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OMB No 1545-1150

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2006 calendar year, or tax year beginning 2006, and ending 2006, 20

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

200706 031530000 29 IB
LEAGUE OF WOMEN VOTERS OF
METROPOLITAN COLUMBUS EDUCATION FU
PO BOX 130
BLACKLICK OH 43004-0130

I
R
S

Employer identification number
311020460
Telephone number
()
Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ lwccls.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

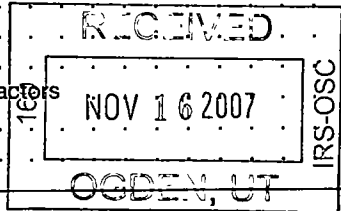
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Revenue			
1	Contributions, gifts, grants, and similar amounts received		29518.91
2	Program service revenue including government fees and contracts		1009.00
3	Membership dues and assessments		0
4	Investment income		1553.77
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	0
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
8	Other revenue (describe ▶)	8	0
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	32081.68

Expenses			
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	3382.19
12	Salaries, other compensation, and employee benefits	12	10676.10
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	12647.71
15	Printing, publications, postage, and shipping	15	930.00
16	Other expenses (describe ▶)	16	414.81
17	Total expenses (add lines 10 through 16)	17	27450.81



Net Assets			
18	Excess or (deficit) for the year (line 9 less line 17)	18	4630.87
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	79882
20	Other changes in net assets or fund balances (attach explanation)	20	(327.09)
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	84185.78

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	79882	22 84171.40
23 Land and buildings	0	23 0
24 Other assets (describe ▶)	0	24 0
25 Total assets	79882	25 84171.40
26 Total liabilities (describe ▶ <u>Salary tax</u>)	0	26 14.38
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	79882	27 84185.78

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses
What is the organization's primary exempt purpose? <u> voter service</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u> VIB - Non Partisan Candidate guide</u>	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <u> 500</u>
29	<u> Civic Directory - guide to office holders and govt. offices</u>	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a <u> 930.00</u>
30	<u> voter service</u>	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a <u> 12,200.</u>
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 <u> 13,630</u>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u> Please See Attached</u>				

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<u> X</u>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<u> X</u>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<u> X</u>
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		<u> X</u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<u> X</u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		<u> X</u>
38a	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 unpaid at the start of the period covered by this return?		<u> X</u>
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____
- d** 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? . . . ▶ _____

	Yes	No
40b		<input checked="" type="checkbox"/>
40c		
40d		
40e		

- 41** List the states with which a copy of this return is filed. ▶ OHIO
- 42a** The books are in care of ▶ Mary Kamm Telephone no. ▶ (614) 837-7089
 Located at ▶ P.O. Box 130 Blacklick Ohio ZIP + 4 ▶ 43004

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .
 If "Yes," enter the name of the foreign country: ▶ _____
- 43** 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 . . . ▶ 43

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Amy Riles Date: 11/12/07

Type or print name and title: Amy Riles

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____
 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____
 EIN: _____
 Phone no: () _____

LEAGUE OF WOMEN VOTERS OF MC & EDUCATIONAL FUND
BOARD OF TRUSTEES ROSTER
July, 2007

OFFICERS

President

Kitty Burcsu (exp. 06/2008)
6630 Dutch Lane NW
Johnstown, Ohio 43031
(740) 967-1588, 728-2917 (w)
ohburcsu@juno.com

Vice President-Voter Service

Janyce Katz (Exp. 06/2009)
2725 Floribunda Dr., Columbus 43209
236-2022-H 466-5967-W mglazman@sprynet.com

Vice President - Advocacy

Barbara Hykes (Exp. 06/2008)
1865 Torchwood Dr.
Columbus, OH 43229
846-2426 (h) 223-7763 (w) bjh1769@hotmail.com

Vice President- Membership

Mary Helen Hart (Exp. 06/2008)
85 Winthrop Rd., Columbus 43214
262-8461, maheha57@gmail.com

Secretary

Ann Henkener (Exp. 06/2009)
3711 Olentangy Blvd., Columbus, 43214
(H) 614-267-9677, ahenkener@columbus.rr.com

Treasurer MC

Jean Byrd (Exp. 06/2009)
123 W. Kenworth, Columbus, OH 43214
(614) 261-0601 jeanbyrd@sbcglobal.net

Treasurer EF

Mary Kaul (Exp. 06/2008)
283 Tallowood Dr.
Westerville, OH 43081 kaul.1@osu.edu

TRUSTEES

Scott Britton
261 Caren Avenue, Worthington, OH 43085
848-4291, sbritton@wowway.com

Paige Kohn

204 Wilber Avenue, Apt A, Columbus, OH 43215
354-6183, kohnpaige@yahoo.com

Lea Madry

7802 Heathermore Drive, Columbus, 43235
306-1811, madry.5@osu.edu

Ellen Mee (Exp. 06/2008)

2453 Powell Avenue, Bexley, OH 43209
(614) 231-4621 mmee@columbus.rr.com

Sara Meyers (Exp. 06/2008)

6950 Clivdon Mews, New Albany, OH 43054
(614) 775-9696 meyers.665@osu.edu

Joy Rose

2945 Berry Lane Court, Columbus 43231
882-5151, mjrose314@aol.com

Nancy Wilkes

1000 Urlin Ave. #1019, Columbus 43212
488-2893, ntruelov@columbus.rr.com

Stuart Wright (Exp. 06/2008)

162 Brevoort.Rd., Columbus, OH 43214
(614) 263-4045 stuartwright@att.net

Nominating Committee: Judith Brachman, Chair,
Esther Connors, Lucy Buzzee

Staff: Amy Pulles, 837-3172-H 570-8185 - Cell

Office: 837-1089, Fax 837-1263

P.O. Box 130, Blacklick 43004-0130

Office Hours: 9-3:00 M-F

The office hours are reduced during the months of June and July, but phone messages are still checked regularly and the office can meet any request.

*Board Members are elected to 2 year terms.