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# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 **Open to Public** 

		of the Treasury enue Service		assets less than  ► The organization may have	\$1,250,000 at the end of to use a copy of this retui			quirements		Ins	pection
_		- Country of the			June 3	0	, 20 10				
_						lentificatio					
	Addres	s change	use IRS label or	League of Women Voters	of Indiana					35 <del>0410</del> 2	11 . A.
	Name (	•	print or	Number and street (or P O bo	x, if mail is not delivered t	to street address)	Room/su	ute E Tele	phone n	umber	<u> </u>
님	Initial re Termin		type. See	445 N Pennslyvania St			910		31	17-241-86	83
H		led return	Specific Instruc-	City or town, state or country,	and ZIP + 4			F Gro	up Exe	mption	
Ħ		ation pending	tions.	Indianapolis, IN 46204 -18	300				nber I	•	2220
_	• Se	ection 501(c)(3)	organiz	zations and 4947(a)(1) none	exempt charitable tru	sts must attach	G	Accounting M	lethod:	✓ Cas	h Accrual
	-		_	mpleted Schedule A (Form	•		E .	Other (specify		000	
						-		Check ▶ 🗹		organizati	on is <b>not</b>
1	Webs	site: ► wwv	v.lwvin.	org			ı	required to at		_	
J	Tax-e	xempt status (	check o	nly one) — 🗹 501(c) ( 🕌 )		17(a)(1) or 5		990-EZ, or 99			,
_	Check			zation is not a section 509(a)			s receipts	are normally	not m	ore than \$	\$25.000. A
	Form			turn is not required, but if the							
L	Add lir	nes 5b, 6b, and 7	b, to line	e 9 to determine gross receipt	s; if \$500,000 or more, f	ile Form 990 ınste	ad of For	n 990-EZ	<b>S</b>		
	art I	Revenu	е, Ехр	enses, and Changes	in Net Assets or	Fund Balanc	es (See	the instru	ction	s for Pa	rt I.)
	1	Contribution	ons, gif	ts, grants, and similar am	ounts received				1		449
	2	Program s	ervice ı	revenue including govern	ment fees and contr	racts			2		6716
	3	Membersh	ip dues	s and assessments					3		12,970
Ø	4	Investmen	t incom	ne					4		3,683
8	5	a Gross amo	ount fro	m sale of assets other th	an inventory	<u>5a</u>					
2	1	<b>b</b> Less: cost	or other	er basis and sales expens	ses	<u>5b</u>			5 % 		
m.	,   '			n sale of assets other tha					5c		
Ö	6	Special event	s and ac	tivities (complete applicable par		-	ning, checl	k here ▶ 🔲	1527 x 20 1		
	}		•	ot including \$	of contri	ibutions	1		1. 7.		,
SCANNED DEC	<b>:</b>	reported o		•					<u> </u>		`
			-	nses other than fundraisi	· ·	<u>[6b</u>	<u> </u>		ا شد.		
9	I _			ss) from special events a	•	1	line 6a)		6c		
~	7			ventory, less returns and	allowances		ļ				
2010		b Less: cost	-			<u>7b</u>				İ	
	8	-	-	ess) from sales of invento escribe <b>vexpense reim</b>		•	 ion Euro		7c 8		2,612
	9		•	dd lines 1, 2, 3, 4, 5c, 6c			ion runc		9		26,430
_	10			r amounts paid (attach s	cheduley	CEIVED	<del></del>	<u> </u>	10		20,430
	11	Ponofite n	aid ta c	or for mombors	1~1				11	···	11,369
ų	,   49	Salaries o	ther co	ompensation, and employ	ee benefits NOV	04.2010	181 ·		12		11,555
ģ	13	Profession	al fees	and other payments to i	naanaamant contrac	tore i	g :		13		6,446
Fynense	14			utilities, and maintenand		V. A.	굨 .		14		
ŭ	ៀ 15	•	•	ions, postage, and shipp	ing	<u>EN, UT</u>	7		15		
	16	Other exp	enses (	describe > see attachn	nent 2		_	)	16		7,628
	17	Total exp	enses.	Add lines 10 through 16					17		25,443
y	ุ 18	Excess or	(deficit	) for the year (Subtract lin	ne 17 from line 9) .				18		986
9	ฐี   19			nd balances at beginning		27, column (A)	) (must	agree with	144		
0	8	=	_	e reported on prior year's					19		109,149
Not Accete	ថ្ន   20		-	net assets or fund balan		-			20		8,427
	21			d balances at end of yea					21	<u> </u>	118,563
	Part	■ Balanc	e She	ets. If Total assets on lin		\$1,250,000 or					
				(See the instructions t	· ·		<u> </u>	(A) Beginning o			End of year
				nvestments			· ·  _	1(	09,149	<del>  </del>	118,563
		Land and buil	-				· ·  _			23	
		Other assets					>		00 140	24	440.000
						• • • •	· · ·  -	1(	09,149	25	118,563
		Total liabilitie		cribe ► <b>balances</b> (line 27 of colu	mn (B) must agree v	with line 21)	一' ├	11	09,149		118,563
_4	_ <i>[</i>	.,,,,,			Les made agroc v		• 1	11	, <u>-</u>	141	1 10,303

