

Short Form

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning July 1, 2005, and ending June 30, 2006

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

Please use IRS label or print or type See Specific Instructions.

C Name of organization League of Women Voters of Metropolitan Columbus
Number and street (or P O box, if mail is not delivered to street address) Room/suite P O Box 130
City or town, state or country, and ZIP + 4 Blacklick OH 43004

D Employer identification number 31-0642954
E Telephone number 1089 (614) 837-3172
F 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: www.lwvcols@iwaynet.net

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

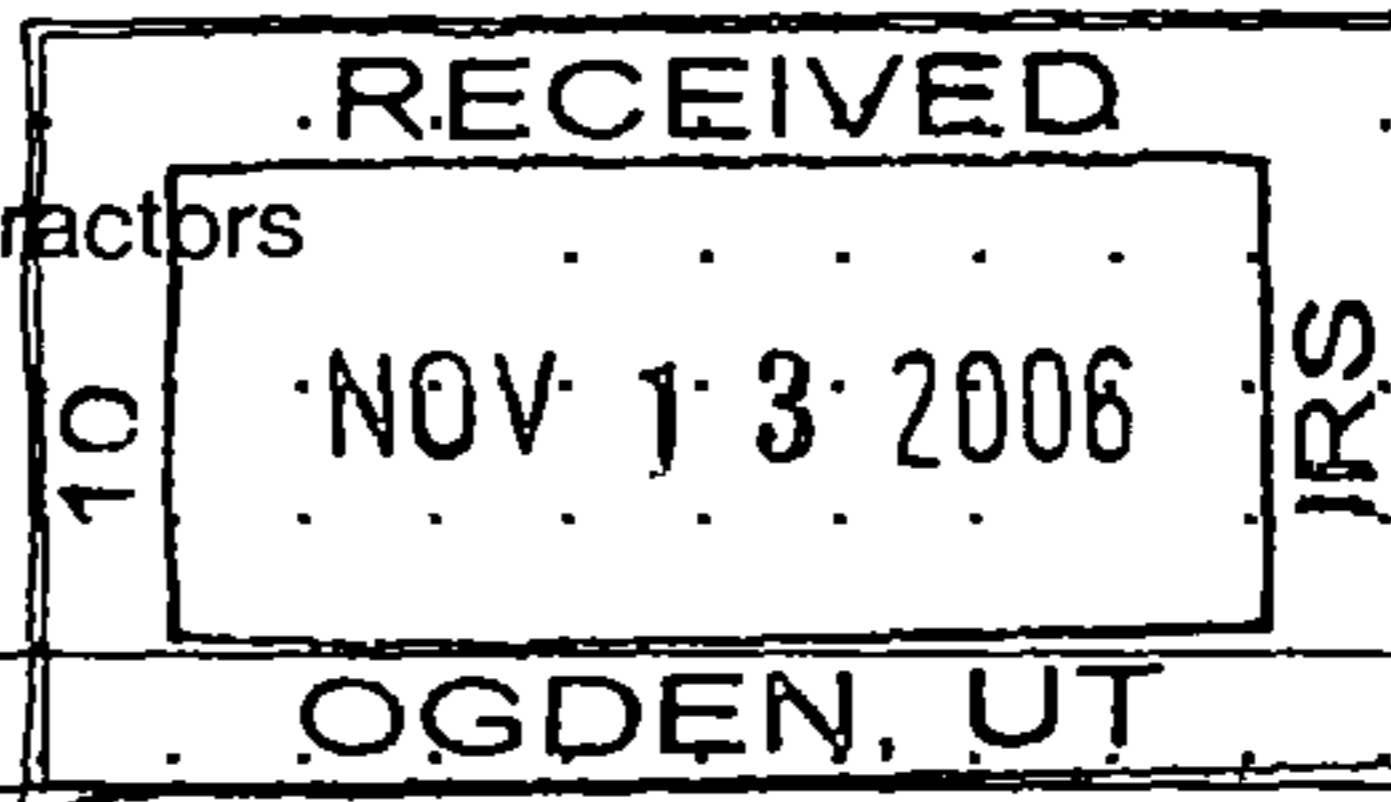
J Organization type (check only one) 501(c) (4) (insert no) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return Some states require 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 38 of the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, program service revenue, membership dues, investment income, gross amount from sale of assets, special events, gross sales of inventory, other revenue, total revenue, grants and similar amounts paid, benefits paid, salaries, professional fees, occupancy, printing, other expenses, total expenses, excess or deficit, net assets at beginning and end of year.



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 41 of the instructions)

Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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Part III Statement of Program Service Accomplishments (See page 42 of the instructions)		Expenses
What is the organization's primary exempt purpose? <u>Vote 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>Provide non-partisan voter information to members and the public</u>	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <u>1128.22</u>
29		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 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>Amy Puller</u> <u>Po Box 130 Blacklick OH 43004</u>	<u>Administrator</u>	<u>22,000</u>		
<u>See Attached</u>				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		<input type="checkbox"/>
37b	b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		<input type="checkbox"/>
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		<input type="checkbox"/>
39b	b Gross receipts, included on line 9, for public use of club facilities		<input type="checkbox"/>
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
40b	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		<input checked="" type="checkbox"/>
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input type="checkbox"/>
	d Enter amount of tax on line 40c reimbursed by the organization		<input type="checkbox"/>

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed. ▶ Ohio
- 42a The books are in care of ▶ Valerie Rake Telephone no ▶ (614) 837-1079  
 Located at ▶ 781 Latham Ct. Colo. OH 43214 ZIP + 4 ▶ \_\_\_\_\_
- 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 |

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

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.

**Please Sign Here**

▶ Amy Puller Date 11/2/06  
 Signature of officer

▶ Amy Puller Administrator  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ▶  Preparer's SSN or PTIN (See Gen. Inst. W)

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, 2006**

**OFFICERS**

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Nominating Committee: Diane Weeks, Chair, Rita  
Cohen, Ramona Whisler

**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.