

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

## 2006

**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)  
▶ 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.

**A** For the 2006 calendar year, or tax year beginning APRIL 1, 2006, and ending MARCH 31, 20

**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.	<b>C</b> Name of organization <u>LEAGUE OF WOMEN VOTERS OF ST LOUIS</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>8706 MANCHESTER ROAD 104</u> City or town, state or country, and ZIP + 4 <u>ST LOUIS MO 63144-2733</u>	<b>D</b> Employer identification number <u>431 0373 605</u> <b>E</b> Telephone number <u>(314) 961-6869</u> <b>F</b> Group Exemption Number . . . ▶
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• 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.LWVSTL.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) ( 4 ) (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. ▶ \$ 36 750.93

**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	1	11 230.15
	2 Program service revenue including government fees and contracts	2	3 269.00
	3 Membership dues and assessments	3	1 7130.00
	4 Investment income	4	2 49.24
	5a Gross amount from sale of assets other than inventory	5a	-
	b Less: cost or other basis and sales expenses	5b	-
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	-
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	2 989.04
	b Less: direct expenses other than fundraising expenses	6b	2 62.98
c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	2 726.06	
7a Gross sales of inventory, less returns and allowances	7a	1 883.50	
b Less: cost of goods sold	7b	1 839.08	
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	44.42	
8 Other revenue (describe ▶ _____)	8	-	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9	34 648.87	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	-
	11 Benefits paid to or for members	11	-
	12 Salaries, other compensation, and employee benefits	12	1 2 857.60
	13 Professional fees and other payments to independent contractors	13	419.76
	14 Occupancy, rent, utilities, and maintenance	14	10 132.50
	15 Printing, publications, postage, and shipping	15	3 440.22
	16 Other expenses (describe ▶ <u>SEE ATTACHMENT</u> )	16	1 6 894.43
17 Total expenses (add lines 10 through 16)	17	43 744.51	
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	( 9 095.64 )
	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	2 5 199.88
	20 Other changes in net assets or fund balances (attach explanation) <u>GAIN ON INVESTMENT</u>	20	1 7 85.65
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	1 7 889.89

**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	2 5 199.88	1 7 889.89
23 Land and buildings	-	-
24 Other assets (describe ▶ _____)	-	-
25 Total assets	2 5 199.88	1 7 889.89
26 Total liabilities (describe ▶ _____)	-	-
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2 5 199.88	1 7 889.89

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? 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.

3 (Grants \$ ) If this amount includes foreign grants, check here

28a

9 (Grants \$ ) If this amount includes foreign grants, check here

29a

0 (Grants \$ ) If this amount includes foreign grants, check here

30a

1 Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here

31a

2 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)

Table with 5 columns: (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. Row 1 contains 'SEE ATTACHMENT'.

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

33

X

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

34

X

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

X

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35b

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)

36

X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37a

37b

X

b Did the organization file Form 1120-POL for this year?

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?

38a

X

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved

38b

39 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

**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		X
40c		
40d		
40e		X

**41** List the states with which a copy of this return is filed. ▶ NONE

**42a** The books are in care of ▶ SUE DELLBRINGE Telephone no. ▶ (314) 911-6869  
 Located at ▶ 8706 MANCHESTER ROAD ST LOUIS MO ZIP + 4 ▶ 63144-2733

**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: ▶ \_\_\_\_\_

	Yes	No
42b		X
42c		X

**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

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

Signature of officer ▶ Sue Dellbringge Date ▶ 8/9/07

Type or print name and title. ▶ SUE DELLBRINGE, TREASURER

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. ▶ ( ) \_\_\_\_\_

Line 16  
Attachment

LWV Saint Louis  
FY Ended 3/31/07

**Line 16**

Public Relations	\$ 150.00
President's Expense	164.46
Annual Registration	10.00
Financial Support for LWV:	
National per Member Payment	4,650.65
State per Member Payment	4,882.50
Meetings, Conventions, Affiliations:	
State Convention/Council	30.00
National Convention/Council	3,372.35
Local Meetings	3,456.74
Other Mtgs/Workshops	147.73
Affiliations	30.00
 Total Line 16 Expenses	 <b>\$ 16,894.43</b>

Part III attachment

League of Women Voters of St. Louis  
4/1/06-3/31/07

Activities include:

Advocacy (lobbying)

Study and development of positions on issues

On-going program committees

monthly

Education

Environmental quality

International relations

Local government

Library study

Taxes

Charter schools study

Participation on committees

monthly

MSD Rate Commission

Focus St. Louis

General meetings: kickoff, holiday, annual meeting

Study groups (units) - discussion, education, fellowship

Conventions, state and national meeting attendance

Web site

on-going

Newsletters

monthly

**LEAGUE OF WOMEN VOTERS OF ST. LOUIS**  
4/1/2006-3/31/2007

PART IV  
ATTACHMENT

**List of officers, directors and key employees:**

<b>Title</b>	<b>Name</b>	<b>Hrs:</b>	<b>Compen- sation</b>	<b>Exp. Accts. and Contr. to EE bens. to EE bens.</b>
<b>Board:</b>				
President	Jeanne Morrel-Franklin St. Louis, MO	8	0	None for any person listed
V. P.	Betty Ann Gilbert St. Louis, MO	4	0	
V.P.	Enid Tennenbaum St. Louis, MO	4	0	
Secretary	MaryBeth Reynolds St. Louis, MO	4	0	
Treasurer	Becky Clausen St. Louis, MO	4	0	
Voter Service	Pam DeVoe St. Louis, MO	4	0	
Meetings	Dori Miller St. Louis, MO	4	0	
	Eve Golden St. Louis, MO	4	0	
Education	Doris Buzzell St. Louis, MO	4	0	
Voter Reg.	Esther Clark St. Louis, MO	4	0	
Public Relations	Marge Wilson St. Louis, MO	4	0	
Membership	Elise Joerger St. Louis, MO	4	0	
Development Comm.	Sheila Kalman St. Louis, MO	4	0	
Speakers Bureau	Marjorie Courtney St. Louis, MO	4	0	
Citizens Forum Proj.	Kathleen Farrell St. Louis, MO	4	0	
Legislative	Janice Dahl St. Louis, MO	4	0	
<b>Compensated Staff</b>				
Office Manager	Micki Hoffman	9	\$15.45	
Bookeeper	Julie Behrens	5	\$13.70	