Department of the Treasury

# EXTENDED TO MAY 15, 2020 Short Form

29492348.0.

## **Return of Organization Exempt From Income Tax**

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

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

Open to Public

	Intern	al Reve	enue Service	Go	to www.irs.g	jov/Forme90E2	tor instruc	tions and	u tne iate	stimormat	on.	<u>MU0</u>	<u> </u>	mapection	
	A F	or the	2018 calenda	ır year, or tax year be	eginning	JUL 1	, 2018	3	and end	ding JU	$\mathbf{N}$	30, 2	019		
	B C	heck if	C N	lame of organization							D Em	ployer ide	ntification	on number	
		Η̈́		EAGUE OF V	WOMEN V	OTERS									
	X	_	- 1	F INDIANA							3	35-19	2635	1	
		7		mber and street (or P.			street addres	s)		Room/suite					
		⊣Fınal		808 N. MEI	RIDIAN	ST.					3	317-7	67-4	187	
3		ī .		or town, state or pro			postal code			50		oup Exem			
O /		٦ .		NDIANAPOL:	TS. TN	46208				03		ımber ►			
$\sim$ 1	G A		nting Method.	X Cash		Other (specify)		-		<u> </u>	_		X If the	e organization	on is
0	-		Ū	.LWVINDY.		Care: (Opcon)) >								Schedule E	
				heck only one) —		501(c) (	) <b>⋖</b> (insert i	10.)	1947(a)(1)	or 527	1	orm 990, 9			
				X" Corporation			ociation	Other		0 0	·	<u> 000, 0</u>	<u> </u>	<u> </u>	
			•	7b to line 9 to determ						Lassets (Part	II.		-		
				,000 or more, file For			πο αι ο φεσος.		0, 0	. 200010 (. 4.1	,	<b>&gt;</b> \$		40,4	35.
	_	art I		e, Expenses, a	nd Chang	es in Net As	sets or F	und Ba	lances	(see the instr	uction		)		<u> </u>
		41 6 1	ال	organization used Sc	_								,		$\mathbf{x}$
		1		, gifts, grants, and sin								1		7.3	60.
		2		rice revenue including								2		. , , ,	<del></del>
		3	-	dues and assessment								3			
9	₹	] A	Investment in		.5							4			
i	707A	5a		t from sale of assets (	other than inver	ntory		5a	1						
		l		other basis and sales		,		5b				7			
A		C		from sale of assets o	•	tory (Subtract line	5h from line					5c			
a	30	6		undraising events:	and than miven	tory (Cabirdot iii)o	00 11 0111 11110	ou,							
1	Revenue EB	a	=	e from gaming (attach	Schedule G if o	reater than									
_	Je-	ů	\$15,000)	. Irom gaming (attaon	Conocale a II g	grouter triair		6a	1						
ŭ	_i≅ Kil	h		e from fundraising eve	ents (not includ	ına \$			ontribution	ıs	_	1			
. 2	<u> </u>	"		ing events reported o			sum of such					1			
Z		1		and contributions ex	. ,		50111 01 50011	6ь	1						
\ \frac{1}{2}			_	xpenses from gaming				6c				1			
7	5	C d		r (loss) from gaming :		=	6a and 6h ar		line 6c)			- 6d			
•	•	7a		of inventory, less retur			ou una ob ui	7a							
		b	Less: cost of	• •	no and anoman	500		7b				7			
		٦	*	or (loss) from sales of	inventory (Sub	tract line 7h from	line 7a)					7c			
, ,	Ş	8		e (describe in Schedul				SEE :	SCHED	ULE Q		8		33,0	75.
5 Q/	$\sim$	9		e Add lines 1, 2, 3, 4,		18						9		40,4	
3 0	<del>√</del>	10		milar amounts paid (li				DEC	EIVE	7 -01		10			
າ <b>ບ</b> ( ⊲		11		to or for members		<b>-</b> ,	1 _	ALO				11			
	w	12	•	r compensation, and	emplovee bene	fits			2620	19 0		12			
นี	ıse	13		fees and other payme			269	NOA	20 6	181		13			
<b>0</b> DEL	Expenses	14		ent, utilities, and main			10					14		8	40.
₫	Щ	15		lications, postage, and			1 1	OGI	EN,	لسانا		15			16.
Ã		16		es (describe in Sched			<u> </u>	-SEE	SCHED	ULE O		16		24,1	
140 170		17		es Add lines 10 throi			<del></del>		<b></b>			17		27,4	
~		18		ficit) for the year (Sub		om line 9)		-				18		13,0	
<b>~</b>	ets	19	•	fund balances at begi		· ·	nn (A))								
~	SS			with end-of-year figure	-		· · · · · · · · //					19		22,7	10.
4	Net Assets	20	•	s in net assets or fund			)	SEE	SCHED	ULE O		20		18,4	
	Z	21	_	fund balances at end				·			<b>•</b>	21		54,2	

