 13. column /	<u></u>	17	0.00%
17 18 19a	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc 33 1/3% support tests–2009. If the organiza	hedule A, Part	III, line 17			18	0 00%
b	not more than 33 1/3%, check this box and s 33 1/3% support tests-2008. If the organization d	top here. The o	organization qu ox on line 14 or li	ualifies as a pu ne 19a, and line	blicly supporte 16 is more than	ed organization 33 1/3% and	
20	line 18 is not more than 33 1/3%, check this box ar Private foundation. If the organization did not						▶

Schedule A (Form	990 or 990-EZ) 2009	League of Wo	men Voters of	ME, Edu Fun	d, Inc		04-3386477	Page 4
Part IV	Supplemental	Information.	Complete this	part to provi	ide the explana	ations required	04-3386477 by Part II, line 10),
	Part II, line 17a	or 17b, and Pa	art III, line 12	Provide any	other addition	al information.	See instructions	
			-	-				
•								

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B

	_	s," to Form 990, Part IV, line 5 (Proxy ganizations Complete Part III	Tax), then		
	me of organization	•		Employe	r identification number
	ue of Women Voters of M	F Edu Fund Inc		,-	04-3386477
	t I-A Complete if t	he organization is exempt und	er section 501(c) or is a section 527	
1		the organization's direct and indirect			-
2				▶ \$	
3	Volunteer hours				
Pai	t I-B Complete if t	he organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organization	on under section	4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization i	managers under s	section 4955 🕨 \$	
3	If the organization incurre	ed a section 4955 tax, did it file Forn	n 4720 for this yea	ar?	. Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part	IV			
Pai	t I-C Complete if t	he organization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the amount directly	expended by the filing organization	for section 527 e	exempt function	
	activities				
2		filing organization's funds contribute	d to other organiz	ations	
	for section 527 exempt for				
3		penditures. Add lines 1 and 2. Enter	here and on Fore	m 1120-POL,	
	line 17b			• \$	0
4	Did the filing organization	n file Form 1120-POL for this year?			Yes No
5		ses and employer identification num			
		or each organization listed, enter the			
	amount of political contri	butions received that were promptly und or a political action committee (F	and directly deliv	ered to a separate political	al organization, such as
	a separate segregated it	I	AC). II additional		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
				0	0
				0	0
				0	0
				_	_
				0	0
					_
				0	0
		}			_

Sch	edule C (Form 990 or 990-EZ) 2009					Page 2
P	art II-A Complete if the organize under section 501(h)).	zation is exem	pt under sectior	501(c)(3) and 1	iled Form 5768 (el	ection
A	Check ▶	on belongs to a	n affiliated group			
В	Check ► if the filing organization	on checked box	A and "limited co	ontrol" provisions	s apply.	<u> </u>
	Limits on L (The term "expenditures	obbying Expend " means amoun		d.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influer	ce public opinior	grass roots lobby	ving)	2,048	0
b	Total lobbying expenditures to influer	-	ody (direct lobbyin	g)	6,577	0
C	Total lobbying expenditures (add line				8,625	0
d	Other exempt purpose expenditures Total exempt purpose expenditures (133,806 142,431	0
e f	Lobbying nontaxable amount. Enter t				142,451	
•	columns.		28,486	0		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		mount on line 1e			Ì
ļ	Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000		s 15% of the excess of the exc			
1	Over \$1,500,000 but not over \$1,500,000		s 5% of the excess or			
Ì	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter	25% of line 1f) .			7,122	0
h	Subtract line 1g from line 1a. If zero of				0	0
į	Subtract line 1f from line 1c. If zero o	•			0	0
j 	If there is an amount other than zero section 4911 tax for this year?			rganization file Fo	Г	Yes No
	(Some organizations that	it made a sectio	ng Period Under S n 501(h) election tructions for lines	do not have to co		e
	Lobi	ying Expenditu	res During 4-Year	Averaging Perio	d	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	0	0		0	0
_b	Lobbying ceiling amount (150% of line 2a, column(e))					0
	Total lobbying expenditures	0	0		0	0
d 	Grassroots nontaxable amount	0	0		0	0
е 	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures	0	0			0
					Schedule C (Form	n 990 or 990-EZ) 2009

	(election under section 501(h)).	(a	1)	(1	b)	
		Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?	<u> </u>				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	\vdash				
n	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?. Other activities? If "Yes," describe in Part IV	\vdash				
;	Total Add lines 1c through 1i		-			0
) 20	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912.	-				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(!	5). or	section		
ı aı	501(c)(6)	.,,0,,,	,, 0.	00011011		
	00.(0)(0):				'es	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	,		3	\neg	
	Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."	A, line	3 is	answer	ed	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
_	Current year		2a			
a	Carryover from last year	•	2b			
C	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part						
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line complete this part for any additional information.					
			•••••			
					·	

Leag	ue of Women Voters of ME, Edu.Fund, Inc	04-3386477
Part IV	Supplemental Information (continued)	

Part I, Line 16 (990-EZ) - Other Expenses		14,241
1 Travel	1	6,844
2 Meals and entertainment	2	
3 Fundraising	3	
4 Amortization	4	0
5 Conferences, conventions, and meetings	5	1,108
6 Depreciation	6	0
7 Depletion	7	
8 Equipment rental and maintenance	8	
9 Interest	9	
10 Supplies	10	443
11 Telephone	11	544
12 Unrelated business income taxes	12	0
13 Filing & compliance fees	13	440
14 Lobbyist registration	14	200
15 Administrative fee	15	361
16 Web & media services	16	1,260
17 Bank credit card & other service charges	17	391
18 Advertising	18	150
19 Fiscal Agent fee	19	2,500
20	20	
21	21	
22	22	
23	23	
24	24	
25	25	
26	26	
27	27	
28	28	
29	29	
30	30	
31	31	
32	32	
JZ		

s Paid
ar Amount
s and Simila
Srant
) (990-EZ) - (
le 10
Part I, Lir

ב ב	- / LIII		A	3				
			Check (X) if grantee is					
	Class of activity	Grantee's name		Address	City		te Zip code	Foreign Country
-		Maine Peoples Resource Cente	×	565 Congress St, Suite#200	Portand	퓔	04101	
7		Maine Citizens for Clean Election	×	P O. Box 18187	Portland		04112	
က								
4								
2								
မ								
7								
8								
6								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20			×					

	Date received	3/30/2010	6/27/2010									
	Method used to determine FMV											
0	Fair market value											
	How book value determined											
0	Book value											
	Purpose of payment to affiliate	Fundraising, Media&Commi	Clean Election activities									
	Description of the property		Check									
	Relationship											
40,000	Amount of cash grant	12,000	28,000									