	juestion-mark icons to display help windows. On provided will enable you to file a more complete return and reduce the chances the IRS has to contact you
CEE	Short Form

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2017

e Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

• Go to www.irs.gov/Form990FZ for instructions and the latest information.

Open to Public Inspection

		nue Service Go to www.irs.gov/Form990E2 for instructions and the latest information.		
_			cember 31	, 20 17
B	heck if ap	pplicable C Name of organization D Emp	oloyer identification	number 🖸
一	Address ch	* I Lougue of Montell Motels of molandpoins Education Land, 1110.	35-1926351	
	Name chai	- · · · · · · · · · · · · · · · · · · ·	phone number	
一	Initial retur Final returr	n/terminated 3808 N. Meridian St. 3	17-767-4187 (voi	cemail)
=	Amended i	return City or town, state or province, country, and ZIP or foreign postal code	oup Exemption	
	Application		mber 🕨 😰	
			▶ ☑ if the organ	
	Vebsite		d to attach Sched	_
			990, 990-EZ, or 99	30-PF).
		organization. Corporation Trust Association Other		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	,	
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>\$</u>	447
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
_		Check if the organization used Schedule O to respond to any question in this Part I	 	<u> D</u>
2	1	Contributions, gifts, grants, and similar amounts received	1	447
Û	2	Program service revenue including government fees and contracts	2	
7	3	Membership dues and assessments	3	
2	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a	_ ` ` `	
	b	Less: cost or other basis and sales expenses	- T	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	, a	
e	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
Revenue	Ь	Gross income from fundraising events (not including \$ of contributions	1-2-	
ě		from fundraising events reported on line 1) (attach Schedule G if the	1 1	
_	Ì	sum of such gross income and contributions exceeds \$15,000) 6b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	c	Less: direct expenses from gaming and fundraising events 6c	123	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	1	
D.	1	line 6c)	6d	
0	7a	Gross sales of inventory, less returns and allowances		
,	b	Less: cost of goods sold	1	
,	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
Ī	8	Other revenue (describe in Schedule O)	8	
7	9	I otal revenue. Add lines 1, 2, 3, 4, 50, 60, 70, and 8	. 9	447
	10	Grants and similar amounts paid (list in Schedule O)		1,356
i	11	Benefits paid to or for members		
S P	12	Salaries, other compensation, and employee benefits 🖸	2 12	
, ŠĒ	13	Professional fees and other payments to independent contractors	13	-
Expenses	14	Occupancy, rent, utilities, and maintenance	14	
ш	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) 🔯	16	
	17	Total expenses. Add lines 10 through 16	17	1,356
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-909
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-year figure reported on prior year's return)	19	24,422
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	23,512
Ec:	Panca	work Reduction Act Notice see the senarate instructions Cot No 10642	Form QC	90-EZ (2017)