🐔 LHA | For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)



Form 990-EZ (2018) OF INDIANAPOLIS INC.

	art II , Balance Sheets (see the instructions for Part II)				
	Check if the organization used Schedule O to re	espond to any question	n in this Part II		
	•	()	A) Beginning of year	(B) E	nd of year
22	Cash, savings, and investments		22,710	. 22	54,231.
23	Land and buildings			23	
24	Other assets (describe in Schedule O)			24	
25	Total assets		22,710	. 25	54,231
26	Total liabilities (describe in Schedule 0)		0	26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	)	22,710	27	54,231.
Pa	art III Statement of Program Service Accomplishme	ents (see the instructi	ons for Part III)		xpenses
	Check if the organization used Schedule O to re	spond to any questio	n in this Part III	(Required	for section
Wha	it is the organization's primary exempt purpose? SEE SCHEDULE	0			and 501(c)(4)
Desc	ribe the organization's program service accomplishments for each of its three largest program	n services, as measured by expense	s In a clear and concise	others.)	, op
	ner, describe the services provided, the number of persons benefited, and other relevant infor				
28	VOTER REGISTRATION & TRAINING				
		<u> </u>			
	(Grants \$ ) If this amount includes foreign	grants, check here		28a	1,423.
	VOTER EDUCATION	<u> </u>			
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>•</b>	29a	15,205.
30					
				<del>-</del>	
		·		-	
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>b</b>	30a	
	Other program services (describe in Schedule O)	granto, on our note	· · · · · · · · · · · · · · · · · · ·		
	(Grants \$) If this amount includes foreign	grants, check here	<b>•</b>	□  31a	
	Total program service expenses (add lines 28a through 31a)	granto, encon noto		▶ 32	16,628.
	The program of the pr				
	art IV   List of Unicers. Directors. Trustees, and Key I	Employees (list each one e	ven if not compensated - s	ee the instructions (	for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re			ee the instructions (	for Part IV)
	Check if the organization used Schedule O to re	spond to any questio	n in this Part IV		
	Check if the organization used Schedule O to re		(C) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estimated amount of other
	·	spond to any questio (b) Average hours	(c) Reportable compensation (Forms	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated
	Check if the organization used Schedule O to re	spond to any questio  (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
RH	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN	spond to any questio  (b) Average hours per week devoted to position	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RH PR	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN  ESIDENT	spond to any questio  (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
RH PR RA	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN  ESIDENT  CHEL LOVEMAN	(b) Average hours per week devoted to position  5.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RH PR RA TR	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER	spond to any questio  (b) Average hours per week devoted to position	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RH PR RA TR SA	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER	(b) Average hours per week devoted to position  5.00  3.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.	(e) Estimated amount of other compensation
RH PR RA TR SA VI	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT	(b) Average hours per week devoted to position  5.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RH PR TR SA VI	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS	(b) Average hours per week devoted to position  5.00  3.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0 •	(e) Estimated amount of other compensation  0 .
RH PR RA TR SA VI LI	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY	(b) Average hours per week devoted to position  5.00  3.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.	(e) Estimated amount of other compensation
RH PR TR SA VI LI SE	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY	(b) Average hours per week devoted to position  5.00  3.00  2.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1098-MISC) (if not paid, enter -0-)  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.	(e) Estimated amount of other compensation  0.  0.
RH PR RA TR SA VI LI ER DI	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR	(b) Average hours per week devoted to position  5.00  3.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0 •	(e) Estimated amount of other compensation  0 .
RH PR RA TR SA VI LI SE ER	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN	spond to any questio  (b) Average hours per week devoted to position  5.00  3.00  2.00  0.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.
RH PR TR SA VI LI SE ER DI KI	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN RECTOR	(b) Average hours per week devoted to position  5.00  3.00  2.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1098-MISC) (if not paid, enter -0-)  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.	(e) Estimated amount of other compensation  0.  0.
