# SCANNED MAR 1 8 2019

...990-ĘZ

rtment of the Treasury

Internal Revenue Service

# 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)

2017

OMB No 1545-1150

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For the	he 2017 calen	dar year, or	tax year begin	ning	7/1/2017	, and	dending		6/30/20	018
В		if applicable	C Name of or						D E		dentification number
	Addres	s change	League of V	<u> Voters</u>	of ME Edu Fund	, Inc					
	Name	change	Number and s	treet (or PO box,	if mail is not delivered	to street address)		Room/suite		0	4-3386477
	Initial r	eturn	PO Box 86	3					E To	elephone r	umber
	Final ret	um/terminated	City or town			State	ZIP cod	e	7		
	Amend	led return	Augusta			ME	04332	2-0863		(20	7) 622-0256
	Applica	ition pending	Foreign countr	y name	Foreign provin	ce/state/county		postal code	FG	roup Exe	emption
	_							N'A	<b>.</b> I	umber <b>&gt;</b>	
_	A	nting Mathed	X Cash	[ ] Asserted	Other (energy)			<del>"</del>	H Chec	. <b>.</b> .	
ı		nting Method ite: ► WWW			Other (specify)						if the organization is
١.								<del>_</del>		•	o attach Schedule B IO-EZ, or 990-PF)
<u>J</u>	Tax-exe	mpt status (che	ck only one) —	X 501(c)(3)	501(c) (	) ◀ (insert no	) 4947(a)(1)	or527	(1 011		
Κ	Form o	f organization	X c	orporation	Trust	Associat	ion 🔲 Oi	her			
L	Add lin	es 5b, 6c, and	7b to line 9 to	determine gros	ss receipts If gross	receipts are \$	200,000 or mor	e, or if total a	ssets		
	(Part II	, colu <u>mn</u> (B) be	elow) are \$500	0,000 or more, f	file Form 990 instea	ad of Form 990	-EZ			▶ \$	116,496
P	art I	Revenu	e, Expense	es, and Cha	nges in Net As	sets or Fur	nd Balances	(see the	nstruc	tions fo	or Part I)
		Check if	the organiz	zation used S	Schedule O to r	espond to a	ny question	in this Par	tl.		X
	1	Contribution	s ofts orar	nts and similar	r amounts receive	ed				1	116,496
	2				vernment fees an				_	2	
	3	•		ssessments.					•	3	
	4	Investment			•					4	
	5a			of assets other	er than inventory		5a				
	b			and sales exp	•		5b			<b> </b>	
	c			•	r than inventory (	Subtract line	5b from line 5a	3)		5c	0
	6	•	fundraising		, , , , , , , , , , , , , , , , , , , ,			,			
	а	_	_		hedule G if greate	er than					
Revenue		\$15,000)	<b>J</b>	<b>J</b> (	J		6a				
ē	b	•	ne from fund	raising events	(not including	\$	of con	tributions		۱ ۱	
<u> </u>				_	ne 1) (attach Sche	edule G if the	<del></del>			:,	
_		sum of such	gross incon	ne and contrib	utions exceeds \$	15,000)	6b			1. 1	
	С	Less direct	expenses from	om gaming an	d fundraising eve	ents	6c		-	]	
	d	Net income	or (loss) from	n gaming and	fundraising event	ts (add lines 6	a and 6b and	subtract		7[	
		line 6c)								6d	0
	7a	Gross sales	of inventory	, less returns a	and allowances		7a				
	b	Less cost of	f goods sold		•	•	7b			<u> </u>	
	C				entory (Subtract li	ne 7b from lin	e 7a)			7c	0
	8			in Schedule C			•	•	•	8	
_	9				, 6d, 7c, and 8		n-		<u> </u>	9	116,496
	10				n Schedule O)	- 1	RECE	IVED		10	
	11	•	d to or for m			· /2	21		ıol	11	
Ses	12				ployee benefits.	ontractors	I JAN 1	4 2019	<u> </u>	12	10.701
Expenses	13				to independent c	ontractors 🛰	'L	- 2015	XI	13	10,721
ğ	14			, and mainten		- 1	OCOC		<u>ĕ</u>	14	
Ш	i			stage, and sh		-	OGDE	Y, UT	7	15	99,533
	16	•	•	e in Schedule	•			-	-J .	16	13,773
_	17			es 10 through		- 0\				17	124,027
ষ্ট	18				ct line 17 from line		· · · · · · · · · · · · · · · · · · ·			18	-7,531
Net Assets	19			•	ng of year (from I	ine 27, colum	n (A)) (must a	gree with		1-10	24 220
Ϋ́	00	•	•	ed on prior yea	•	n Sahadula O	`			19	31,338
Se	20				alances (explain ii			•	_	21	22 907
_	21	net assets o	or rung balan	ces at end of	year Combine lin	es to inrough	1 20			141	23,807