- Form **990-EZ** (2017)-

Check if the organization used Schedule O to respond to any question in this Part I		Chook if the erganization used School					
22 Cash, savings, and investments		Check if the organization used Sche	dule O to respond to a				
23							B) End of year
24				_	24,422		23,512
25 Total assets 24,422 25 23,512 20 20 20 20 20 20 20		•		<u> </u>			
28 Total liabilities (describe in Schedule O)		•		<u> </u>			
Net assets or fund balances (line 27 of column (B) must agree with line 21)				 			23,512
Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization with the organization of primary exempt purpose? Citizen and Voter Education Check if the organization's primary exempt purpose? Citizen and Voter Education Check is measured by expenses. In a clear and concise manner, describe the services provided, the number of others of the services provided, the number of others Check in the relevant information for each program title. September Check in the organization with the services provided, the number of others Check in the program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of others Check in the organization in lections Carants Check in the organization in elections Carants Carant		,		 -			0
Check if the organization used Schedule O to respond to any question in this Part III						27	23,512
What is the organization's primary exempt purpose? Citizen and Voter Education Strick) and Strick Describe the organization's primary exempt purpose? Citizen and Voter Education Describe the organization's primary exempt purpose? Citizen and Voter Education Describe the organization's primary exempt purpose? Citizen and Voter Education Describe the organization's primary exempt purpose? Citizen and Voter Education Describe the organization's primary exempt purpose? Citizen and Voter Education Describe the organization's primary exempt purpose? Citizen and Voter Education Describe the organization's primary exempt purpose? Citizen and Voter Education Describe the organization's primary exempt purpose? Citizen and Voter Education Describe the organization is primary exempt purpose? Citizen and Voter Education Describe the organization is primary exempt purpose? Citizen and Voter Education Describe the organization is primary exempt purpose? Citizen and Voter Education Describe the organization is primary exempt purpose? Citizen and Voter Education Describe the organization in clear and concise manner, describe the services provided, the number of orthers) Concerns Publishing education material on local government	Part III	-	•		•		_
What is the organization's primary exempt purpose? Citizen and Voter Education Describe the organization's program service accomplishments for each of its three largest program services, organizations optional for others) Securible the organization's primary exempt purpose? Citizen and Voter Education Describe the organization's program service accomplishments for each of its three largest program services, organizations optional for others) Securible the organization's primary exempt purpose? Citizen and Voter Education Describe the organization's primary exemption of each program title. Securible the organization in clear and concise manner, describe the services provided, the number of others) Securible the organization in clear and concise manner, describe the services provided, the number of others) Securible the organization in clear and concise manner, describe the services provided, the number of others) Securible the organization in clear and concise manner, describe the services provided, the number of others) Securible the organization in clear and concise manner, describe the services provided, the number of others) Securible the organization in clear and concise manner, describe the services provided, the number of others) Securible the organization in clear and concise manner, describe the services provided, the number of others) Securible the organization in clear and concise manner, describe the services provided, the number of others) Securible the organization in clear and concise manner, describe the services provided, the number of others) Securible the organization in clear and concise manner, described the number of others) Securible the organization in clear and concise manner, described the number of others) Securible the number of stress provided, the number of others and clear and concise program services and clear and concise provided the number of others) Securible the organization specification of the services provided the number of others and clear and concise provi		Check if the organization used Sche	dule O to respond to a	ny question in this F	Part III 🔲	,	•
Describe the organization's program service accomplishments for each of its three largest program services, so measured by expenses. In a clear and concise manner, describe the services provided, the number of others) 28 Publishing education material on local government. 29 Encouraging voter participation in elections (Grants \$) If this amount includes foreign grants, check here	What is	the organization's primary exempt purpose	? Citizen and Voter Ed	lucation			
Grants \$ If this amount includes foreign grants, check here 28a 0	as meas	sured by expenses. In a clear and concis	se manner, describe the	of its three largest pr e services provided,	ogram services, the number of		
Grants \$ If this amount includes foreign grants, check here 29a 0	28 <u>Pu</u>						
Carants \$ If this amount includes foreign grants, check here 29a 0						000	- !
(Grants \$) If this amount includes foreign grants, check here . ▶ □ 30a Grants \$) If this amount includes foreign grants, check here . ▶ □ 30a Grants \$) If this amount includes foreign grants, check here . ▶ □ 31a						∠¤a	0
Grants \$ If this amount includes foreign grants, check here 29a 0	29 <u>En</u>						
Grants \$ If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O) (Grants \$ If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a) 32 0 Part IV — List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) Grants \$ If this amount includes foreign grants, check here							
Grants \$ If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O) (Grants \$ If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a) 32 0 Part IV — List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) Grants \$ If this amount includes foreign grants, check here	100	ronto C) If this are	ount includes foreign ar	ante chook horo		200	•
Grants \$ If this amount includes foreign grants, check here 30a	<u> </u>					29a	0
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Other program services (describe in Schedule O) Grants \$) If this amount includes foreign grants, check here	(Gi	rants \$) If this amo	ount includes foreign gra	ants, check here .	▶ 🗍	30a	
Total program service expenses (add lines 28a through 31a)	31 Ot						
Total program service expenses (add lines 28a through 31a)	(Gi	rants \$) If this amo	ount includes foreign gra	ants, check here .	▶ 🗌	31a	
Check if the organization used Schedule O to respond to any question in this Part IV	32 To					32	
Check if the organization used Schedule O to respond to any question in this Part IV						nstruct	ions for Part IV)
(a) Name and title (b) Average hours per week devoted to position (c) Reportable (c) compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (c) Reportable (c) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (f) Health benefits, contributions to employee benefit plans, and deferred compensation (g) Health benefits, contributions to employee benefit plans, and deferred compensation (g) Health benefits, contributions to employee benefit plans, and deferred compensation (h) Health benefits, contributions to employee benefit plans, and deferred compensation (h) Health benefits, contributions to employee benefit plans, and deferred compensation (h) Health benefits, contributions to employee benefits							
President, Director 1 0 0 0 0 Carol Fowler Freasurer, Director 1 0 0 0 Ada Kim Director 0 0 0 0 0 0 Lenora Maze Director 0 0 0 0 0 0 Setsy Bayne							
Carol Fowler Freasurer, Director 1 0 0 0 0 Ada Kim Director 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	/ee (e) E	stimated amount of
Treasurer, Director 1 0 0 0 Vada Kım 0 </td <td>Karen K</td> <td></td> <td>hours per week</td> <td>compensation (Forms W-2/1099-MISC)</td> <td>(d) Health benefits, contributions to employ benefit plans, and</td> <td>/ee (e) E</td> <td>stimated amount of</td>	Karen K		hours per week	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	/ee (e) E	stimated amount of
Vada Kım 0<		ay Leonard	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	vee (e) E	estimated amount of the compensation
Director 0 0 0 0 enora Maze 0	<u>Presider</u>	ay Leonard nt, Director	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	vee (e) E	estimated amount of the compensation
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	Presider Carol Fo Treasure Vada Kir Director Lenora I Director Betsy B	ay Leonard nt, Director wiler er, Director m Maze	hours per week devoted to position 1 1 0	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employ benefit plans, and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	estimated amount of the compensation
	Presider Carol Fo Treasure Vada Kir Director Lenora I Director Betsy B	ay Leonard nt, Director wiler er, Director m Maze	hours per week devoted to position 1 1 0	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employ benefit plans, and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	estimated amount of the compensation

