

**CENTER FOR MEDIA AND DEMOCRACY**

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October 31, 2016

Office of General Counsel  
 Federal Election Commission  
 999 E. Street, N.W.  
 Washington, DC 20463

MUR # 7181OFFICE OF GENERAL  
COUNSEL

2016 NOV -2 AM 9:51

RECEIVED  
FEDERAL ELECTION  
COMMISSION

Dear Sir or Madam,


Enclosed please find an original notarized complaint and three copies, including exhibits, against Independent Women's Voice (IWV) for failure to comply with federal election campaign laws.

The Center for Media and Democracy is filing the complaint based on information and belief that IWV's "major purpose" since 2010 has been to influence federal elections, and that its failure to register and report as a political committee in the 2010, 2012, and 2014 elections violates the Federal Election Campaign Act.

In addition, the Center for Media and Democracy alleges, based on information and belief, that IWV failed to report approximately \$250,000 in independent expenditures on behalf of Scott Brown in the 2010 special election to fill the Massachusetts U.S. Senate seat left vacant by the death of Senator Ted Kennedy.

Please let me know if you have any questions about the filing or require any additional information.

Sincerely,



Arn H. Pearson  
 General Counsel  
[arn@prwatch.org](mailto:arn@prwatch.org)  
 207.272.2886

**BEFORE THE  
FEDERAL ELECTION COMMISSION**

**Center for Media and Democracy**  
122 W. Washington Ave., Suite 555  
Madison, WI 53703

v.

MUR No. 7181

**Independent Women's Voice**  
1875 I Street, NW, Suite 500  
Washington, DC 20006

**COMPLAINT**

1. The Center for Media and Democracy (hereinafter "Complainant") files this complaint pursuant to 52 U.S.C. § 30109(a)(1) and based on information and belief that Independent Women's Voice (IWV) has violated the Federal Election Campaign Act (FECA), 52 U.S.C. § 30101 *et seq.* Based on IWV's tax returns, its public statements, and published reports, Complainant has reason to believe that IWV has raised and spent millions of dollars to influence the 2010, 2012, and 2014 federal elections without registering as a political committee as required by 52 U.S.C. § 30103, filing political committee disclosure reports as required by 52 U.S.C. § 30104, or complying with the organizational, accounting, and recordkeeping requirement of 52 U.S.C. § 30102. In addition, Complainant has reason to believe that IWV has failed to report independent expenditures to the Commission, even under the minimal requirements for persons other than political committees in violation of 52 U.S.C. § 30104.

2. Timely investigation by the Federal Election Commission (hereinafter "Commission") is critical and necessary to determine whether IWV is violating

FECA, where Complainant and the public do not have full access to all the relevant information. *See* 52 U.S.C. § 30109(a)(2) (“If the Commission, upon receiving a complaint . . . has reason to believe that a person has committed, or is about to commit, a violation of [the FECA], . . . [t]he Commission *shall* make an investigation of such alleged violation.”)(emphasis added).

3. Furthermore, the Commission has recognized in its Supplemental Explanation and Justification on Political Committee Status (hereinafter “SE&J”) that, “The Federal courts’ interpretation of its constitutionally mandated major purpose doctrine requires the Commission to conduct investigations into the conduct of specific organizations that may well reach beyond publicly available advertisements.” 72 Fed. Reg. 5595, 5597 (Feb. 7, 2007).

4. Complainant alleges, based on information and belief, that IWV’s major purpose since 2010 has been to influence elections, that the group spent at least \$6.4 million more to influence federal elections between 2010 to 2014 than was reported to the Commission, and that it failed to report to the Commission approximately \$250,000 in independent expenditures on behalf of Scott Brown in the 2010 special election to fill the Massachusetts U.S. Senate seat left vacant by the death of Senator Ted Kennedy.

#### **I. Applicable Law**

5. The history of campaign finance regulation has been marked by repeated and highly creative efforts to circumvent the law. *See McConnell v. FEC*, 540 US. 93, 165 (2003)(noting “the hard lesson of circumvention”). Following passage of the Bipartisan Campaign Reform Act of 2002, political players increasingly turned to the

use of 501(c)(4) organizations as a way to influence elections while evading basic requirements of campaign law. The Supreme Court's decision in *Citizens United v. FEC*, CITE, in 2010, which legitimized independent political spending by corporations, greatly accelerated this trend. The amount of "dark" money spent on federal elections without disclosure of true funding sources soared from \$82.8 million 2008 to \$199.4 million in 2012, and is expected to shatter all records in 2016.<sup>1</sup> Action by the Commission is needed to stop the kind of "widespread circumvention" of the law flagged by the Court in *McConnell* by 501(c)(4) organizations that use their social welfare group status to mask their major purpose of influencing federal elections.

6. FECA requires any group to register as a "political committee" if it receives contributions or makes expenditures aggregating more than \$1,000 during a calendar year "for the purpose of influencing any election for federal office." See 52 U.S.C. § 30101(4), (8)(A), (9)(A).

7. The Supreme Court in *Buckley v. Valeo* limited the scope of FECA's political committee definition to only include groups "that are under the control of a candidate or the major purpose of which is the nomination or election of a candidate." 424 U.S. 1, 79 (1976). The Court expanded on that holding in *FEC v. Massachusetts Citizens for Life*, which involved a 501(c)(4) organization, to say that a group is subject to the "obligations and restrictions applicable to those groups whose primary objective is to influence campaign activities" when its political

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<sup>1</sup> See [https://www.opensecrets.org/outsidespending/nonprof\\_summ.php](https://www.opensecrets.org/outsidespending/nonprof_summ.php); [http://www.huffingtonpost.com/entry/dark-money-supreme-court\\_us\\_57c09b32e4b0267344500abb](http://www.huffingtonpost.com/entry/dark-money-supreme-court_us_57c09b32e4b0267344500abb)

activities “become so extensive that the organization’s major purpose may be regarded as campaign activity.” 479 U.S. 238, 262 (1986); *See also McConnell*, 540 U.S. at 170 n.64.

8. An organization’s tax status is not relevant to the Commission’s inquiry into whether or not it is a political committee. Rather, it involves a two-pronged test based on “an analysis of both an organization’s specific conduct—whether it received \$1,000 in contributions or made \$1,000 in expenditures—as well as its overall conduct—whether its major purpose is Federal campaign activity.” SE&J, 72 Fed. Reg. at 5597. “Neither FECA, its subsequent amendments, nor any judicial decision interpreting either, has substituted tax status as an acceptable proxy for this conduct-based determination.” *Id.*

9. The Commission’s “major purpose” determination is made on a case-by-case basis based on an “investigation into the conduct of specific organizations that may reach well beyond publicly available advertisements.” *Id.* at 5601. The inquiry involves an examination of an organization’s “overall conduct” that includes its spending, public statements, organizational documents, and fundraising solicitations. *Id.* at 5597, 5605.

10. The test is not confined to expenditures on express advocacy or its functional equivalent. *See, e.g., Citizens United v. FEC*, 558 U.S. 310, 130 S.Ct. 876, 914–16 (2010) (“We reject Citizens United’s contention that the disclosure requirements must be limited to speech that is the functional equivalent of express advocacy”); *Real Truth About Abortion, Inc. v. FEC*, 681 F.3d 544, 552 n.3 (4<sup>th</sup> Cir. 2010) (“We take the registration and organizational requirements for political committees to be

akin to the disclosure requirements such that, as a constitutional matter, they can be regulated regardless of whether they contain express advocacy or its functional equivalent.”); FEC, First General Counsel’s Report, *Public Citizen v. Crossroads GPS*, MUR 6396 at 17 (2012) (applying major purpose test to spending for “communications that do not contain express advocacy but criticize or oppose a clearly identifiable candidate”).