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

Form 990-EZ (2017)	League of Women Voters of ME Edu Fund, Inc		04-33
Part II Balar	ce Sheets. (see the instructions for Part II)	. <del></del> ,::	
	if the organization used Schedule O to respond to any question in this Part II		
		I <u></u>	

	n 990-EZ (2017) League of Women Voters of		Inc				<u> </u>	36477	Page 2
Pai	rt II Balance Sheets. (see the instructions for			No. a Down II					_
	Check if the organization used Schedule O to	respond to any	question in t	inis Paπ II		<u></u>			
					(A)	Beginning		-	(B) End of year
22	, <b>3</b> -,						31,338	_	23,807
23		•						23	
24		•		·				24	· · · · · · · · · · · · · · · · · · ·
25		•		ļ			31,338	_	23,807
26	, , , , , , , , , , , , , , , , , , , ,			ļ				26	
27							31,338	3 <b>27</b>	23,807
Pa	art III Statement of Program Service Accomplis	•		•					
	Check if the organization used Schedule O	to respond to a	any question	in this Part III			Ш		Expenses
Wh	at is the organization's primary exempt purpose?	provide inform	ation about i	national & state is	sues	3			quired for section (c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplish	ments for each	of its three l	largest program s	ervic	es,		orga	anizations, optional
as r	measured by expenses. In a clear and concise mann	er, describe the	e services pr	ovided, the numb	er of	:		for o	others)
per	sons benefited, and other relevant information for ea	ch program title	e. <u> </u>						
28	Offer information about national & state issues and	to provide pub	lications					ĺ	
	that inform the public about elections								
						<b></b>	<u></u>		
	(Grants \$ ) If this amount	nt includes fore	ign grants, c	heck here		<b>•</b>		28a	110,553
29									
								1	
	(Grants \$ ) If this amoun	nt includes fore	ign grants, cl	heck here		<b>&gt;</b>		29a	
30	<del></del>								
	(Grants \$ ) If this amoun	nt includes fore	ign grants, cl	heck here				30a	
31	Other program services (describe in Schedule O)		3 3						+
-	(Grants \$ ) If this amoun	nt includes fore	ian arants, cl	heck here		•		31a	
32	Total program service expenses. (add lines 28a t		<u> </u>				_	32	110,553
	art IV List of Officers, Directors, Trustees, and		e (list each on	e even if not comn	enca	lad_see	he inc		
	Check if the organization used Schedule O t				CIISA	.eu-3ee	1116 1113	ii uciioi	is lot Fait IV)
	Check if the organization aged defleation of	- T - C3porta to at		(c) Reportable	1			. 1	·
		(b) Av		compensation			ith benef butions to		(e) Estimated amount of
	(a) Name and title	hours pe		(Forms W-2/1099-M	/	employee	benefit p	lans,	other compensation
				(if not paid, enter	-0-)	and deferre	i comper	sation	
	Ward								
	sident	Hr/WK	1 00		0			0	0
Poll	y Ward			1					
Vice	e Pres	Hr/WK	100		0			0	0
Ann	M Luther	_							
Trea	asurer	Hr/WK	1 00		0			0	0
Catl	hie Whittenburg								
Trus		Hr/WK	1 00		o			0	0
	bara McDade				T				
Terre		-1	1 00		ام			ام	٥