	Part	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part			
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No	
7	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				· 12
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34			
		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b			
		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	
		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		1	0
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0				ļ
		Did the organization file Form 1120-POL for this year?	37b 38a		V	1
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	الأوار	JA, 2		_
	39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9				į
		Gross receipts, included on line 9, for public use of club facilities		grist, i.e.	1	ı
		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0	形象		35.6 P	
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	# (51 o.) }		1
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	大きの	を記する	11. 3.	
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			7	ļ
	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	j. j	<u> </u>	-
	41	List the states with which a copy of this return is filed ▶ Indiana				
	42a	The organization's books are in care of ▶ LWV-Indianapolis Ed Fund, Attn: Carol Fowler Telephone no. ▶	317-76	7-4187		
		Located at ► 3808 N. Meridian St., Indianapolis, IN ZIP + 4 ►		3-4019		
	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 account)?	42b	Yes	No 🗸	
		If "Yes," enter the name of the foreign country: ►	3.5	h. 3.4.	T.E.	i
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	100 mg	3-27	ا درسال	
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c			
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No	ı
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	£ 1	V	ł
		Did the organization receive any payments for indoor tanning services during the year?	44c 44d	建	>	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a			_
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		-	

F	age	4

_		. P. 11 1 P. 15					Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of						 	
Part '						• 40		
Lait	All section 501(c)(3) organization 50 and 51.	s must answer que		·	nplete th	e tables 1	or line	es
	Check if the organization used Sc	hedule O to respond	to any question in the	his Part VI	<u> </u>	<u> </u>	<u> </u>	
47	Did the organization engage in lobbying	activities or have a	section 501/h) electio	n in offoot d	uring the	tay [Yes	No
_	year? If "Yes," complete Schedule C, Par	tll				. 47		~
48	Is the organization a school as described in	, ,, ,,	•				 	-
49a b	Did the organization make any transfers to if "Yes," was the related organization a si	· · · · · · · · · · · · · · · · · · ·	_	auon?		. 49a	 	
50	Complete this table for the organization's						es, an	d key
	employees) who each received more that	n \$100,000 of comper	nsation from the organ	nization. If the	ere is non	e, enter "l	lone."	,
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to contributions to benefit plans, a compens	o employee nd deferred	(e) Estimat other cor		
None			·					
				ļ				
				 				