11. If the Commission finds that an organization meets the major-purpose test, it then looks to see whether the organization has received more than \$1,000 in “contributions” or made more than \$1,000 in “expenditures” “for the purpose of influencing” a federal election, as defined in FECA. 52 U.S.C. §30101(8), (9).

12. A group that meets the definition of a “political committee” is subject to FECA’s organizational and recordkeeping requirements, 52 U.S.C. § 30102; must file a “statement of organization” with the FEC, 52 U.S.C. § 30103; and must file regular disclosure reports, 52 U.S.C. § 30104. Those reports must include the identity of all donors contributing more that \$200 to the committee in a calendar year. 52 U.S.C. § 30104(b).

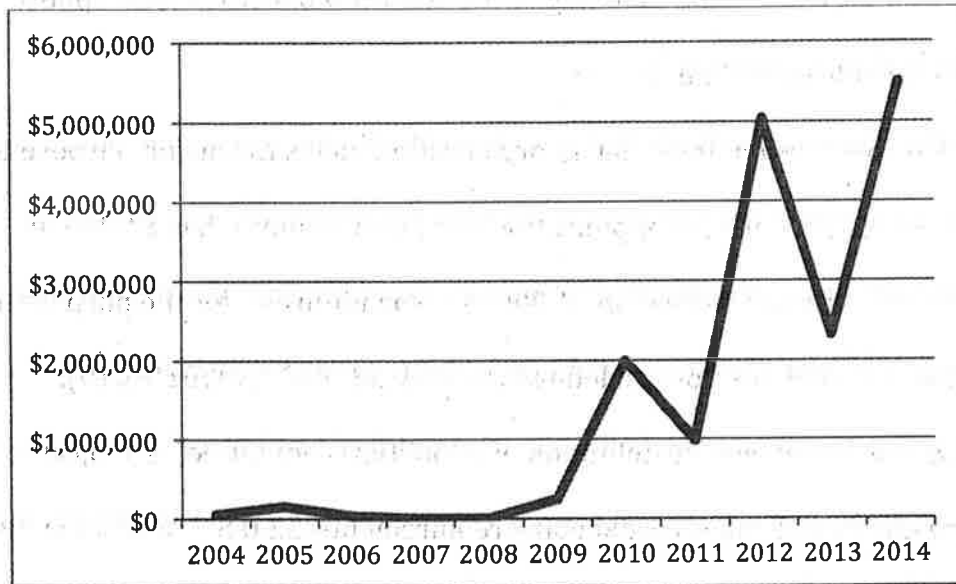
## **II. Application of Major Purpose Test to IWV**

1. Complainant has reason to believe that IWV’s spending to influence federal elections far exceeded the amounts reported to the FEC and the IRS for 2010, 2012, and 2014, and was the major purpose of the organization in each of those years.

2. IWV’s spending has soared since Heather Higgins took the helm as the group’s President and CEO, with dramatic spikes during federal election years. The group’s 2010 spending was almost eight time greater than what it spent in 2009; its

2012 spending was five times what it spent in 2011; and its 2014 spending was more than double what it spent in 2013. Yet IWV only reported a relatively small percentage of its election year expenses to the FEC. (See chart.)

**Chart 1**  
**IWV Total Spending (2004-2014)**



Sources: IRS Form 990, Exs. 4-12 (IWV 990s for 2007 and 2008 are not available); FEC filings, Form 5 and Form 9, Exs. 13-23.

#### **A. 2010 Organizational Shift**

3. IWV incorporated in 2003 and received its 501(c)(4) determination letter from the IRS in 2004. Exs. 1, 2. In its Form 1024 application for a tax exemption, the group asserted that the purpose of IWV would be to “educate women about public policy issues important to them” and “mobilize citizens to be involved in public policy issues,” and stated that, “[i]t will also implement radio and television advertising to educate and promote policy positions.” It also claimed that it did not

“plan to influence the selection, nomination, election, or appointment of any person to any Federal, state, or local public office.” Ex. 3.

4. For the first six years, IWV’s annual spending ranged from \$52,678 in 2004 to a high of \$248,823 in 2009. However, following the Supreme Court’s decision in *Citizens United*, IWV’s spending skyrocketed to \$1,986,937 in 2010—a nearly 700% increase. IWV began reporting independent expenditures to the Commission and political expenditures to the IRS that year.

5. In 2010, Higgins, formerly a paid consultant and board member, replaced Michelle Bernard as President and CEO of IWV, and all other board members left, except Midge Dector. Since then, the organization has been under the de facto sole control of Higgins. Higgins and Dector have been the only directors, with Dector serving just one hour per week with no compensation, according to the group’s 990s.

6. On its 2010 tax return, IWV checked “yes” for engaging “in direct or indirect political campaign activities” for the first time. Ex. 8, p. 3. IWV’s returns after that year describe its purpose as “reaching conservative and mainstream independents and women on the most important policy and legislative battles of the day,” by “identifying messages that work with those key target audiences,” and reaching them with “multi-faceted issue campaigns, which can include paid advertising.” *See, e.g.*, Ex. 9, Schedule C.

7. The group reports no lobbying expenses on its tax returns or under the federal Lobbying Disclosure Act.



## B. Reported Political Spending

8. Since 2010, IWV has worked aggressively to influence both federal and state elections. Both its total spending and its reported political spending have been substantially greater in even-numbered federal election years.

**Table 1**  
**IWV Total Spending and Reported Political Spending**  
**2010-2014**

<b>Year</b>	<b>Total Spending</b>	<b>Independent and Electioneering Expenditures Reported to FEC</b>	<b>Political Expenditures Reported to IRS</b>
2004	\$52,678	\$0	\$0
2005	\$156,914	\$0	\$0
2006	\$38,216	\$0	\$0
2009	\$248,823	\$0	\$0
2010	\$1,986,937	\$454,691	\$772,435
2011	\$984,378	\$28,600	\$349,001
2012	\$5,040,110	\$961,019	\$382,542
2013	\$2,318,795	\$160,287	\$958,770
2014	\$5,490,529	\$783,403	\$747,359

Sources: IRS Form 990, Exs. 4-12 (IWV 990s for 2007 and 2008 are not available); FEC filings, Form 5 and Form 9, Exs. 13-23.

9. IWV reported political spending ranged between 15% and 41% of the group's total spending during 2010-2014. However, Complainant has reason to believe that the organization's spending for the purpose of influencing federal elections is much greater than what it files with federal agencies, based on IWV's public statements and news accounts, its tax returns, an analysis of its political ads, and discrepancies in reporting.

### **C. Public Statements about IWV's Political Purpose**

10. IWV's executive director, Heather Higgins, gave a presentation to conservative activists and donors in November 2015 that made perfectly clear that IWV's major purpose is to influence elections. Higgins described IWV as "what is needed in the Republican conservative arsenal" and boasted of having a "90 percent win rate on races that were dubbed toss-up or worse, as well as some messaging campaigns, just to see how much we could move the needle." Her speech made it clear that IWV's "issue campaigns" are in fact designed to influence elections by branding the group as "independent" and "neutral" in order to target a specific segment of moderate women voters.