Jill Ward
Presider
Polly Ward
Vice Presider
Ann M I
Treasurd
Cathie V
Trustee
Barbara
Trustee Hr/WK Helen Hanlon 1 00 0 0 0 Trustee Hr/WK Barbara Kaufman 0 0 Trustee 1 00 0 Hr/WK Linda Lord Trustee 1 00 0 0 0 Hr/WK Peg Balano Trustee 1 00 0 0 0 Hr/WK Anne Schink Trustee 1 00 0 0 0 Hr/WK Gina Coppens Trustee 1 00 0 0 0 Hr/WK Amy Fischer 1 00 0 0 Trustee Hr/WK

Form 990-EZ (2017) League of Women Voters of ME Edu Fund, Inc.

04-3386477

Form **990-EZ** (2017)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c 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 Х Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 36 during the year? If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b **b** Did the organization file **Form 1120-POL** for this year?. 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 tax year covered by this return? 38a **b** If "Yes," complete Schedule L, Part II and enter the total amount involved . . . Section 501(c)(7) organizations Enter 39 39a a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ▶ \_\_\_\_\_ , section 4955 ▶ \_ 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 Х c 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 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . 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 List the states with which a copy of this return is filed 42 a The organization's books are in care of ► Ann M Luther Telephone no ▶ (207)664-0696 Located at ► 14 Loon Cove Lane City Trenton ST ME 04605 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Х If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be Х 44a completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b completed instead of Form 990-EZ . . . . . 44c c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d explanation in Schedule O. Х 45a 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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)

Form 9	90-EZ (201	League of Women Voters	s of ME Edu Fund, Inc			04-33864	77	Page 4
_	_						Yes	No
46	Did the	organization engage, directly or indirect	ly, in political campaign act	ivities on behalf of or i	in opposition			
	to'candi	dates for public office? If "Yes," complet	e Schedule C, Part I			46		X
Part		ection 501(c)(3) organizations or						
		Il section 501(c)(3) organizations m		17–49b and 52, and	d complete the ta	ables for line	S	
	5	0 and 51	•					
	С	heck if the organization used Sche	edule O to respond to ar	ny question in this F	Part VI			
							Yes	No
47	Did the	organization engage in lobbying activitie	es or have a section 501(h)	election in effect durir	ng the tax			
		"Yes," complete Schedule C, Part II.				. 47	Х	
48	-	ganization a school as described in sec	tion 170(h)(1)(Δ)(ii)2 If "Ye	s " complete Schedule	· F	48	<del>~</del>	X
49 a		organization make any transfers to an e		•	, <b>_</b> .	49a		$\frac{\hat{x}}{x}$
		was the related organization a section 5	•	ou organization.	•	49b		<u> </u>
50		e this table for the organization's five his		waas (athar than affice	· · · ·			
30		es) who each received more than \$100						
	employe	es) who each received more than \$100	1	i the organization in th	1	None	_	
	4-1	Manager and Add of analysis	(b) Average	(c) Reportable	(d) Health benefits, contributions to employ	ree (e) Estima	ited amo	ount of
	(a	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and defer		mpensa	ation
	Now-		·		- Compensation			
	None			}	1			
Title			Hr/WK 00					
Name								
Title			Hr/WK 00		<u> </u>			
Name						1		
Title			Hr/WK 00					
Name								
Title			Hr/WK 00					
Name					}	-		
Title			Hr/WK 00					
f	Total nur	mber of other employees paid over \$100	0,000	<b>•</b>				
51	Complet	e this table for the organization's five hi	ghest compensated indepe	endent contractors who	o each received m	ore than		
	\$100,00	O of compensation from the organization	n If there is none, enter "N	lone."				
		(a) Name and business address of each independent	ent contractor	(b) Type of servi	ce	(c) Compensat	ion	
				(0) 1) po 0. 00111.		(e) compensa-		
Name	None	Str						
City		ST ·	ZIP					
Name	- <b></b>	Str						
City		ST	ZIP					
Name		Str						
City	·	ST	ZIP					
Name		Str			T			
City		ST	ZIP					
Name		Str						
City		ST	ZIP_					
d	Total nur	nber of other independent contractors e	each receiving over \$100,00	00	·			
52	Did the d	rganization complete Schedule A? Note	e: All section 501(c)(3) orga	anizations must attach	n a			
		ed Schedule A .				► X Ye	s 🔲	No
Jnder p	enalties of a	perjury, I declare that I have examined this return, in	icluding accompanying schedules	and statements, and to the b	pest of my knowledge ar	id belief, it is		
	-	implete Declaration of preparer (other than officer)				Har-		
		X Vaca VIII Coll			Tx1/	1 / 19		
Sign	]	Signature of officer	<del></del>		Date			_
Here		Ann M_Luther, Treasurer						
Type or print name and title								
		Print/Type preparer's name	Preparer's signature	Date	г	PTIN		<u> </u>
Paid		Kathryn A Dunn, CPA		CHA 1/1	Check L 10/2019   self-emplo	X r P00334	1216	
Prep		Firm's name  Kathryn A Dunn CPA	- TAINY	-WII OT I		27-3550138		
Jse (	Only	Firm's address   10 Court St Place, Au	gusta MF 04330		Phone no	(207)626-35	 54	
May #	a IRS du	scuss this return with the preparer show		<del></del>	I -none no	<u>√207/020-33</u> <b>►</b> X Ye		No
viay (ľ	にっている	scuss uns return with the preparer snow	m above tode instructions	•	•		- ∟	. 10