RH PR RA TR SA VI LI SE ER DI KI	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN RECTOR RRI SETKA	spond to any questio  (b) Average hours per week devoted to position  5.00  3.00  2.00  0.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.  0.
RH PR RA SA VI LI SE ER DI KI DI	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN RECTOR RRI SETKA RECTOR	spond to any questio  (b) Average hours per week devoted to position  5.00  3.00  2.00  0.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.
RH PR RA TR SA VI LI SE ERI DI KA	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN RECTOR RRI SETKA RECTOR Y GUNYON	Spond to any question	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.  0.  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.
RH PR RA TR SA VI LI SE ER DI KI DI KA DI	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN RECTOR RRI SETKA RECTOR Y GUNYON RECTOR	spond to any questio  (b) Average hours per week devoted to position  5.00  3.00  2.00  0.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.  0.
RH PR RA TR SA VI SE ER DI TE DI KA DI LY	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN RECTOR RRI SETKA RECTOR Y GUNYON RECTOR N ALTAYEB	spond to any questio  (b) Average hours per week devoted to position  5.00  3.00  2.00  0.00  0.00  0.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.  0.  0.  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.
RH PR RA VI SE ERI LI TE DI KA DI LY	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN RECTOR RRI SETKA RECTOR Y GUNYON RECTOR N ALTAYEB RECTOR	Spond to any question	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.  0.  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.
RH PR RA VI SE ERI LI TE DI KA DI LY	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN RECTOR RRI SETKA RECTOR Y GUNYON RECTOR N ALTAYEB	Spond to any question	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.  0.  0.  0.  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.  0.  0.  0
RH PR TR SA VI LI SE ER DI TE DI KA DI DI DI	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN RECTOR RRI SETKA RECTOR Y GUNYON RECTOR N ALTAYEB RECTOR XIE ATWOOD RECTOR	spond to any questio  (b) Average hours per week devoted to position  5.00  3.00  2.00  0.00  0.00  0.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.  0.  0.  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.
RH PR TR SA VI LI SE ER DI TE DI KA DI DI DI	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN RECTOR RRI SETKA RECTOR Y GUNYON RECTOR N ALTAYEB RECTOR XIE ATWOOD	Spond to any question	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.  0.  0.  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.  0.  0.  0.  0.  0.  0.	(e) Estimated amount of other compensation  O.  O.  O.  O.  O.  O.  O.  O.
RH PR TR VI LI SE DI KA DI LY DI VI	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN RECTOR RRI SETKA RECTOR Y GUNYON RECTOR N ALTAYEB RECTOR XIE ATWOOD RECTOR	Spond to any question	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.  0.  0.  0.  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.  0.  0.  0
RH PR TR VI LI SE DI KA DI LY DI VI	Check if the organization used Schedule O to re  (a) Name and title  EA CAIN ESIDENT CHEL LOVEMAN EASURER RAH HALTER CE PRESIDENT Z ELLIS CRETARY IN KELLEY RECTOR M IRWIN RECTOR RRI SETKA RECTOR Y GUNYON RECTOR N ALTAYEB RECTOR XIE ATWOOD RECTOR RGINIA HARRISON	Spond to any question	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0.  0.  0.  0.  0.  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.  0.  0.  0.  0.  0.  0.  0.  0.  0	(e) Estimated amount of other compensation  O.  O.  O.  O.  O.  O.  O.  O.  O.  O

INDIANAPOLIS INC. Form 990-EZ (2018)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Page 3

Form 990-EZ (2018)

instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V  $\overline{\mathbf{x}}$ Yes No 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 Х 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 change on Schedule O (see instructions) 34 35a 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 N/Ab 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 Х 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," Х complete applicable parts of Schedule N 36 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38a 38b b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A 39 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a **b** Gross receipts, included on line 9, for public use of club facilities N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. **0** • ; section 4912 ► **0** • ; 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 X 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 0. 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 41 List the states with which a copy of this return is filed > IN Telephone no.  $\triangleright 317 - 767 - 4187$ 42a The organization's books are in care of ► LWV-INDIANAPOLIS, ATTN RACHE Located at ▶ 3808 N. MERIDIAN ST., INDIANAPOLIS, ZIP+4 ► 46208 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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 X 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 and enter the amount of tax-exempt interest received or accrued during the tax year N/A Yes No 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 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d X 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