[F]or the last 5 years I have been working to provide the margin that matters in races that are toss-ups or worse. We have had a strong of wins because when we look at these things we try to think, how do you play chess rather than playing checkers? And we approach it much as the way the NRA does. When the NRA decides that they want a particular candidate to be elected because he's good on their issue, sometimes they run ads on guns, but very often they run ads on something entirely different and never even mention guns because their goal is to win the race, not to make themselves feel good about the ads they've run.

Ex. 34 at 3.

11. Higgins stated that other “political consultants and campaign consultants” “dislike” her because she is “different,” explaining that:

[T]hey tend to support their friends and we tend to go do what the data tells us to do. Their driver for what they do tends to be commissions sadly. . . . [O]urs is whether we actually win and the data and the result that we get for where we were able to move the needle. . . . And there are lots of people who, as a corollary to that, actually like us, including long-shot candidates that others had given up on, donors who want a high return on their investment for their political dollars and Americans who may not be large donors themselves but they want to see things that are strategic that win and that start getting the country back on track.

*Id.* Higgins statements make clear that much of the data research, polling and message development that IWV engages in—and does not report as political spending—is in fact intended to maximize the group’s electoral impact. Her examples included Scott Brown’s 2010 Senate race, Mark Sanford’s 2013 House race, and President Obama’s 2102 reelection. *Id.* at 4-5.

12. The Sanford race illustrates Higgins’ statement well. IWV claimed in a press release that it made “the only independent expenditure of a significant size on the winning side of the ledger,” and went on to explain how it used “4 days of [message] testing to 10,000 likely voting Republican and Independent households” to identify pivotal issues and lay the groundwork for spending “about \$250,000 in the last week of the campaign.” Ex. 33. IWV reported spending \$160,287 to the Commission on political advertising and live GOTV calls based on that research, but did not report the cost of its extensive message testing. Ex. 21.

13. IWV intentionally brands itself as independent, nonpartisan and neutral precisely in order to increase its electoral impact on its target constituency of voters. Higgins said,

Branding matters. If you get a piece of mail, or you see an ad, or you get a phone call, and it's from some group that you think you don't like, you never pay attention to what they have to say. . . . So we have worked hard to create a branded organization that does not carry partisan baggage. It's called Independent Women's Voice. Being branded as neutral, but actually having the people who know know that you're actually conservative puts us in a unique position.

. . . [B]y having this branding you can go places that perhaps if you're the Republican National Committee of the RGA—which play incredibly important roles, but they can't get access the way we can.

Ex. 34 at 4.

14. Higgins went on to describe in detail how IWV used surveys, polling, focus groups, and message testing to design ads and phone campaigns that would move independent and women voters in Wisconsin Governor Scott Walker's 2012 recall race. Higgins claimed that IWV's research showed that "the people who had gotten our messaging were now at 36 points for Walker—so, a net 31 point gain." *Id.* at 8.

15. Higgins made the same points in her 2015 presentation to the Conservative Political Action Conference, "Reaching Beyond the Base." After describing what she considers successful messaging strategies used by Democrats, Higgins says, "IWV's mission is to expand our [Republican] base" by developing effective appeals to swing voters, and then goes on to showcase the success of IWV's strategy in the 2012 presidential election and recall election of Wisconsin Governor Scott Walker.<sup>2</sup>

<sup>2</sup> See <https://www.youtube.com/watch?v=Xqosw6lYg08>.

16. Similarly, IWV's website claims an 86% "campaign success rate" and a 90% "messaging success rate." The group asserts that:

IWV OUTREACH AND EDUCATION INITIATIVES HAD AN ENORMOUS IMPACT in races where free market conservative candidates were experiencing difficulties in communicating the benefits of free markets and personal liberty. IWV made sure that voters had the information they needed on the issues that matter most so that they could make smart choices about nation's leadership and the direction of our country.

Ex. 27.

17. Higgins finished her November 2015 talk with a direct electoral appeal to her audience: "I ask that you join me in taking back our country, winning races that we are not supposed to win, and building a majority that will do the hard work that we need to do in order to stop the metastasizing march of the ideas of the left." *Id.* at 11. That, in a nutshell, is the major purpose of IWV, as articulated by its executive director—to win elections and build a conservative majority.

18. While IWV does engage in state elections from time to time, the vast majority of its activities and spending is related to federal elections. IWV reported making federal independent expenditures in 20 House races and one Senate race in 2010; the Presidential race, 14 Senate Races, and 18 House races in 2012; and 16 House races and nine Senate races in 2014. By contrast, Complainant has only found IWV involvement in one state judicial race in 2011; one gubernatorial race in 2012 and 2013; and one gubernatorial race and one special State Senate race in 2015. Complainant cannot find any reported expenditure in any of those contests, except for \$8,000 in the 2015 State Senate race. Exs. 13-23.

19. IWV's public statements, press releases, and website reinforce the conclusion that the major purpose of IWV is to influence elections, and that the groups conducts

most of its research, messaging, and communications work of the organization in furtherance of that objective.

**D. IWV Spending on Political Vendors, Political Staff, and Other Dark Money Groups**

20. Based on IWV's own public statements, Complainant believes the lion's share of the group's expenditures for public opinion research, data development, message testing, and grassroots targeting since 2010 have been made for the sole purpose of increasing the effectiveness of its political ads, robocalls, and voter engagement in support of or opposition to federal candidates, and should therefore be taken into account in the Commission's application of the major purpose test. In addition, IWV has invested heavily in staff with political consulting backgrounds, and made large grants to other dark money groups that make expenditures in federal elections.

21. In 2010, IWV reported spending \$1,119,572 on advertising, \$183,209 on communications, and \$99,739 on direct mail, but identified no specific contractor. Judging from Higgins' public statements, those expenses may have been for political purposes, and totaled \$1.4 million, or 71% of IWV's total operating expenses that year. Ex. 8 at 10, 24.

22. In 2012, IWV reported spending almost \$4 million for activities that Complainant believes had a political purpose, or 79% of its \$5 million in total expenses, based on Higgins' public statements (\$2,183,024 for "Active Engagement"; \$1,132,390 for advertising; \$502,247 for polling; and \$165,376 for phone banks"). Ex. 10 at 10.

23. That same year, IWV's tax return shows payments of \$4.0 million to four vendors known for their political campaign work: \$2,362,187 to Victory Media

Group; \$992,035 to Campaign Grid; \$500,772 to GEB International; and \$172,000 to Antietam Communications. Ex. 10 at 8.

24. In 2014, IWV reported spending \$1.5 million for activities that Complainant believes had a political purpose, based on Higgins' public statements, almost double what it reported as political spending to the Commission (\$898,775 for "Active Engagement"; \$364,881 for polling; \$243,500 for "grassroots activity"; and \$45,880 for communications). Ex. 12 at 11.

25. That same year, IWV's tax return shows payments of more than \$1.1 million to three vendors known for their political campaign work: \$783,907 to Victory Media Group; \$170,000 to Public Opinion Strategies; and \$166,981 to GEB Strategies. Ex. 12 at 9.