### SCHEDULE A (Form 990 or 990-EZ)

# **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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number League of Women Voters of ME Edu Fund, Inc. 04-3386477 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 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 5 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) 8 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 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, 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) 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations 0 Provide the following information about the supported organization(s) (ii) EIN (i) Name of supported organization (ill) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C)

0

0

(D)

(E)

Total

Schedule A (Form 990 or 990-EZ) 2017 League of Women Voters of ME Edu Fund, Inc 04-3386

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2013	(0) 2014	(0) 2013	(4) 2010	(6) 2017	(i) iolai
1	Gifts, grants, contributions, and						
	membership fees received (Do not	0.570	11 610	16 224	20.272	27.206	04.004
2	include any "unusual grants ")	9,579	11,610	16,334	26,272	27,296	91,091
4	Tax revenues levied for the organization's	ĺ				[	
	benefit and either paid to or expended on its behalf	ol	o	o	0		0
3	The value of services or facilities		- 0				
•	furnished by a governmental unit to the						
	organization without charge .	اه	o	o	0	İ	0
4	Total. Add lines 1 through 3	9,579	11,610	16,334	26,272	27,296	91,091
5	The portion of total contributions by	0,0.0		10,001	20,272	27,200	01,001
-	each person (other than a						
	governmental unit or publicly	İ					
	supported organization) included on	İ					
	line 1 that exceeds 2% of the amount	ł					
	shown on line 11, column (f)			,			32,384
6	Public support. Subtract line 5 from line 4						58,707
Se	ction B. Total Support						<del></del>
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 .	9,579	11,610	16,334	26,272	27,296	91,091
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources .	6	7	o	0	o .	13
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on .	o	0		0		0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)	0	0		0		0
11	Total support. Add lines 7 through 10						91,104
12	Gross receipts from related activities, etc. (se	•		•		12	
13	First five years. If the Form 990 is for the or	ganization's first, se	econd, third, fourth	ı, or fifth tax year a	s a section 501(c)(	(3)	
	organization, check this box and stop here	·					▶
Sec	ction C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2017 (line 6, co	olumn (f) divided by	line 11, column (f	)) .		14	64 44%
15	Public support percentage from 2016 Schedu	ule A, Part II, line 14	١.	•	Į	15	49 81%
16a	33 1/3% support test—2017. If the organization	ation did not check	the box on line 13,	and line 14 is 33 1	1/3% or more, chec	ck this box	
	and stop here. The organization qualifies as	a publicly supporte	d organization				►X
b	33 1/3% support test—2016. If the organiza				s 33 1/3% or more	, check this	_
	box and stop here. The organization qualifie	s as a publicly supp	oorted organizatioi	n .	•		▶∐
17a	10%-facts-and-circumstances test—2017.	. If the organization	did not check a be	ox on line 13, 16a,	or 16b, and line 14	1	
	is 10% or more, and if the organization meets						
	Part VI how the organization meets the "facts	-and-circumstance	s" test. The organi	zation qualifies as	a publicly supporte	ed	, m
	organization				406 47 11		▶∟
b	10%-facts-and-circumstances test—2016.					ne	
	15 is 10% or more, and if the organization me Explain in Part VI how the organization meets					lv	
	supported organization			s ergermennen d		•	▶□
18	Private foundation. If the organization did n	ot check a hov on I	ine 13 16a 16b 1	17a or 17h check	this boy and see		· <b>_</b>
	instructions .	or dilear a box off f		, o. 115, oncor			▶□