									100	110
47	Did the or	ganization engage in lobbying activities or hav	e a section 501(h) elect	ion in effect d	uring the tax y	ear? If "Yes," comple	te Sch. C, Part I	47	Х	
48		anization a school as described in section 170			lule E			48	ļ	X
		ganization make any transfers to an exempt no	-	janization?				49a	ļ.—-	X
		as the related organization a section 527 organ		/ . db db d				49b	<u> </u>	
50		this table for the organization's five highest co	· · ·	•	ricers, airector	rs, trustees, and key	employees) who	eacn r	eceived	more
	<u>tnan \$100</u>	,000 of compensation from the organization. I  (a) Name and title of each employee	t there is none, enter 'N	(b) Avera	age hours devoted to	(C) Reportable compensation (Forms	(d) Health bene	۰ ۱ ۵۰	e) Estim	
		NON		•	ition	W-2/1099-MISC)	plans, and defer	red co	ount of ompens	
		<u>NON</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		1	compensation	<del>'</del>		
		·····								
		· · · · · · · · · · · · · · · · · · ·				<u> </u>	<del>                                     </del>	_		
				<u></u>		ļ	ļ			
							1			
						_L	J	Щ		
		ber of other employees paid over \$100,000			<b></b>					
51		this table for the organization's five highest co		t contractors	who each rece	eived more than \$100	,000 of compen	sation	rom the	•
		on. If there is none, enter "None."  NON			(h)	Tune of ceruice	10	Comp	encation	
	(a) IV	ame and business address of each independer	it contractor		(0)	Type of service		Comp	ensatio	<del>'</del> ——
	·	<del></del>								
			<del></del>						<del></del>	
	•									
_										
		· · · · · · · · · · · · · · · · · · ·			<del></del>					
		ber of other independent contractors each rec			i	·	<del></del>			
52		ganization complete Schedule A? Note: All sec	tion 501(c)(3) organiza	tions must att	acn a		<b>~</b> 1	X Y		٦
lindo		Schedule A of perjury, I declare that I have examined this	ratura unaluduna accom	nanyina coha	dulac and stat	aments, and to the h				<u>  No</u>
		d complete. Declaration of preparer (other than						ouge an	a nellel	, it is
1100,	Correct, an	d compete. Declaration of preparation (other than	IT Officery is based off an	i iiii Oi i iiaa oii k	n willen prepa	itel ilas ally kilowica		1/20	)IG	
Sig	n   🚩	Signature of officer					Date	س ب	<del>-                                    </del>	
Her	e	RHEA CAIN, PRESIDEN	T							
		Type or print name and title								
	-	Print/Type preparer's name	Preparer's signature		Date	Check	If PTIN			
Paid	d					self- emplo	oyed			
	parer									
	Only	Firm's name				Firm's Elf	V <b>&gt;</b>			
	,	Firm's address ▶				Phone no	)			
									<del></del>	
May 1	he IRS dis	cuss this return with the preparer shown above	e? See instructions					Y	es 🗀	No

Form 990-EZ (2018)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

LEAGUE OF WOMEN VOTERS

OMB No 1545-0047

Open to Public Inspection

Employer identification number

OF INDIANAPOLIS INC. 35-1926351 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) 1 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 5 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 university 10 X 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). 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. J 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 III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 support (see instructions) support (see instructions) organization No

above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 OF INDIANAPOLIS INC 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2015 (a) 2014 (c) 2016(d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and 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 Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (b) 2015 (c) 2016 (d) 2017 Calendar year (or fiscal year beginning in) (a) 2014 (e) 2018 (f) Total 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2918 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and of the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EŽ) 2018 Schedule A (Form 990 or 990-EZ) 2018 OF INDIANAPOLIS INC.

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.)