26. IWV also paid Higgins \$226,000 in consulting fees that year, including a \$100,000 bonus. Ex. 12 at 8. In federal election years, Higgins' pays herself roughly double what she makes during the off years (she is President and CEO of IWV, and there is only one other board director). Higgins received \$128,500 from IWV in 2013, through her consulting firm, Ashdown Forest Strategies, an LLC incorporated in Delaware in 2012; in 2014, she received \$226,000. Higgins appears to have paid herself a \$100,000 bonus in 2012 as well; her compensation went from less than \$100,000 in prior years to \$198,500 in 2012. (IWV did not report Higgins' compensation on its 2011 tax return, but she received \$94,735 in 2009 and \$92,000 in 2010.) Ex. 11 at 7; Ex. 12 at 8; Ex. 10 at 7; Ex. 8 at 10; Ex. 7 at 2.

27. When evaluating whether IWV's major purpose is to influence federal elections, the Commission should take into consideration Higgins' increased pay

during federal election years, as well as a percentage of the group's overall salaries and operating expenses. Based on Higgins' own public statements and FEC filings, it is clear that Higgins and her staff are engaged in electoral work during those years.

At least two other staff members at IWV are political consultants by profession:

IWV's Director of Advocacy Projects, Heather Madden, was a political consultant who "helped shape messages and lead congressional, gubernatorial, and senatorial clients to victory nationwide" before joining IWV's staff; and Ashley Carter, IWV's Grassroots Director, "worked in political consulting and was involved with campaigns at the national and state level" before joining IWV. Ex. 30.

28. In addition, IWV paid out \$2.8 million in grants to three organizations in 2014: \$1,350,000 to American Commitment; \$950,000 to Donors Trust; and \$493,000 to Let Freedom Ring. Donors Trust is a 501(c)(3) organization, but the other two recipients are politically active dark money groups. The grants were highly unusual for IWV; prior to 2014, IWV had only made modest grants of less than \$100,000 to its 501(c)(3) affiliate, Independent Women's Forum.

29. American Commitment reported spending \$387,291 on federal elections in 2014, but likely spent far more, and shares an address with American Commitment Action Fund, which spent hundreds of thousands of dollars in 2014 to defeat senators Cory Booker and Mark Udall.<sup>3</sup> Let Freedom Ring is a dark money organization that has reported spending more than \$3.7 million on federal elections

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<sup>3</sup> See

<https://www.opensecrets.org/outsidespending/detail.php?cmte=American+Commitment&cycle=2014>; <https://www.opensecrets.org/pacs/lookup2.php?strID=C00547265&cycle=2014>; <http://www.opensecrets.org/news/2013/04/american-commitments-missing-millions/>; [http://www.sourcewatch.org/index.php/American\\_Commitment#Campaign\\_Spending.2C\\_2014](http://www.sourcewatch.org/index.php/American_Commitment#Campaign_Spending.2C_2014).



over the past decade in favor of Republican candidates, and was reported to be “set to spend \$20 million on political advertising” in 2012.<sup>4</sup>

30. IWV’s spending on political consultants, the performance bonus paid to Higgins, and the grants made to other dark money groups in 2014 add up to \$3.1 million, or 56% of the group’s total expenses for that year, without counting any other allocation of staff salaries and operating expenses.

31. IWV’s president and its largest vendors are well known for their extensive work to influence elections.

32. In 2014, IWV put out a press release touting its “multiple coveted Pollie Awards, the most sought-after awards in the political campaign, communications and public affairs industry.” IWV, Victory Media Group, and Antietam Communications were recognized for their work to elect former South Carolina Governor Mark Sanford to Congress in the 2013 special election. The release boasts that “IWV’s fact-based Independent Expenditure helped propel Sanford to victory.”

Ex. 24.

33. The American Association of Political Consultants also issued a press release that year entitled “Victory Media Group Receives Highest Industry Honor,” for the firm’s 2013 political work. The association gives Pollie Awards for “superior work on behalf of candidates.” In the release, Higgins is quoted as saying, “Victory Media Group and Antietam Communications are top notch and help take IWV messages

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<sup>4</sup> See [https://www.opensecrets.org/outsidespending/nonprof\\_contrib\\_summ.php?id=061719990](https://www.opensecrets.org/outsidespending/nonprof_contrib_summ.php?id=061719990); <https://www.opensecrets.org/orgs/summary.php?id=D000062143&cycle=2014>; <http://www.nytimes.com/2012/05/21/us/politics/super-pacs-changing-how-political-operatives-operate.html>.

into the field to move the needle to win races.” Ex. 25. Victory Media Group’s website showcases its awards for best automated phone calls in elections.<sup>5</sup>

34. Bill Pascoe, a partner in Antietam Communications, describes the firm as offering clients “counsel in campaign strategy, political strategy, communications strategy, crisis communications, and general political research and analysis.”<sup>6</sup>

35. Campaign Grid provides a sophisticated voter targeting advertising platform that matches voter registration records with a national voter file, “enabling candidates and causes to target voters with laser-like accuracy.”<sup>7</sup>

36. GEB International’s website boasts of “Electing World Leaders Around the Globe” under the leadership of George Birnbaum, “one of America’s leading international political consultants.” The website highlights Birnbaum’s campaign strategy work for multiple federal elections over the past two decades. GEB provides a range of services for political campaigns, including survey research, focus groups, message development, and media buying.<sup>8</sup>

37. The Brushfire Group offers campaign consulting, issue advocacy, and social media strategies, boasting of “years of experience in local, statewide, congressional races and ballot initiatives.”<sup>9</sup>

<sup>5</sup> See <http://www.victorym.com/>.

<sup>6</sup> See <https://www.linkedin.com/in/bill-pascoe-4b2b7a8>.

<sup>7</sup> See <http://www.campaigngrid.com/our-capabilities/#our-patented-process>.

<sup>8</sup> See <http://www.gebinternational.com/>; <http://www.gebinternational.com/about-us>; <http://www.gebinternational.com/services>.

<sup>9</sup> See <http://thebrushfiregroup.com/campaign-consulting/>; <https://www.facebook.com/thebrushfiregroup/about/>.

38. Public Opinion Strategies is a leading political polling company that says it has “helped elect over 85 new members of the U.S. House, more than any other polling firm.”<sup>10</sup>

#### **E. IWV’s Political Ads and Robocalls**

39. As described in Higgins’ public statements, the public opinion research, voter targeting, and message development was primarily for the purpose of developing IWV’s television and radio ads and robocalls to influence voters and voter turnout in targeted elections. It is not clear which of the ads and robocalls were reported as such to the FEC. The major purpose test at issue here is not limited to express advocacy or its functional equivalent, but it is worth noting that many of the ads that IWV would likely claim as “issue ads” are micro-targeted to specific voters in proximity to an election, name a candidate and take a position on his or her character or fitness for office, and do not focus on a specific or pending legislative matter, and as such are in fact the functional equivalent of express advocacy. *See* 11 C.F.R. § 100.22; *McConnell v. FEC*, 540 U.S. 93 (2003); *FEC v. Wisconsin Right to Life, Inc. (WRTL)*, 551 U.S. 449 (2007); *Citizens United v. FEC*, 558 U.S. 310 (2010).

