

## 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



Pa	rt II Balance Sheets. (see the instructions	s for Part II.)		D4 11			
	Check if the organization used Schedul	e O to respond to any que	Stion in this		inning of year	<del></del>	(B) End of year
	Cook and in a radioverter at			(M) peg	5,977	22	<del></del>
22	Cash, savings, and investments		· · · }-		2,500	<del></del>	12,335 2,500
23 24	Land and buildings		· · · ·			24	5,977
2 <del>4</del> 25	Total assets		· · · ·  -		8,477	-	20.812
25 26	Total liabilities (describe in Schedule O)		· · ·			26	20,612
27	Net assets or fund balances (line 27 of colum	n (B) must agree with line 2	տ՝ : : <b>Ի</b>		8,477	_	20,812
Par	The state of the s			art III.			Expenses
	Check if the organization used Schedul						uired for section
What	t is the organization's primary exempt purpose?	education of all voters					c)(3) and 501(c)(4) inizations and section
Desci	ribe what was achieved in carrying out the organizatio				er, describe		7(a)(1) trusts; optional
the se	ervices provided, the number of persons benefited, and	other relevant information for	each program	title.		for o	others.)
28	Provide forums for candidate debates						
						1	]
	(Grants \$ ) If this amoun	t includes foreign grants, ch	eck here .	<u> </u>	. ▶ 🗆	28a	430
29						!	
						ŀ	
	***************************************			·			
	(Grants \$ ) If this amoun	t includes foreign grants, ch	eck here .	<u>· · ·                                  </u>	. ▶ 📙	29a	
30							
					**********		
	(Granta \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	t includes foreign grants, ch	ook horo		<b>▶</b> □	30a	
21	(Grants \$ ) If this amount Other program services (describe in Schedule O)			• •	·	Sua	
Ji	, ,	t includes foreign grants, ch		•		31a	
32	Total program service expenses (add lines 28a					32	430
							<del></del>
4.1	Part IV. List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)						
а	Check if the organization used Schedule					nstru(	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to any ques	stion in this (	art N	(d) Contribution	ns to	
		O to respond to any que:	stion in this f	Part IV	<u> </u>	rs to	(e) Expense account and
Beve	Check if the organization used Schedule (a) Name and address orly Moore	(b) Title and average hours per week devoted to position	(c) Compensi (f not paid	Part IV	(d) Contribution employee benefit	ns to plans & sation	(e) Expense account and other allowances
Beve	Check if the organization used Schedule (a) Name and address orly Moore S. Ewing Avenue, Louisville, KY 40206	(b) Title and average hours per week	(c) Compensi (f not paid	Part IV	(d) Contribution employee benefit	rs to	(e) Expense account and other allowances
Beve 115 S Mars	Check if the organization used Schedule (a) Name and address orly Moore S. Ewing Avenue, Louisville, KY 40206 sha Weinstein	(b) Title and average hours per week devoted to position	(c) Compensi (f not paid	art Nation	(d) Contribution employee benefit	ns to plans & sation	(e) Expense account and other allowances
Beve 115 5 Mars 115 5	Check if the organization used Schedule (a) Name and address orly Moore S. Ewing Avenue, Louisville, KY 40206 cha Weinstein S. Ewing Avenue, Louisville, KY 40206	(b) Title and average hours per week devoted to position  President, 10 hours	(c) Compensi (f not paid	Part IV	(d) Contribution employee benefit	ns to plans & sation	(e) Expense account and other allowances
Beve 115 S Mars 115 S Pame	Check if the organization used Schedule (a) Name and address orly Moore S. Ewing Avenue, Louisville, KY 40206 Sha Weinstein S. Ewing Avenue, Louisville, KY 40206 ela Rogers	(b) Title and average hours per week devoted to position  President, 10 hours	(c) Compensi (f not paid	art IV	(d) Contribution employee benefit	ns to plans 8 isation	(e) Expense account and other allowances
Beve 115 5 Mars 115 5 Pame	Check if the organization used Schedule  (a) Name and address  orly Moore  S. Ewing Avenue, Louisville, KY 40206  cha Weinstein  S. Ewing Avenue, Louisville, KY 40206  ela Rogers  S. Ewing, Avenue, Louisville, KY 40206	(b) Title and average hours per week devoted to position  President, 10 hours  V. Pres, 10 hours	(c) Compensi (f not paid	art Nation	(d) Contribution employee benefit	ns to plans & sation	(e) Expense account and other allowances
Beve 115 S Mars 115 S Pame 115 S Victo	Check if the organization used Schedule  (a) Name and address  orly Moore  S. Ewing Avenue, Louisville, KY 40206  cha Weinstein  S. Ewing Avenue, Louisville, KY 40206  ela Rogers  S. Ewing, Avenue, Louisville, KY 40206  oria Markell	(b) Title and average hours per week devoted to position  President, 10 hours  V. Pres, 10 hours	(c) Compensi (f not paid	art IV	(d) Contribution employee benefit	ns to plans 8 sation	(e) Expense account and other allowances
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## SCHEDULE A (E)rm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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. ➤ See separate instructions.