Se	ction A. Public Support	siow, piedoc com	pioto i ure ii j				
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")					12,460.	12,460.
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		,				
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513					27,618.	27,618.
4	Tax revenues levied for the organ- ization'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						
6	Total. Add lines 1 through 5					40,078.	40,078.
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year	_					0.
(	Add lines 7a and 7b						0.
_8	Public support. (Subtract line 7c from line 6)						40,078.
Se	ction B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 6					40,078.	<u>40,078.</u>
10	g Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					357.	357.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses			1			
	acquired after June 30, 1975		_				
	Add lines 10a and 10b					357.	<u> </u>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)					40,435.	40,435.
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiza	ition,
	check this box and stop here	***************************************	<del></del>				
Se	ction C. Computation of Publi	<u>c Support Pe</u>	rcentage			· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2018 (lin	ne 8, column (f), a	divided by line 13, o	column (f))		15	<u>99.12 %</u>
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20			ne 13, column (f))		17	88_%
18	Investment income percentage from 2				46	18	
19 a	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box an		=				<b>▶</b> X
t	33 1/3% support tests - 2017. If the claim 18 is not more than 33 1/3%, check	=					
20	Private foundation. If the organization		•			-	

#### Schedule A (Form 990 or 990-EZ) 2018 OF INDIANAPOLIS INC.

### 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

- 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 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
- 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
- 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?
- 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 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).
- 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 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.
- 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		
L		-
2	1	
3a		
3b_	1 1	
3c_		
ł		
4a		
4b		
		•
4c	ļ	
	1	
5a_	-	
5b	ļ .	
5c	<u> </u>	
	]	
_6_		
\ <u>-</u>	.	
7	+-	
8		
9a	1	
1		
9b		
9c	1	
		_
10a		
•		-
10b		

Schedule A (Form 990 or 990-EZ) 2018 OF INDIANAPOLIS INC. 35-1926351 Page 5 Supporting Organizations (continued) Y<u>es</u> No 11 . Has the organization accepted a gift or contribution from any of the following persons? a 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 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 **Section B. Type I Supporting Organizations** Yes No 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 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 Section C. Type II Supporting Organizations Yes No 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) Section D. All Type III Supporting Organizations Yes No 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? 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 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C 2 Activities Test Answer (a) and (b) below. Yes No a 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 2b activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. a 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. За 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.

Schedule A (Form 990 or 990-EZ) 2018 OF INDIANAPOLIS INC. 35-1926351 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior 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). a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1ď d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 **Current Year** Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

	dule A (Form 990 or 990 EZ) 2018 OF INDIANAPOL	IS INC.	3	5-1926351 Page 7
Pa	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<del></del>
<u>Sect</u>	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		1
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	<u>s</u>	
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
_6_	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 responsive	)	
	(provide details in Part VI) See instructions		_ <del></del>	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI) See instructions			
_3_	Excess distributions carryover, if any, to 2018			
a	From 2013		·	
b	From 2014			
¢	From 2015			
d	From 2016			
e	From 2017			
f_	Total of lines 3a through e			
<u>_</u> g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
_i_	Remainder Subtract lines 3g, 3h, and 3i from 3f	. <u></u>		
4	Distributions for 2018 from Section D,		•	
	line 7 \$			
a	Applied to underdistributions of prior years			
<u>_b</u>	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.		<u> </u>	
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			<u> </u>
8	Breakdown of line 7			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
q	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-E	Z) 2018 <b>OF</b>	INDIANAPOLI	S INC.		35-1	.926351 Page 8
Part VI	Part IV, Section A, line 1, Part IV, Sec	lines 1, 2, 3b, 3 tion D, lines 2 a	3c, 4b, 4c, 5a, 6, 9a, 9 and 3, Part IV, Section	9b, 9c, 11a, 11b, and E, lines 1c, 2a, 2b, 3	Part II, line 10; Part II, lid 111c, Part IV, Section 3a, and 3b, Part V, line complete this part for ar	ne 17a or 17b, Par B, lines 1 and 2, P e 1, Part V, Section	t III, line 12; art IV, Section C, B, line 1e, Part V,
						<u></u>	
							· · · · · · · · · · · · · · · · · · ·
	<del></del>	<del></del>					
							· <del></del>
			<del></del>			<u> </u>	
<del></del> ,	<u> </u>			·		<del> </del>	
						<del></del> -	·
					<del></del>		
				<del></del>			<del>, ,</del>
		<u>-</u> -					<u>.                                    </u>
		· -				<u></u>	
_							
		<u> </u>					
				<u> </u>			
<del></del>	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		·	
	· <del>-</del>						
		<del></del>	<del> </del>			<del></del>	
				. <u> </u>			
			<u> </u>				
832028 10-11-1	3					Schedule A (Form	990 or 990-EZ) 2018