Part	III Statement of Program Service Accom	plishments (See the instru	uctions for Part II	l.)			Expenses
What	is the organization's primary exempt purpose?	promote political responsible	ility				ired for section
Desci	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd cond	cise		)(3) and 501(c)(4)
	er, describe the services provided, the number of						izations and section a)(1) trusts, optiona
							aj(1) trusts, optiona hers.)
28	Education/citizen information through website, elect	ronic mail, press, and telepho	one				
	estimated 3000 contacts						
•	see attachment 2						
		includes foreign grants, che	ook horo		$\Box$	28a	5,364
						20a	0,00
29	estimated 5000 contacts	cacy/coalitions efforts information and activities					
	see attachment 2						
		includes foreign grants, che				29a	135
30	Local and statewide meetings, conferences, and wo	rkshops					
	150 participants representing 1100 members	·					
	see attachment 2						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	<u>.</u> ▶		30a	8,49
31	Other program services (attach schedule)						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶		31a	
32	Total program service expenses (add lines 28a				<b>•</b>	32	15,21
Part	IV List of Officers, Directors, Trustees, and Key	y Employees. List each one ev	ven if not compensa	ted. (Se	e the	instruc	tions for Part IV.
	(-) Name and address	(b) Title and average	(c) Compensation	(d) Con			(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee deferred			account and other allowances
Kare	n Kay Leonard						
	Indianapolis IN 46228	President, 8 hours	0	1		0	
Gail I	Pehworth		-				
	Crawfordsville IN 47933	1st Vice President, 2 hours	0			0	
	y Grant	<del></del>					<u> </u>
Sanu	Kokomo IN 46901	2d Vice President, 2 hours	0			0	
Davla				<del> </del>		U	
	ara Phelps	Secretary, 2 hours				•	
	South Bend IN 46628		0			0	,
Lorra	nine Jensen	Treasurer, 2 hours				_	
	Noblesville IN 46061		0			0	
Judy	Buchholz	Director, 2 hours					
	W Terre Haute IN 47885		0			0	
Betty	/ Doversberger	Director, 2 hours					
	Lafayette IN 47905	Director, 2 flours	0			0	
Albre	echt Holschuh	Director, 2 hours	1				
	Bloomington IN 47401	Director, 2 nours	0			0	1
Pam	Locker	Director Obsum					
	Evansville IN 47715	Director, 2 hours	0			0	1
Dee	Naylor						
	Muncie IN 47304	Director, 2 hours	l 0			0	
Amv	Olsen						
	Indianapolis IN 46228	Director, 2 hours	0			0	
Kimb	per Sorenson-Brugh					<u>.</u>	
	Mishawaka IN 46545	Director, 2 hours	0			0	
Corri			-	<del> </del>			
Carri	e Sosbe	Director, 2 hours	١ .				
	Crawfordsville IN 47933		0	· · · · -		0	
				ļ			
		.]					
			<u> </u>				
		1					