Pa	rt III Support Schedule for Orga (Complete only if you checke				zation failed to	qualify under Pa	rt II
	' If the organization fails to qu			_		/	
Se	ction A. Public Support			<u>-</u>		/	
	endar 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	3/	<b>3</b> /	, ,			
	received (Do not include any "unusual grants ")						0
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
3	Gross receipts from activities that are not an				/		
_	unrelated trade or business under section 513 .						0
4	Tax revenues levied for the organization's				/		
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities				7		-
	furnished by a governmental unit to the				/		
	organization without charge			/		·	0
6	Total. Add lines 1 through 5	0	0	/0	0	0	0
7a	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 amount on line 13 for the year			/			0
С	Add lines 7a and 7b	0	0	/ 0	0	0	0
8	Public support (Subtract line 7c from		,	,			
	line 6)		1			[ <u></u>	0
	ction B. Total Support	<del> </del>					
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 201,4	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	/ 0	0	0	0	0
10a	Gross income from interest, dividends,		/ /				
	payments received on securities loans, rents,		/ /				
	royalties, and income from similar sources					<u> </u>	0
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses		/				
	acquired after June 30, 1975 .		/				0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	/					
	activities not included in line 10b, whether		}				_
	or not the business is regularly carried on						0
12	_	/					
	loss from the sale of capital assets	/					•
	(Explain in Part VI) .	/					0
13	Total support. (Add lines 9, 10c, 11,						•
	and 12 )	0	0]	0]	0	0	0
14	First five years. If the Form 990 is for the or	7	secona, tnira, tourtr	ı, or τίπη tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here	•		•	· · · · · · · · · · · · · · · · · · ·		
	ction C. Computation of Public Sűj					4=	0.000/
15	Public support percentage for 2017 (line 8, c		-	n))	•	15	0 00%
16	Public support percentage from 2016 Sched				·	16	0 00%
	ction D. Computation of Investmen				<del></del>	47	0.000/
17	Investment income percentage for 2017 (line			olumn (f))		17	0 00%
18	Investment income percentage from 2016 Sc			4		18	0 00%
19a	33 1/3% support tests—2017. If the organi					and line 17 is	
L	not more than 33 1/3%, check this box and s 33 1/3% support tests—2016. If the organi					33 1/3% and	
D	line 18 is not more than 33 1/3%, check this						▶
22							
20	Private foundation. If the organization did r	ior cueck a pox ou	iiiie 14, 198, 0f 19	o, check this box a	na see msuucions	·	

### 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. A	\II Sup	porting (	Organiz	ations
--------------	---------	-----------	---------	--------

- 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 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 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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 organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 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
- 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
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- 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)
- 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.
- b Did one or more disgualified 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.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	NO
1		
<u> </u>		J
2		
3a		
		[
3b		
30		1
3c		
30		
4a		
<u> </u>		
		- 1
4b		
		]
4c		
		l
j,		j
5a		
5b		
5c		
-		
6		
		' <u> </u>
7		
	-	<u> </u>
8		
[]		
9a		
9b		
	]	
9c		<del>,</del>
		1
10a		<del></del>
<u> </u>		
10b		
rm 990 or 9	90-EZ1	2017