40. Complainant has been able to find the following ads and robocalls from the 2010 elections as examples of IWV’s political spending:

**“Case Closed,”** Uploaded May 6, 2010 by IWV. This is a campaign ad opposing Democratic candidate Ed Case, run two weeks before the special election to replace Rep. Neil Abercrombie, who resigned from Hawaii’s 1<sup>st</sup> congressional district to run for governor. IWV supported Republican Charles Djou in the race. Case is not named in the voiceover, which slams him for his voting record and staff hires, but when the voice asks, “Who is this tax-raising liberal?” the name Ed Case is displayed on screen. The call to action is to visit

<sup>10</sup> See <http://pos.org/expertise/campaigns/>.

www.theCaseIsClosed.com (no longer a live link). This is the functional equivalent of express advocacy.

<https://www.youtube.com/watch?v=D8Uh0EALdM0>

**Scott Brown radio ad**, 2010 (exact date not known). This radio ad explicitly endorses Scott Brown and opposes Martha Coakley for U.S. Senate in the Massachusetts 2010 special election to fill the seat held by the late Edward Kennedy.

[http://iwvoices.com/media/ma\\_ad\\_2.mp3](http://iwvoices.com/media/ma_ad_2.mp3)

**Scott Brown robocall 1**, 2010 (exact date not known). This robocall by Dr. Lorraine Schratz explicitly asks voters to vote for Scott Brown, citing his opposition to Obamacare.

[http://iwvoices.com/media/Schwarz\\_ad\\_MA.mp3](http://iwvoices.com/media/Schwarz_ad_MA.mp3)

**Scott Brown robocall 2**, 2010 (exact date not known). This robocall by Dr. Barbara Rocket, explicitly asks voters to vote for Scott Brown, citing his opposition to Obamacare.

[http://iwvoices.com/media/M23911\\_IWV\\_Call-1\\_Rockett.mp3](http://iwvoices.com/media/M23911_IWV_Call-1_Rockett.mp3)

**Burns robocall 1**, 2010 (exact date not known). This robocall explicitly asks Pennsylvania voters to vote for Tim Burns, a Republican running for Pennsylvania's 12<sup>th</sup> congressional district in a special election, citing his opposition to Obama's "reckless spending."

<http://iwvoices.com/media/irey.mp3>

**Burns robocall 2**, 2010 (exact date not known). This robocall by a doctor explicitly asks Pennsylvania voters to vote for Tim Burns.

<http://iwvoices.com/media/hessen.mp3>

41. The "Case Closed" ad above provides a good example of how IWV operates.

While the group reported paying \$237,500 to BrabenderCox and Victory Media group to produce and place the ad, Ex. 13, it did not report the cost of extensive polling by GEB International to determine whether to get into the race and on what issues. IWV commissioned a poll to determine whether it was worth running its campaign, and settled on engaging around "three key data points": Case's votes for higher taxes; his "F" ratings from the National Taxpayers Union; and his hire of a

political consultant who worked for indicted former Illinois Governor Rod Blagojevich. Exs. 31, 32.

42. IWV's website boasts that the ad "moved independent women +18 points and resulted in a win for Charles Djou." Ex. 27; *See also* Exs. 30, 31. IWV reported the ad as an electioneering communication, but refers to it on its website as "the only independent expenditure in this race." Exs. 27, 31. The ad slams Case's voting record and ethics in staff hiring, is the functional equivalent of express advocacy, and should have been reported as an independent expenditure.

43. IWV reported spending \$154,900 to defeat President Obama in the 2012 elections, but Complainant believes the actual amount IWV spent to influence the race is far greater. According to an IWV press release, the group partnered with Let Freedom Ring on a \$7.4 million ad buy—which the group touted as "the largest single all-digital advocacy online video buy in history"—targeting women voters in the presidential election. IWV describes the ads as follows:

The ads tell a tale familiar to millions of American women. Women, who four years ago were overwhelmingly supportive of Obama, have come to feel disconnected from and let down by the President. His promises for new policies and a better direction have not matched the reality. It has now gotten to the point where women don't feel obliged to defend his policies.

In turn, women are chalking up their relationship with the President as an experience to learn from and a mistake they will not repeat. Women voters are ready to move on to someone who is more dependable.

Ex. 26.

44. The genesis of the anti-Obama ad buy provides a good example of how the lion's share of IWV's expenses are for the group's major purpose of influencing elections. IWV's release stated that:

The campaign, which began this spring, was validated as highly effective by various focus groups, polls and online tests during the summer and therefore was slated for this massive online distribution effort.

Geo-targeting to registered voting independents, the ad buy will run through Election Day in five battleground states: Florida, Ohio, Pennsylvania, Virginia and Wisconsin.

*Id.*

45. The following describes the ads and provides link to where they can be viewed:

***“Mr. Dependable,”*** Uploaded Oct 29, 2012 by IWV. This ad shows a young woman ostensibly complaining about her boyfriend who “just keeps spending and spending money we don’t have.” “He’s never accountable; he’s so condescending...” Her friend suggests that she consider going out with “Mr. Dependable,” even though he’s a Republican. It becomes clear that the ad is for Mitt Romney, as his photo appears. The ad ends with the IWV logo and the words “Let freedom ring.” The ad is the functional equivalent of express advocacy. <https://www.youtube.com/watch?v=yUJwHoz40hc>

***“Feeling Guilty,”*** Uploaded Oct 29, 2012 by IWV. Young woman in a coffee shop is discussing how she feels guilty: “I supported him for four years...” “I miss the way he used to make me feel.” Her friend tells her she has to “move on.” With dramatic background music, a picture appears onscreen: Munch’s “The Scream,” with Barack Obama’s face superimposed. There’s a voiceover of the friend saying, “You know you deserve better” while the IWV logo is displayed. The ad is the functional equivalent of express advocacy. <https://www.youtube.com/watch?v=h36QfkJOyD4>

***“Boyfriend,”*** Uploaded June 1, 2012 by IWV. This ad is similar to the previous two, featuring the same young woman complaining to a friend about “him.” “I’ve been waiting for him to get his act together; it’s been almost four years!” It’s clear that she’s talking about President Obama, as a facsimile of the famous Hope poster hangs in the background. When she says, “Why do I always fall for guys like this?,” the face in the poster winks. Her friend says, “You know you deserve better.” The ad is the functional equivalent of express advocacy. [https://www.youtube.com/watch?v=8asJmW\\_T61Q](https://www.youtube.com/watch?v=8asJmW_T61Q)

***“Talk America,”*** Uploaded May 30, 2012 by IWV. In this ad, the voiceover talks about women’s supposed disappointment with

President Obama, "We voted for President Obama but our hope has turned to worry," while showing women communicating negative messages by text, email, etc. The ad is the functional equivalent of express advocacy. <https://www.youtube.com/watch?v=IVjtnP7RA>

**"Stolen Dreams,"** Uploaded May 30, 2012 by IWV. This ad uses the same dramatic device as "Talk America": women are shown emailing and texting negative messages while the voiceover makes statements such as "Obama's budget will add more debt than every prior president combined." The ad is the functional equivalent of express advocacy. <https://www.youtube.com/watch?v=ZXlyL2WLRE>

**"Gas Prices,"** Uploaded April 27, 2012 by IWV. "What do you feel when you go buy gas?" is the question posed on the screen at the start of this ad. One of the three women who then speak compares the price of gas before President Obama's inauguration and the price today. The ad is the functional equivalent of express advocacy. <https://www.youtube.com/watch?v=c7-kZO9HQB4>

**"American Dream,"** Uploaded April 26, 2012 by IWV. "What do you think has gone wrong?" A woman, with a kitchen as a backdrop, confides her worries about Barack Obama's borrowing and spending. She ends with "I don't think we as a nation can afford another four years like the last four." The ad is the functional equivalent of express advocacy. <https://www.youtube.com/watch?v=EtNkXc8XmGQ>

46. In sum, the overall conduct of IWV supports the conclusion that the group's "major purpose" of IWV since 2010 has been to engage in activity designed to influence federal elections, and that it has made expenditures for this purpose far in excess of the \$1,000 threshold triggering political committee status under FECA.