	0-EZ (2009)		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No 🗸
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		V
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	15 ¢ ,	245, 87	
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		7
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶	3	# 13 d	
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		· ·
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	5 7	, 'e', '	1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	. di	
41	List the states with which a copy of this return is filed. ▶ Indiana			
42a		317-24		3
<b>.</b>	Located at ► 445 N. Pennsylvania Street, Suite 910, Indianapolls, IN ZIP + 4 ►	462	204	
Ь	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	1	Yes	No
	account)?	42b	163	<u> </u>
	If "Yes," enter the name of the foreign country: ▶	5,50		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. •	▶ □ 
		ı	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	- 5 4°	
<b>4</b> 5	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		· , , ,

·	501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	<b>section 4947(a)(1) none:</b> 47(a)(1) nonexempt charind 51.	<b>xempt charita</b> table trusts mu	ble trusts only. A st answer questio	ll section ns 46–49t	)
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete				Yes 46	No
	Did the organization engage in lobbying activitie				47	<del></del>
	Is the organization a school as described in section				48	
	Did the organization make any transfers to an ex				49a	
	If "Yes," was the related organization a section 5				49b	
	Complete this table for the organization's five hi					
	employees) who each received more than \$100,				ter "None."	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expen account a other allowa	ınd
				_		
f	Total number of other employees paid over \$100		l			
····	~ (a) Name and address of each independent contractor	paid more than \$100,000	(b) T	ype of service	(c) Cornpensa	ition
					· · · · · ·	
d	Total number of other independent contractors	each receiving over \$100,00	00▶			
	Under penalties of penjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including accompany of preparer (other than officer) is b	ying schedules and s ased on all information	tatements, and to the bes	t of my knowle any knowledge	edge
Sign Here	Jorrain Co	Jeusen		10/24	/2010	)
	Signature of officer  Lorraine A. Jensen, treasurer  Type or print name and title	<i>V</i>		Date		
Paid Propare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	nber (See instruc	tions)
Prepare Use On	I Fill Strattle for			IN ▶		
May the	e IRS discuss this return with the preparer show	n above? See instructions	_·_·	▶ 🗀	Yes ☐ N m 990-EZ	<b>Yo</b> (2009)

### Supporting statement for:

Form 990-EZ (2009)

Line 2 Revenue

Description	Amount
Special Fund Raising Projects	2,865
State Convention/Council	2,601
Workshops	1,250
Total	6,716

## Supporting statement for:

Form 990-EZ (2009)

Line 3 Revenue

Description	Amount
Local League Per-Member-Payment	11,715
Member at Large Dues	760
Rebate from LWVUS for Members-at-Large	495
Total	12,970

### Supporting statement for:

Form 990-EZ (2009)

Line 11 Expenses

Description	Amount
Member services	2,552
State Member-at-Large Per-Member-Payment to LWVUS	321
State Convention/Council	1,978
Workshops	1,272
LWVUS Convention/Council	3,000
Indiana VOTER newsletter	2,247
Total	11,369

### Supporting statement for:

Form 990-EZ (2009)

Line 13 Expenses

Description	Amount
Office Administration by WorkPoint Associates	3,223
Professional Fees: investment fees	1,082
Professional Fees: website maintenance	2,141

Total

6445.85

### Supporting statement for:

Form 990-EZ (2009) Line 16 Expenses

Description	Amount
Office Expense	600
Property and Liability Insurance	1,727
Permits and Fees	40
Officers/Board Expenses	2,568
Fundraising Expenses	1,066
Coalition memberships	395
Advocacy	956
Misc	276
Total	7,628

#### Supporting statement for:

Form 990-EZ (2009) Line 20 Expenses

Description	Amount
Investment change in value	8,427

#### Supporting statement for:

Form 990-EZ (2009) Line 28

Description	Amount
Office Administration	3,223
Website Maintenance	2,141
Total	5,364

#### Supporting statement for:

Form 990-EZ (2009) Line 29

Description	Amount
Advocacy	956
Coalitions	395
Total	1,351

#### Supporting statement for:

Form 990-EZ (2009) Line 30

Description	Amount
State Convention/Council	1,978
LWVUS Convention/Council	3,000
Workshops	1,272
Indiana Voter	2,247
Total	8,496