		1						
		 	 	<u> </u>				
		1		}				
	Total number of other employees paid or	ver \$100 000	. • 0	<u></u>		<u> </u>		
51	Complete this table for the organization			contractors	who eacl	h received	more	than
	-\$100,000 of compensation from the org		one, enter "None."	=				
	-\$100,000-of_compensation_from_the_org	anization. If there is no	one, enter "None." (b) Type of sen		(c) Compensa		
None		anization. If there is no			(c			
None		anization. If there is no			(c			
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None		anization. If there is no			(c			
None		anization. If there is no			(c			
	(a) Name and business address of each independent	anization. If there is no	(b) Type of serv		(c) Compensa		
d	(a) Name and business address of each independent contributions (a) Name and business address of each independent contributions (a) Name and business address of each independent contributions (a) Name and business address of each independent contributions (a) Name and business address of each independent contributions (a) Name and business address of each independent contributions (a) Name and business address of each independent contributions (a) Name and business address of each independent contributions (a) Name and business address of each independent (a) Name and business address (b) Name and business (a) Na	dent contractor actors each receiving	(b) Type of services	исе		c) Compensa		
d 52	(a) Name and business address of each independent control of the organization complete Sched completed Schedule A	anization. If there is not dent contractor actors each receiving ule A? Note: All se	(b) Type of service	anizations m	ust attac	0 h a .▶☑ Ye	s 🗆	No
d 52	(a) Name and business address of each independent control of the organization complete Sched completed Schedule A	anization. If there is not dent contractor actors each receiving ule A? Note: All so	over \$100,000	anizations m	ust attac	0 h a .▶☑ Ye	s 🗆	No
d 52	(a) Name and business address of each independent control of the organization complete Sched completed Schedule A	anization. If there is not dent contractor actors each receiving ule A? Note: All so	over \$100,000	anizations m	ust attac	0 h a .▶☑ Ye	s 🗆	No
d 52	(a) Name and business address of each independent control of the organization complete Sched completed Schedule A	ractors each receiving ule A? Note: All se return, including accomparan officer) is based on all info	over \$100,000 ection 501(c)(3) orga	anizations m	ust attac	0 h a▶☑ Ye	s 🗆	No
d 52	Total number of other independent control Did the organization complete Sched completed Schedule A Denalties of penjury, I declare that I have examined this percet, and complete Declaration of preparer (other that Signature of officer Avol J. For	ractors each receiving ule A? Note: All se return, including accomparan officer) is based on all info	over \$100,000	anizations m	ust attac	0 h a▶☑ Ye	s 🗆	No
d 52 Under r	Total number of other independent control Did the organization complete Sched completed Schedule A Denalties of perjury, I declare that I have examined this priect, and complete Declaration of preparer (other the Signature of officer Type or print name and title	ractors each receiving ule A? Note: All so return, including accomparan officer) is based on all inf	over \$100,000	anizations m	ust attac	0 h a .▶☑ Ye	s 🗆	No
d 52 Under rue, co	Total number of other independent control Did the organization complete Sched completed Schedule A Denalties of perjury, I declare that I have examined this perfect, and complete Declaration of preparer (other than the signature of officer Signature of officer Type or print name and title Print/Type preparer's name	ractors each receiving ule A? Note: All se return, including accomparan officer) is based on all info	over \$100,000	anizations m	ust attac best of my k lge 7/18	O h a .▶☑ Ye rowledge ar	s 🗆	No
d 52 Under r true, co	Total number of other independent control Did the organization complete Sched completed Schedule A Denalties of penjury, I declare that I have examined this percet, and complete Declaration of preparer (other the Signature of officer Type or print name and title Print/Type preparer's name	ractors each receiving ule A? Note: All so return, including accomparan officer) is based on all inf	over \$100,000	anizations ments, and to the has any knowled	ust attac best of my k lge Check self-emple	O h a .▶☑ Ye rowledge ar	s 🗆	No
d 52 Under r true, co	Total number of other independent control Did the organization complete Sched completed Schedule A Denalties of perjury, I declare that I have examined this perfect, and complete Declaration of preparer (other than the signature of officer Signature of officer Type or print name and title Print/Type preparer's name	ractors each receiving ule A? Note: All so return, including accomparan officer) is based on all inf	over \$100,000	anizations m	ust attac best of my k lge 7/18	O h a .▶☑ Ye rowledge ar	s 🗆	No
d 52 Under r true, co	Total number of other independent control Did the organization complete Sched completed Schedule A Denalties of perjury, I declare that I have examined this perior and complete Declaration of preparer (other that Signature of officer Type or print name and title Print/Type preparer's name Parer Only Firm's name	ractors each receiving ule A? Note: All se or officer) is based on all information.	over \$100,000	anizations m	ust attac best of my k ge Check self-emple	O h a .▶☑ Ye rowledge ar	s 🔲	No