### **III. Failure to Report Independent Expenditures**

47. Complainant has identified at least one election in which IWV failed to report independent expenditures on behalf of a federal candidate, even given the minimal requirements of Form 5 reports for persons other than political committees.

48. IWV did not report making any independent expenditures or electioneering communications in the 2010 special election for the Massachusetts U.S. Senate seat

30109(a)(2). Based on IWV's past performance, that investigation should include an evaluation of IWV's conduct with respect to the 2016 federal elections.

52. Complainant further requests that the Commission investigate whether IWV failed to file a report of its substantial independent expenditures in the 2010 Massachusetts Senate race, and knowingly and willfully filed false reports to the Commission.

53. Upon a finding of such violations by IWV, Complainant urges the Commission to impose appropriate sanctions for any and all violations, require IWV to register and report as a political committee for future elections, and impose additional remedies as are necessary and appropriate to ensure compliance with FECA.

Respectfully submitted,



Arn H. Pearson, Esq.  
General Counsel  
Center for Media and Democracy  
122 W. Washington Ave., Suite 555  
Madison, WI 53703



left vacant by Sen. Kennedy's death. However, IWV has publicly boasted of playing a pivotal role in the race:

IWV is so proud of the role we were able to play in the Massachusetts special election.

When IWV couldn't persuade the political professionals that Martha Coakley was anything but a shoo-in and Scott Brown's race was worth spending money on, IWV launched its own *independent expenditure of approximately \$250,000*. . . .

To that end, IWV used extremely successful recorded calls by a female physician, radio ads, and live calls. Our radio ads saturated Massachusetts up until election day and the calls carefully educated targeted voters about the stakes in this race – the future of their health care freedom – and encouraged them to get out and vote against big government by voting for Scott Brown.

Ex. 28 (emphasis added). IWV's website claims its independent expenditure "moved women +21 points for a Scott Brown win. Ex. 27. *See also* Ex. 29.

49. The radio ad and two robocalls identified in these exhibits and by Complainant above, *see* par. 48, expressly advocate for the election of Scott Brown.

50. Failure to report an independent expenditure is a violation of 52 U.S.C. § 30104, and knowing or willful submission of false, erroneous, or incomplete information on an FEC Form 5 independent expenditure report is subject to penalties under 52 U.S.C. § 30109(d).

#### **IV. Prayer for Relief**

51. Whereas the Commission has ample reason to believe that IWV has violated FECA's political committee registration, organization, recordkeeping, and reporting requirements as set forth in 52 U.S.C. §§ 30102, 30103, and 30104 for the 2010, 2012, and 2014 federal elections, Complainant requests that the Commission conduct a timely investigation of such violations pursuant to 52 U.S.C. §

Verification

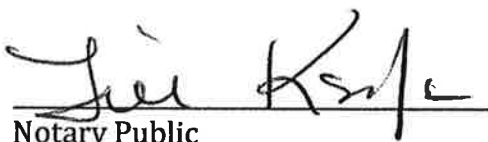
Complainant hereby verifies that the statements made in the attached Complaint are, upon information and belief, true.

Sworn to pursuant to 18 U.S.C. § 1001.



Arn H. Pearson, Esq.  
General Counsel  
Center for Media and Democracy  
122 W. Washington Ave., Suite 555  
Madison, WI 53703

Signed and sworn to before me on this 25 day of October 2016.

  
Notary Public

**JILL KEEFE**  
**NOTARY PUBLIC**  
**State of Maine**  
**My Commission Expires**  
**October 26, 2021**

# **Exhibit 1**

# Commonwealth of Virginia



## STATE CORPORATION COMMISSION

*Richmond, June 26, 2003*

*This is to certify that the certificate of incorporation of*

### INDEPENDENT WOMEN'S VOICE

*was this day issued and admitted to record in this office and that the said corporation is authorized to transact its business subject to all Virginia laws applicable to the corporation and its business.*

*Effective date: June 26, 2003*



*State Corporation Commission*

*Attest:*

*Joel H. Peck*  
Clerk of the Commission

**ARTICLES OF INCORPORATION  
OF  
INDEPENDENT WOMEN'S VOICE**

**TO:** The State Corporation Commission  
Richmond, Virginia

We, the undersigned persons of the age of eighteen years or more, acting as incorporators of a corporation adopt the following Articles of Incorporation for such corporation pursuant to the Virginia Nonstock Corporation Act.

**FIRST:** The name of the corporation is:

**INDEPENDENT WOMEN'S VOICE**

**SECOND:** The period of duration is perpetual.

**THIRD:** The specific and primary purposes for which this corporation is formed and for which it shall be exclusively administered and operated are to receive, administer and expend funds for charitable, educational, and social welfare purposes, within the meaning of section 501(c)(4) of the Internal Revenue Code of 1986:

1. To educate women on public policy issues important to their lives;
2. To keep elected officials informed of the corporation's views on critical public policy matters;
3. To mobilize women to bridge ideas with action and get involved in the public debate;
4. To prepare educational materials and conduct educational activities in support of the

general purposes of the corporation;

5. To conduct and sponsor forums, lectures, debates and similar programs;
6. To assist other charitable, educational and social welfare organizations in the conduct of similar activities;
7. To establish in the main office or elsewhere all departments and activities necessary to carry out the purposes of the corporation;
8. To engage in other charitable and educational activity as determined by the Board of Directors; and
9. To engage in any and all lawful activities incidental to the foregoing purposes except as restricted herein.

In order to accomplish the foregoing charitable and educational purposes, and for no other purpose or purposes, this corporation shall also have the power to:

- (a) sue and be sued;
- (b) make contracts;
- (c) receive property by devise or bequest, subject to the laws regulating the transfer of property by will, and otherwise acquire and hold all property, real or personal, including shares of stock, bonds and securities of other corporations;
- (d) act as trustee under any trust whose objects are related to the principal objects of the corporation, and to receive, hold, administer and expend funds and property subject to such trust;
- (e) convey, exchange, lease, mortgage, encumber, transfer upon trust or otherwise dispose of all property, real or personal;
- (f) borrow money, contract debts and issue bonds, notes, and debentures, and secure the payment or performance of its obligations; and
- (g) do all other acts necessary or expedient for the administration of the affairs and attainment of the purposes of this corporation; provided, however, that this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purposes of this corporation.

**FOURTH:** The corporation shall not have members.

**FIFTH:** No part of the net income of the corporation shall inure to the benefit of or be distributable to its directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services actually rendered and to make payments and distributions in furtherance of the purposes and objects set forth in Article THIRD hereof.

**SIXTH:** The affairs of the corporation shall be carried on through its Board of Directors. The election or appointment of new directors shall be by the present Board; successors to outgoing directors shall be elected by the Board of Directors. In furtherance and not in limitation of the powers conferred by statute, the corporation is expressly authorized to carry on its business and to hold annual or special meetings of its Board of Directors either within or out of any of the states, territories or possessions of the United States, or the District of Columbia.