Part	IV 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)		<u> </u>	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	_	
C	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	L	<u> </u>
Secti	on B. Type I Supporting Organizations		1	
			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,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		<u> </u>	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļ
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	İ		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u> </u>	<u> </u>	
Conti	supervised, or controlled the supporting organization	2	<u> </u>	<u> </u>
Secu	on C. Type II Supporting Organizations		Yes	No
4	Mare a majority of the arganization's directors or trustees during the tay year also a majority of the directors		163	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)			
Section	on D. All Type III Supporting Organizations	<u> </u>	ł	
3601	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ	103	1.10
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Ė		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<del></del>		
•	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 instru	ction	s)	
a	The organization satisfied the Activities Test Complete line 2 below		-,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
		4	. <b>4</b>	
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	cuons	)
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		
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		ļ
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_		

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov 20, 1970 (explain	in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1_		
2 Recoveries of prior-year distributions	2		=
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		<del> </del>
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	Ш,		<u> </u>
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	. 0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3_		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	egrated Type III supporting of	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exc	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	<u> </u>	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions	-		
7	Total annual distributions. Add lines 1 through 6			(
8	Distributions to attentive supported organizations to which t	he organization is respoi	nsive	
	(provide details in Part VI) See instructions	,		
9	Distributable amount for 2017 from Section C, line 6	<u> </u>		(
10	Line 8 amount divided by line 9 amount			0 000
			(ii)	(iii)
S	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			
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017	1 1		
а			-	···
b	From 2013 0			
с	From 2014 0			
d	From 2015 0			
e	From 2016			· · · · · · · · · · · · · · · · · · ·
	Total of lines 3a through e	0		·····
	Applied to underdistributions of prior years		0	
	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			<del></del>
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2017 from			
	Section D, line 7 \$ 0			f i i
a	Applied to underdistributions of prior years		0	<del></del>
	Applied to 2017 distributable amount			C
	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2017, if			
•	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions	l .	ol	
	Remaining underdistributions for 2017 Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			0
7	Excess distributions carryover to 2018. Add lines 3			
•	and 4c	ol		
	Breakdown of line 7			··
_ <del>_</del> a	Excess from 2013 . 0			
<u>_</u> b	Excess from 2014 0			
<u>_</u>	Excess from 2015 . 0			
<u>_</u>	Excess from 2016 0			
<u>u</u> e	Excess from 2017 0			
_		1		

Schedule A (Fo	orm 990 or 990-EZ) 2017 League of Women Voters of ME Edu Fund, Inc 04-3364/7 Pag	<u> </u>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part	
r ait vi		
	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section	
•	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b,	
	B, most and 2,1 data to Country, decision by most 2, most 2 and 2,1 data to Country Country, decision E	
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E,	
	lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	
		•
<b></b>		
	:	
	·	
		<b>.</b>

### SCHEDÙLE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

1 22(0

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

04-3386477

Department of the Treasury Internal Revenue Service

Name of organization

Part I-A

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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.

League of Women Voters of ME Edu Fund, Inc.

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on 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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for

• 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-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

	definition of "political carr	paign activities")					
2	Political campaign activity	y expenditures (see instructions)		▶ \$			
3		cal campaign activities (see instruction					
Pa	ort I-B Complete if the organization is exempt under section 501(c)(3).						
1	· ·	excise tax incurred by the organizatio		955 ▶ \$			
2	Enter the amount of any	excise tax incurred by organization m	anagers under se	ction 4955 <b>&gt;</b> \$	·		
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year	? .	Yes No		
4a	Was a correction made?				Yes No		
b	If "Yes," describe in Part						
Pa	rt I-C Complete if t	the organization is exempt und	ler section 501	(c), except section 50°	1(c)(3).		
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	-			
	activities			, ▶\$			
2	Enter the amount of the f	iling organization's funds contributed	to other organizat	ions for section			
	527 exempt function activ			. ▶ \$			
3	Total exempt function exp	penditures Add lines 1 and 2 Enter h	ere and on Form				
	line 17b			. ▶ \$	0		
4	Did the filing organization	file Form 1120-POL for this year?			Yes No		
5		ses and employer identification numb					
		ents For each organization listed, ent					
	the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV						
	as a separate segregated	I lund of a political action committee (	(FAC) II additiona	i space is fleeded, provide	Thomadon in Factiv		
	(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-		
(1)		·		•			
(2)							
(3)							
440							
(4)	!						
(5)							
(5)							
(6)							
				<u></u>			
For I	Paperwork Reduction Act I	Notice, see the Instructions for Form 9	990 or 990-EZ.	Sch	edule C (Form 990 or 990-EZ) 2017		