OMB No. 1545-0047

20**10** 

Open to Public Inspection

**Employer Identification number** 

The	League of Women	Voters of Louisvi	lle Education Fund, Inc	•					31-10	78207		
Par	tti Reason	for Public Cha	rity Status (All orga	nization	s must o	complete	e this pa	ırt.) See i	nstructio	ns.		
The c	organization is not	a private found	ation because it is: (Fo	or lines 1	through	11, check	only one	e box.)				
1	A church, cor	vention of churc	hes, or association of	churche	s describ	ed in sec	tion 170	(b)(1)(A)(i	i).			
2	A school desc	cribed in <mark>sectior</mark>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3			spital service organiza									
4			on operated in conjun	ction with	n a hospi	tal descri	bed in se	ection 17	0(b)(1)(A)	(ìii). Enter	the	
	•	ne, city, and stat								~~~~~		
5	_	on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or uni	iversity o	wned or	operated	by a go	vernment	al unit de	scrib	ed in
6	☐ A federal, stat	te, or local gover	nment or government	al unit de	scribed i	n section	170(b)(1	1)(A)(v).				
7	☐ An organization	on that normally	receives a substantia )(A)(vi). (Complete Par	al part of					nit or fron	n the gen	eral p	ublic
8	A community	trust described	in <b>section 170(b)(1)(A</b>	)( <b>vi</b> ). (Co								
9	receipts from support from	activities relate gross investme	receives: (1) more that d to its exempt funct ent income and unre lafter June 30, 1975. Se	ions-su lated bu	bject to siness ta	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	than 33	1/3%	of its
10	☐ An organization	on organized and	d operated exclusively	to test fo	or public	safety. Se	ee sectio	n 509(a)(	(4).			
11	purposes of o	one or more put	nd operated exclusive blicly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). Se		
	a 🔲 Type	H <b>b</b> □	Type II c	☐ Typ	e III-Fun	ctionally	integrate	d	d [	Type	III–Oti	her
е		indation manage	that the organization ars and other than one									
f			a written determination	on from	the IRS	that it is	а Туре	I, Type	ll, or Typ	e III supp	portin	g
	· ·	check this box										
g	Since August following pers		he organization accep	pted any	gift or c	ontributio	n from a	iny of the	•			
			ndirectly controls, eitlody of the supported (					describe	d in (ii) ar	nd [11g(j)	Yes	No
			on described in (i) abo	-						11g(i)		
	• •	•	a person described in							11g(iii)		
h			ion about the support				• • •			[843]		
(i) 1	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the c in col. (i) lis	organization sted in your document?	(v) Did y the organ col. (i)	rou notify nization in of your port?	organizat (i) organi	is the tion in col. zed in the S.?		nount o	of
			,	Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)		-										
E)	( -									<del> </del>		
		Marian (1997) 88 Asharis (1997)				, , <del>.</del>						
<b>Cotal</b>												