SCHEDULE A (Form 990 or 990-EZ)

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.

► 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 Employer identification number League of Women Voters of Indianapolis Education Fund 35-1926351 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives: (1) more than 331/3% 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 331/3/6 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.) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with. C its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) League of Women Voters of Indianapolis 35-0413298 Line 10; 501 (c) 4 \$1356 (B) (C) (D) (E)

marin : E T

Total

Schedule A (Form 990 or 990-EZ) 2017

Part							
	(Complete only if you checked th						alify under
Casti	Part III. If the organization fails to	quality unde	er the tests iis	sted below, p	iease compie	te Part III.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(0) 2015	(4) 2016	(0) 2017	(f) Total
	Gifts. grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(i) Iotai
1	membership fees received. (Do not include any "unusual grants.")						
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		<u> </u>				
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)					The second of th	
6	Public support. Subtract line 5 from line 4	<u> </u>					
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1			<u> </u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	= E01(=)(0)
- 13	First five years. If the Form 990 is for the organization, check this box and stop he						
Secti	on C. Computation of Public Suppo			\		<u> </u>	<u>····</u>
14	Public support percentage for 2017 (line			11 column (f))		14	 %
15	Public support percentage for 2017 (inte			11, 00,01,111 (1))		15	
16a	331/3% support test—2017. If the organ	nization did not	check the bo	x on line 13, a	ınd line 14 is 3		
	box and stop here. The organization qua	alifies as a pub	licly supported	d organization			🕨 📋
b	331/3% support test—2016. If the organithis box and stop here. The organization	ization did not n qualifies as a	check a box of publicly support	on line 13 or 16 orted organizat	6a, and line 15 tion	ıs 33 ¹ / ₃ % or m	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization	eets the "facts "facts-and-circ 	s-and-circums cumstances" t	tances" test, cest. The organ	check this box nization qualifie	and stop here s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz Explain in Part VI how the organization supported organization	ation meets th	ne "facts-and-	circumstances	s" test, check	this box and	stop here.
18	Private foundation. If the organization dinstructions						see

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.)

Secti	on A. Public Support	under the te	sata listed beit	ow, piease co	omplete rart	··· <i>)</i>	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(b) 2014	(6) 2013	(4) 2010	(e) 2011	(I) Total
	received. (Do not include any "unusual grants.")		<u> </u>		l		
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	<u> </u>	 				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the					ļ .	ı
	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	1				,	
6	Total. Add lines 1 through 5	}	 		-	 	
	Amounts included on lines 1, 2, and 3		 	/		 	
	received from disqualified persons .				ļ	1	
b	Amounts included on lines 2 and 3						
	received from other than disqualified				}	1	
	persons that exceed the greater of \$5,000				}	1	1
	or 1% of the amount on line 13 for the year		/		.	 	
	Add lines 7a and 7b	ļ	/		 	 	
8	line 6.)			1			
Secti	on B. Total Support		<u>'I</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(4) 2010	(3) 2014	(0) 2010	(4) 2010	(6) 2017	(i) Total
10a	Gross income from interest, dividends,	<i></i>	 				
	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 /.			r		ł	li.
С	Add lines 10a and 10b						
11	Net income from unrelated business		 		1	1	
	activities not included in line 10b,/whether	Ì		1)		
	or not the business is regularly carried on		<u> </u>		<u> </u>		
12	Other income. Do not include gain or					1	
	loss from the sale of capital assets				1	1	
46	(Explain in Part VI.)	ļ	 			<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	_			•		, ,, ,
Casti	organization, check this box and stop he		<u> </u>		· · · · ·		· · • U
	on C. Computation of Public Suppor			0		7467	
15 16	Public support percentage for 2017 (line a Public support percentage from 2016 Sci					15	<u>%</u>
	on D. Computation of Investment In					16	
17	Investment income percentage for 2017 (v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2010						/6
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2016. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14,	19a, or 19b,	check this box	and see instru	ctions 🕨 🔲