**SEVENTH:** The private property of the incorporators, directors and officers shall not be subject to the payment of corporate debts to any extent whatever.

**EIGHTH:** Notwithstanding any other provision of these Articles, the corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt from tax under Section 501(c)(4) of the Internal Revenue Code of 1986.

**NINTH:** Upon the dissolution of the corporation or the winding up of its affairs, the assets of the corporation shall be distributed exclusively for charitable or educational purposes or to organizations which are then exempt from federal tax under Section 501(c)(3) or Section 501(c)(4) of the Internal Revenue Code of 1986.

**TENTH:** The address, including the street and number of its initial registered office is 5930 Wilton Road, Alexandria, Virginia 22310 located in the County of Fairfax and the name and address of its initial registered agent is Frank M. Northam, a Virginia resident, and a member of the Virginia State Bar.

**ELEVENTH:** The corporation reserves the right to amend, change or repeal any provision contained in these Articles of Incorporation or to merge or consolidate this corporation with any other nonprofit corporation in the manner now or hereafter prescribed by statute, provided, however, that any such action shall be undertaken exclusively to carry out the objects and purposes for which the corporation is formed, and all rights herein conferred or granted shall be subject to this reservation.

**TWELFTH:** The number of directors constituting the initial Board of Directors is two (2), but the number of directors may be increased or decreased in the manner set forth in the bylaws, provided that the number shall not be less than one. The names and addresses, including street and number, of the persons who are to serve as the initial directors are:

**NAME**

**ADDRESS**

Heather Higgins

4141 N. Henderson Road  
Arlington, VA 22203

Nancy Pfothenauer

4141 N. Henderson Road  
Arlington, VA 22203

**THIRTEENTH:** The name and address of the incorporator is Alan P. Dye, 1747 Pennsylvania Avenue, Suite 1000, Washington, D.C. 20006.

Date: 6-20-03

Alan P. Dye  
Incorporator

District of Columbia ) ss:

I, Stefanie White, a Notary Public, hereby certify that on the 20th day of June, 2003, personally appeared before me ALAN P. DYE, who signed the foregoing document as the incorporator, and declared that the statements contained therein are true.

Stefanie White  
Notary Public

My commission expires:

STEFANIE WHITE  
A Notary Public of District of Columbia  
My Commission Expires April 14, 2004



## **Exhibit 2**

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **NOV 05 2004**

INDEPENDENT WOMENS VOICE  
1726 M ST NW 10TH FLR  
WASHINGTON, DC 20036-4527

Employer Identification Number:  
36-4534086  
DLN:  
17053268009004  
Contact Person:  
ZENIA LUK ID# 31522  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
DECEMBER 31  
Form 990 Required:  
YES  
Effective Date of Exemption:  
JUNE 26, 2003  
Contribution Deductibility:  
NO

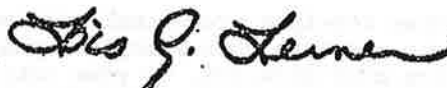
Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(4) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed information for Organizations Exempt Under Sections Other Than 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Contributions to you are not deductible by donors under section 170(c)(2) of the Code.

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure: Information for Organizations Exempt Under Sections Other Than 501(c)(3)

Letter 948 (DO/CG)

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## INDEPENDENT WOMENS VOICE

INFORMATION FOR ORGANIZATIONS EXEMPT UNDER SECTIONS  
OTHER THAN 501(C)(3)

## WHERE TO GET FORMS AND HELP

Forms and instructions may be obtained by calling toll free 1-800-829-3676, through the Internet Web Site at [www.irs.gov](http://www.irs.gov), and also at local tax assistance centers.

Additional information about any topic discussed below may be obtained through our customer service function by calling toll free 1-877-829-5500 between 8:00 a.m. - 6:30 p.m. Eastern time.

## NOTIFY US ON THESE MATTERS

If you change your name, address, purposes, operations or sources of financial support, please inform our TE/GE Customer Account Services Office at the following address: Internal Revenue Service, P.O. Box 2508, Cincinnati, Ohio 45201. If you amend your organizational document or by-laws, or dissolve your organization, provide the Customer Account Services Office with a copy of the amended documents. Please use your employer identification number on all returns you file and in all correspondence with the Internal Revenue Service.

## FILING REQUIREMENTS

In your exemption letter we indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. Form 990 (or Form 990-EZ) is filed with the Ogden Submission Processing Center, Ogden UT 84201-0027.

You are required to file a Form 990 only if your gross receipts are normally more than \$25,000.

If your gross receipts are normally between \$25,000 and \$100,000, and your total assets are less than \$250,000, you may file Form 990-EZ. If your gross receipts are over \$100,000, or your total assets are over \$250,000, you must file the complete Form 990. The Form 990 instructions show how to compute your "normal" receipts.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. There are penalties for failing to timely file a complete return. For additional information on penalties, see Form 990 instructions or call our toll free number.

If your receipts are below \$25,000, and we send you a Form 990 Package, follow the instructions in the package on how to complete the limited return to advise us that you are not required to file.

If your exemption letter states that you are not required to file Form 990, you are exempt from these requirements.

Letter 948 (DO/CG)

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## INDEPENDENT WOMENS VOICE

## UNRELATED BUSINESS INCOME TAX RETURN

If you receive more than \$1,000 annually in gross receipts from a regular trade or business you may be subject to Unrelated Business Income Tax and required to file Form 990-T, Exempt Organization Business Income Tax Return. Special rules for organizations exempt under sections 501(c)(7), (9), (17) and (19) are described in Publication 598.

There are several exceptions to the tax on unrelated business income.

1. Income you receive from the performance of your exempt activity is not unrelated business income.
2. Income from fundraisers conducted by volunteer workers, or where donated merchandise is sold, is not unrelated business income.
3. Income from routine investments such as certificates of deposit, savings accounts, or stock dividends is usually not unrelated business income.

There are special rules for income derived from real estate or other investments purchased with borrowed funds. This income is called "debt financed" income. For additional information regarding unrelated business income tax see Publication 598, Tax on Unrelated Business Income of Exempt Organizations, or call our toll free number shown above.

## PUBLIC INSPECTION OF APPLICATION AND INFORMATION RETURN

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return, or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

**EXCESS BENEFIT TRANSACTIONS**  
(Applies to 501(c)(4) organizations)

Excess benefit transactions are governed by section 4958 of the Code. Excess benefit transactions involve situations where a section 501(c)(4) organization provides an unreasonable benefit to a person who is in a position to exercise substantial influence over the organization's affairs. If you believe there may be an excess benefit transaction involving your organization, you should report the transaction on Form 990 or Form 990-EZ. Additional information can

Letter 948 (DO/CG)

-4-

## INDEPENDENT WOMENS VOICE

be found in the instructions for Form 990 and Form 990-EZ, or you may call our toll-free number to obtain additional information on how to correct and report this transaction.

## EMPLOYMENT TAXES

If you have employees, you are subject to income tax withholding and the social security taxes imposed under the Federal Insurance Contribution Act (FICA). You are required to withhold Federal income tax from your employee's wages and you are required to pay FICA on each employee who is paid more than \$100 in wages during a calendar year. To know how much income tax to withhold, you should have a Form W-4, Employee's Withholding Allowance Certificate, on file for each employee.