						raye <b>z</b> .
P	art II-A Complete if the organiz under section 501(h)).	ation is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	
A	Check ► if the filing organization name, address, EIN,	_			_	oup member's
В	Check ▶ ☐ If the filing organization	on checked box A	and "limited conf	trol" provisions ap	ply	
	Limits on (The term "expenditure	Lobbying Expendi s" means amounts		· · · · · · · ·	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	e public opinion (gra	ass roots lobbying)	•	0	0
b	Total lobbying expenditures to influence				0	0
С	Total lobbying expenditures (add lines	bying expenditures (add lines 1a and 1b)			0	0
d	Other exempt purpose expenditures				124,028	0
е	Total exempt purpose expenditures (ad	ld lines 1c and 1d)			124,028	0
f	Lobbying nontaxable amount. Enter the		ollowing table in bot	h		
	columns		•		24,806	0
ſ	If the amount on line 1e, column (a) or (I	o) is: The lobbyi	ng nontaxable amou	ınt is:		
ı	Not over \$500,000		amount on line 1e		]	
	Over \$500,000 but not over \$1,000,000	\$100,000 pl	us 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 pl	us 10% of the excess	over \$1,000,000		,
ļ	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of	over \$1,500,000		
$\perp$	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 2				6,202	0
h	Subtract line 1g from line 1a If zero or	or less, enter -0-			0	0
i	Subtract line 1f from line 1c If zero or le	ess, enter -0-			0	0
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 resection 4911 tax for this year?			0 reporting	Yes No	
	Section 49 11 tax for this year?	· · · · · · · · · · · · · · · · · · ·	. Davis d H. davis a			
	(Some organizations that made	e a section 501(h)		e to complete all o	of the five columns	below.
		· · · · · · · · · · · · · · · · · · ·	tructions for lines	<u>-                                      </u>		
	Lol	obying Expenditur	es During 4-Year A	veraging Period	· · · · · · · · · · · · · · · · · · ·	
	Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d)</b> 2017	(e) Total
2a	Lobbying nontaxable amount	0	0	0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures	0	0	0	0	O
d	Grassroots nontaxable amount	0	0	0	0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures	0	0	0	0	0

Schedule C (Form 990 or 990-EZ) 2017

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	n 5768	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	)	(b	)
	enption of the lobbying activity.	Yes	No	Amo	unt
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				
a	Volunteers?	-		-	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-			<del></del>
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e f	Grants to other organizations for lobbying purposes?	$\overline{}$	$\rightarrow$		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	$\neg$			
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
i	Total Add lines 1c through 1i				0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		[		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5),	or s	ection	
	501(c)(6).				
				Y	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 carry over lobbying and political campaign activity expenditures from the prior year	177	<u>.</u>	3	
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	c)(5), OR (b	or so Par	ection t III-A, li	ne 3, is
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).				
а	Current year		2a		
b	Carryover from last year .		2b		
С	Total .		2c		0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		İ		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible		<del></del> -		
_	lobbying and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		0
Part					<del></del>
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group I	ıst), P	art II-	A, lines 1	and
2 (se	e instructions), and Part II-B, line 1. Also, complete this part for any additional information				
			·		
			· <b></b>	·	
			·	·	
- <b></b>					

Leag	ue of Women Voters of ME Edu Fund, Inc	04-3386477
	orm 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number 04-3386477 League of Women Voters of ME Edu Fund, Inc. Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 1,598 Form 990-EZ, Part I, Line 16, Other Expenses Supplies 538 Form 990-EZ, Part I, Line 16, Other Expenses Filing & compliance fees 525 Form 990-EZ, Part I, Line 16, Other Expenses Web fees 66 Form 990-EZ, Part I, Line 16, Other Expenses Management fees 11,046

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
League of Women Voters of ME Edu Fund, Inc	04-3386477
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