Part IV **Supporting Organizations**

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

Section	A. All	Supporting	Organizations
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ecti	on A. All Supporting Organizations		N. 1	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	1	-	-
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		~
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	~	
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)? If "Yes," describe in Part VI when and how the			
С	organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b	~	
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	V	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		V
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b	٠,	
С	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)? 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.		1	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
	answer (b) and (c) 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).	5a		· ·
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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? If "Yes," provide detail in Part VI.	5c	¥ ,	V
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		v
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	****	
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))? If "Yes," provide detail in Part VI .	9a	, , ,	V
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		V
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		~
10a		10a		·*.
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			1

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	, ,	,	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		~
b	A family member of a person described in (a) above?	11b		~
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		~
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			,
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.	1 2	51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6
Section	on C. Type II Supporting Organizations		,	
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).	* K	Yes	No
Secti	on D. All Type III Supporting Organizations			
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	Yes	No
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	7	
3	By reason of the relationship described in (2), 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		
Secti	on 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 i	instru	ction	s).
a b c	 ☑ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· ·
b	Did the activities described in (a) 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.	2b	-	Dry N
3 a	Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI.	3 a	建 等	, *
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h	4.00	<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting.organ			
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 (explain in detail in Part VI).			
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 1-1/2% 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 .035.	6		<u> </u>
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	المحالية المال المحالية المالية المالي المالية المالية المالي	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	and the second	
4 Enter greater of line 2 or line 3.	4	3 2 2 646 12 12 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1	
5 Income tax imposed in prior year	5	The state of the s	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	The second second	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	Section D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity		_	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8				
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
				(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	- Car of the file of the state for an	, , , , ,	
2	Underdistributions, if any, for years prior to 2017			the second second
_	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017	THE STATE OF THE	in the second of	\$6 73
a	26 30 19 19 19 19 19 19 19 19 19 19 19 19 19	· · · · · · · · · · · · · · · · · · ·	· 方 · · · · · · · · · · · · · · · · · ·	
<u>_</u>	From 2013	· 你有特别的我们是一个	无 17 5F 人類 類類 透光光質	STATE OF THE STATE
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4	Distributions for 2017 from	The state of the s	\$ 12 1 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4	Section D, line 7:			
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<u>b</u> _	Remainder Subtract lines 4a and 4b from 4.	THE THE STATE OF T	See the second of the second	The state of the s
<u>c</u> _		· The state of the	and the second	
5	Remaining underdistributions for years prior to 2017, if			The state of the s
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
		10年16年16年17年17年17日	*	1 3 5 5
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
		新記 3分から 13 かん a	To the state of th	
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:	阿拉拉拉斯斯斯斯斯斯	花李融台傳播的汽车	養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養養
a	Excess from 2013	高品牌舞蹈新 石(2) (1)	海的企業的發展的影響	经验证的 的证据。
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e	Excess from 2017	1. 海中地震中心中心	一年 一大	San

	Ipplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part V, Section 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, 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, es 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part IV Section	A Question 3b The supported organization has been determined by the IRS and the state of Indiana to be a charitable
member organiz	zation defined under IRS section 501 (c) 4 Our organization keeps the supported organization's Indiana tax exemption
certificate in ou	r files. This document is dated November 1988.
Part IV Section	A Question 3c At least one board member of the organization attends all board meetings of the supported organization, and
the entire board	reviews each request for funds made by the supported organization.
Part IV Section	D Question 3 At least 2 directors of the supported organization are directors of this organization, thereby providing a
significant voice	e in the actions of the organization.
Part IV Section	E Question 2a The organization is a supporting organization to the League of Women Voters of Indianapolis. The
organization fu	rthers the exempt purpose of the supported organization of providing citizen and voter education and encouraging
voter participati	ion.
Part IV Section	E Question 2b The League of Women Voters of Indianapolis also provides citizen and voter education and encouragement
of voter particip	pation in elections as primary purposes.