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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
- 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

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	ne of organization LEAGUE	OF WOMEN VOTERS		Emp	loyer identification number
	OF INDI	ANAPOLIS INC.			35-1926351
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c	) or is a section 527 c	rganization.
	Provide a description of the organiz	·	cical campaign activities		0.
3	Volunteer hours for political campa	ign activities			0.
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c		
1	Enter the amount of any excise tax	incurred by the organization ui	nder section 4955	▶ 9	
2	Enter the amount of any excise tax	incurred by organization mana	gers under section 495	5 ▶ \$	. 0.
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
_	Was a correction made?				└─ Yes
	f "Yes," describe in Part IV		day as ation E01/s	\ avaant aaatian E04	(-)(0)
-	<del></del>	ganization is exempt un		· · · · · · · · · · · · · · · · · · ·	
	Enter the amount directly expended	, ,	•		0.
2	Enter the amount of the filing organ	lization's funds contributed to o	other organizations for s	_	0.
_	exempt function activities	Add by a day of Coase beaut		•	0.
3	Total exempt function expenditures	s. Add lines 1 and 2 Enter nere	and on Form 1120-POI		•
	line 17b	4400 DOL 6-114b-1-11-2		▶\$	
	Did the filing organization file Form	·	EIND - 6 - 11 A 607 -	-141	└─ Yes └─ No
5	Enter the names, addresses and er	, ,		•	• •
	made payments. For each organization contributions received that were pr	•			•
	political action committee (PAC). If	• •	•	•	no obgrogated falla of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) EIIV	filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
		·			
			<del>_</del>		

Schedule C (Form 990 or 990-EZ) 2018 ( Part II-A   Complete if the org	OF INDIANAP anization is exe	POLIS INC. mpt under section	on 501(c)(3) and file	35-2 ed Form <b>5768 (</b> e	1926351 Page 2 election under
section 501(h)).					
A Çheck 🕨 🔲 ıf the filing organiza	tion belongs to an aff	liated group (and list i	in Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and shar	e of excess lobbying	expenditures)			
B Check 🕨 📖 if the filing organiza	tion checked box A a	nd "limited control" pr	ovisions apply		
	s on Lobbying Expe litures" means amoi	nditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	rence public opinion (	(grass roots lobbying)			
b Total lobbying expenditures to influ	•		Ţ	<del></del>	<del> </del>
c Total lobbying expenditures (add li	•	ay (direct leadying)	Ţ	<del> </del>	
d Other exempt purpose expenditure	•		F		<del>                                     </del>
e Total exempt purpose expenditure		4)	<u> </u>		
f Lobbying nontaxable amount Ente	-	•	th columns	<del>-</del>	
If the amount on line 1e, column (a) o		bying nontaxable an			<del> </del>
Not over \$500,000	- ·-	the amount on line 1			
Over \$500,000 but not over \$1,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce	11		
Over \$17,000,000	\$1,000,		300 0101 0 1,000,000.		
000, 411,000,000	φ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
g Grassroots nontaxable amount (en	ter 25% of line 1ft			<del></del>	
h Subtract line 1g from line 1a If zero	•		ļ	<del></del>	
i Subtract line 1f from line 1c If zero					
j If there is an amount other than zer		line 1. did the organiz	zation file Form 4720		<del></del>
reporting section 4911 tax for this		mio ii, ala tilo organi	22.011.110.1.0111.17.20		Yes No
(Some organizations th	4-Year Ave	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns I	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))	<del></del>			<del></del>	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	<del></del>				<del> </del>
(150% of line 2d, column (e))					
(-)				· · · · · · · · · · · · · · · · · · ·	
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 OF INDIANAPOLIS INC.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(t	)
of the lobbying activity	Yes	No	Amo	ount
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	ĺ		•	•
or referendum, through the use of:	_			• -
a Volunteers?	X		;	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?	<u> </u>			24.
d Mailings to members, legislators, or the public?	X			211.
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	<b>—</b> —	X_		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			0.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	77		<u> 0.</u>
i Other activities?	<u> </u>	X		225
j Total Add lines 1c through 1i			·	235.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-	X	····	<del></del>
b If "Yes," enter the amount of any tax incurred under section 4912				
c 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?  Part III-A Complete if the organization is exempt under section 501(c)(4), see	ction 501(c)	(5) or se	ction	
501(c)(6).		(0), 01 30	Clion	
			Yes	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 Part III-B   Complete if the organization is exempt under section 501(c)(4), see				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."	ed "No," OI	<del>-                                    </del>	III-A, lin	e 3, is
1 Dues, assessments and similar amounts from members	1:4:1	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	olitical			
expenses for which the section 527(f) tax was paid).		20		
a Current year b Carryover from last year		2a 2b		
b Carryover from last year c Total		2c 2c		
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				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying ar				
expenditure next year?	ia politica:	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information	<del></del>	<del></del>		
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gr	oup list), Part II	-A, lines 1 a	nd 2 (see	
nstructions), and Part II-B, line 1 Also, complete this part for any additional information	, ,,	•	,	
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
AS PART OF OUR MEMBER MAILINGS AND IN FACEBOOK ADS,	WE ENC	URAGEI		
MEMBERS AND THE PUBLIC TO ATTEND RALLIES SUPPORTING	AN INDE	PENDE	1T	
REDISTRICTING COMMISSION FOR INDIANA. SOME OF OUR BO	OARD MEM	BERS A	AND	
VOLUNTEERS MET WITH LEGISLATORS ABOUT POTENTIAL LEG	ISLATION	TO CE	REATE	
AN INDEPENDENT REDISTRICTING COMMISSION.				