Part	Support Schedule for Organization	ations Desci	ibed in Sect	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				L 44 0000	1 ( ) 6640	1 ( <del>5 7 . )</del>
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	Į	]				
	membership fees received. (Do not include any "unusual grants.")			ļ	İ		
•			<u> </u>		ļ <u>.</u>	<u> </u>	<del> </del>
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				·		<del> </del>
	furnished by a governmental unit to the			ĺ			
	organization without charge						
4	Total. Add lines 1 through 3				<del></del>	· · · · · · · · · · · · · · · · · · ·	
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly			1	1		
	supported organization) included on			[6 1 <sup>2</sup>			
	line 1 that exceeds 2% of the amount	į					
	shown on line 11, column (f)					L	
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		<u> </u>		( ) 0000	1 2010	
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,		:			) ·	
	payments received on securities loans, rents, royalties and income from similar					•	
	sources						
9	Net income from unrelated business						<del></del>
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or		<del></del>				
	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	<u> </u>
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	· · · · ·	· · · · ·	▶ 🗆
	on C. Computation of Public Suppor			4 4 45			
14	Public support percentage for 2010 (line 6					15	<u>%</u>
15	Public support percentage from 2009 Sch 33 <sup>1</sup> /3% support test—2010. If the organic	redute A, Part	II, IITE 14 . check the boy	on line 13 and	 Llina 14 ie 331		heck this
16a	box and stop here. The organization qua						
ь	331/3% support test—2009. If the organ	•					
	check this box and <b>stop here.</b> The organi						. ▶ □
172	10%-facts-and-circumstances test - 20					a, or 16b, and	
174	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	ck this box ar	d stop here. E	Explain in
	Part IV how the organization meets the "f	acts-and-circu	mstances" tes	t. The organiza	ation qualifies	as a publicly s	upported
	organization						. ▶ 🗀
ь	10%-facts-and-circumstances test - 20	009. If the orga	nization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	, and line
_	15 is 10% or more, and if the organizat	ion meets the	"facts-and-ci	rcumstances"	test, check th	is box and st	op here.
	Explain in Part IV how the organization m						
-	supported organization						
18	Private foundation. If the organization di						
	instructions		<u> </u>	· · · · ·	<u> </u>	<u> </u>	▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

• •	•	
(Complete only i	f you checked the box	on line 9 of Part I or if the organization failed to qualify under Part II
If the organization	on fails to qualify under	the tests listed below, please complete Part II.)

<u>Sect</u>	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	8,085	5,160	6,350	2,125	26,849	48,569
	received. (Do not include any "unusual grants.")	6,065	3,160	0,330	2,123	26,649	46,569
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.	0	0	O	0	o	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0.	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	o	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	O	0	0	0
6	Total. Add lines 1 through 5	8,085	5,160	6,350	2,125	26,849	48,569
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	o	0	0	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 amount on line 13 for the year	0	o	0	O	0	0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		, in the second				40.500
	line 6.)						48,569
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	8,085	5,160	6,350	2,125	26,849	48,569
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	4,239	1,913	2,364	2,545	9,215	20,276
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o	0	0	o	0	0
C	Add lines 10a and 10b	4,239	1,913	2,364	2,545	9,215	20,276
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	o	o	0	o	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	o	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	12,324	7,073	8,714	4,670	36,064	68,845
14	First five years. If the Form 990 is for the organization, check this box and stop her	_			-	ar as a section	501(c)(3) · · ▶ □
Secti	on C. Computation of Public Suppor						<del></del>
15	Public support percentage for 2010 (line 8			3, column (f))		15	70.5 %
16	Public support percentage from 2009 Sch	edule A, Part I	II, line 15 .			16	n/a %
Section	on D. Computation of Investment Inc	ome Percer	ntage				
17	Investment income percentage for 2010 (I	ine 10c, colum	n (f) divided by	line 13, colum	ın (f))	17	29.5 %
18	Investment income percentage from 2009					18	n/a %
19a	331/3% support tests - 2010. If the organization						
	17 is not more than 331/3%, check this box a		-	•		•	
b	331/3% support tests—2009. If the organization 18 is not more than 331/3%, check this b	ation did not ch ox and <mark>stop h</mark> e	eck a box on li ere. The organiz	ne 14 or line 19 ation qualifies :	9a, and line 16 as a publicly su	is more than 33 pported organiz	81/3%, and eation ► □
20	Private foundation. If the organization did						

	7om 990 or 990-EZ) 2010 Pa						
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						
*******							
		•••					
		·					