## **SCHEDULE O**

Internal Revenue Service

(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.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

LEAGUE OF WOMEN VOTERS OF INDIANAPOLIS INC.

**Employer identification number** 35-1926351

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	,
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	357.
MEMBER DUES	5,100.
MERGE LWV INDPLS AND LWV ED FUND	27,618.
TOTAL TO FORM 990-EZ, LINE 8	33,075.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
LWVUS & LWVIN PER MEMBER PAYMENT FEES	4,935.
MEETINGS, WORKSHOPS	1,078.
SPONSORSHIPS & COALITIONS	611.
VOTER SERVICES	16,825.
INSURANCE	227.
OFFICE ADMINISTRATION	475.
TOTAL TO FORM 990-EZ, LINE 16	24,151.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
MERGE LWV INDPLS AND LWV ED FUND	18,493.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PURPOSES OF	THE
CORPORATION ARE TO PROMOTE POLITICAL RESPONSIBILITY THROUGH INF	ORMED
AND ACTIVE PARTICIPATION IN GOVERNMENT AND TO ACT ON SELECTED	
GOVERNMENTAL ISSUES, AND TO PROVIDE THE CITIZENS OF INDIANAPOLI	S AND
MARION COUNTY WITH OPPORTUNITIES TO LEARN ABOUT LOCAL, STATE AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form	TD m 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990			<del></del>	Page 2
• •	LEAGUE OF WON	MEN VOTERS LIS INC.		Employer identification number 35-1926351
NATIONAL GOVERI	NMENTAL ISSUES	IN A BALANCED AN	<u>D NONPARTISA</u>	N MANNER
THROUGH PUBLIC	DISCUSSION GRO	OUPS, FORUMS, PAN	ELS, LECTURE	S,
PUBLICATIONS, O	OR OTHER SIMILA	AR PROGRAMS.		
FORM 990-EZ, PA	ART V, INFORMAT	rion regarding pe	RSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION	ON DID NOT, DUE	RING THE YEAR, RE	CEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY,	TO PAY PREMIUM	MS ON A PERSONAL	BENEFIT CONT	RACT.
THE ORGANIZATIO	ON, DID NOT, DI	URING THE YEAR, PA	AY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY,	ON A PERSONAL	BENEFIT CONTRACT	•	
_				
	- <u>-</u>			
		<del>-</del>		
			<del>-</del>	
		···		
	<del></del>			
	· · · · · · · · · · · · · · · · · · ·			
<del></del>		<del></del>	<del>-</del>	
	<del></del> _			
		_		
<del></del> -				
832212 10-10-18			Sched	lule O (Form 990 or 990-EZ) (2018)