You are also liable for tax under the Federal Unemployment Tax (FUTA) for each employee you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter.

Employment taxes are reported on Form 941, Employer's Quarterly Federal Tax Return. The requirements for withholding, depositing, reporting and paying employment taxes are explained in Circular E, Employer's Tax Guide, (Publication 15), and Employer's Supplemental Tax Guide, (Publication 15-A). These publications explain your tax responsibilities as an employer.

## **Exhibit 3**

17053268009004

Form 1024 (Rev. September 1998) Department of the Treasury Internal Revenue Service

Application for Recognition of Exemption Under Section 501 (a)

OMB No. 1545-0057

If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully. A User Fee must be attached to this application. If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to the organization. Complete the Procedural Checklist on page 6 of the instructions.

Part 1. Identification of Applicant (Must be completed by all applicants; also complete appropriate schedule. Submit only the schedule that applies to your organization. Do not submit blank schedules.)

Check the appropriate box below to indicate the section under which the organization is applying:

- a Section 501 (a)(1) Title holding corporations (Schedule A, page 7)
b [X] Section 501 (c)(4) Civic leagues, social welfare organizations (including certain war veterans' organizations), or local associations of employees (Schedule B, page 8)
c Section 501 (c)(5) Labor, agricultural, or horticultural organizations (Schedule C, page 9)
d Section 501 (c)(6) Business leagues, chambers of commerce, etc. (Schedule C, page 9)
e Section 501 (c)(7) Social clubs (Schedule D, page 11)
f Section 501 (c)(8) Fraternal beneficiary societies, etc., providing life, sick, accident, or other benefits to members (Schedule E, page 13)
g Section 501 (c)(9) Voluntary employees' beneficiary associations (Parts I through IV and Schedule F, page 14)
h Section 501 (c)(10) Domestic fraternal societies, orders, etc., not providing life, sick, accident, or other benefits (Schedule E, page 13)
i Section 501 (c)(11 2) Benevolent life insurance associations, mutual ditch or irrigation companies, or like organizations (Schedule G, page 15)
j Section 501 (c)(13) Cemeteries, crematoria, and like corporations (Schedule H, page 16)
k Section 501 (c)(11 5) Mutual insurance companies or associations, other than life or marine (Schedule I, page 17)
l Section 501 (c)(11 7) Trusts providing for the payment of supplemental unemployment compensation benefits (Parts I through IV and Schedule J, page 18)
m Section 501 (c)(1 9) A post, organization, auxiliary unit, etc., of past or present members of the Armed Forces of the United States (Schedule K, page 1 9)
n Section 501 (c)(25) Title holding corporations or trusts (Schedule A, page 7)

POSTMARK RECEIVED SEP 22 '04 SEP 23 '04 ORIGINAL SERVICE CENTER

1a Full name of organization (as shown in organizing document) Independent Women's Voice
2 Employer identification number (EIN) (if none, see Specific Instructions on page 2) 36-4534086
1b c/o Name (if applicable)
3 Name and telephone number of person to be contacted if additional information is needed Michael D. Berry, Treasurer (202) 349-5880
1c Address (number and street) Room/Suite 1726 M Street, NW, 10th Floor
1d City, town or post office, state, and ZIP - 4 If you have a foreign address, see Specific Instructions for Part 1, page 2. Washington, DC 20036-4527
1e Web site address 4 Month the annual accounting period ends December 5 Date incorporated or formed 06/26/03

6 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? [ ] Yes [X] No If "Yes," attach an explanation.

7 Has the organization filed Federal income tax returns or exempt organization information returns? [X] Yes [ ] No If "Yes," state the form numbers, years filed, and Internal Revenue office where filed. IRS 990, for 2002-03; IRS 8868, for 06/20/03-06/30/03; Filed at Ogden, UT 84201-0046

8 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING.

- a [X] Corporation- Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also attach a copy of the bylaws.
b [ ] Trust- Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
c [ ] Association- Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see Instructions) or other evidence that the organization was formed by adoption of the document by more than one person. Also include a copy of the bylaws.

If this is a corporation or an unincorporated association that has not yet adopted bylaws, check here [ ]

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization, and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

PLEASE SIGN HERE [Signature] Michael D. Berry, Treasurer (Type or print name and title of authority of signer) 9/22/04 (Date)

**Part 11. Activities and Operational Information (Must be completed by all applicants)**

- 1 Provide a detailed narrative description of all the activities of the organization-past, present, and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

**The purpose of the Organization will be to educate women about public policy issues important to them. The Organization will mobilize citizens to be involved in policy issues important to women and to encourage them to get involved in the public debate. The Organization will educate citizens in states across the country through mail and Internet communications, seminars, book events and issues advocacy. It will also implement radio and television advertising to educate and promote policy positions. It will provide mailings to elected officials, grassroots leaders and other citizens on fiscal and regulatory issues important to women. Its programs will be implemented with policy best practices, coalitions and research integration. The organization will develop a nation-wide membership to promote these ideas. It will utilize newsletters and e-mail alerts to provide members opportunities to attend seminars and meetings.**

- 2 List the organization's present and future sources of financial support, beginning with the largest source first.

**Donations from corporations and individuals**

**Dues from corporations and individuals.**



**Part II. Activities and Operational Information (continued)**

3 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual compensation
See attached Statement 1.	

4 If the organization is the outgrowth or continuation of any form of predecessor, state the name of each predecessor, the period during which it was in existence, and the reasons for its termination. Submit copies of all papers by which any transfer of assets was effected.

N/A

5 If the applicant organization is now, or plans to be, connected in any way with any other organization, describe the other organization and explain the relationship (e.g., financial support on a continuing basis; shared facilities or employees; same officers, directors, or trustees).

**The organization will be affiliated with the Independent Women's Forum, a section 501(c)(3) organization. The organization will share employees, facilities and will have some of the same officers, and directors**

6 If the organization has capital stock issued and outstanding, state: (1) class or classes of the stock; (2) number and par value of the shares; (3) consideration for which they were issued; and (4) if any dividends have been paid or whether your organization's creating instrument authorizes dividend payments on any class of capital stock.

N/A

7 State the qualifications necessary for membership in the organization; the classes of membership (with the number of members in each class); and the voting rights and privileges received. If any group or class of persons is required to join, describe the requirement and explain the relationship between those members and members who join voluntarily. Submit copies of any membership solicitation material. Attach sample copies of all types of membership certificates issued.

**The Organization will have only nonvoting members. Both individuals and entities are eligible for membership. There are no membership solicitation materials available yet.**

8 Explain how your organization's assets will be distributed on dissolution.

**They will be distributed to the Independent Women's Forum, a Section 501(c)(3) organization.**

Part 11. Activities and Operational Information (continued)

9 Has the organization made or does it plan to make any distribution of its property or surplus funds to shareholders or members?  Yes  No
If "Yes," state the full details, including: (1) amounts or value; (2) source of funds or property distributed or to be distributed; and (3) basis of, and authority for, distribution or planned distribution.

10 Does, or will, any part of your organization's receipts represent payments for services performed or to be performed?  Yes  No
If "Yes," state in detail the amount received and the character of the services performed or to be performed.

11 Has the organization made, or does it plan to make, any payments to members or shareholders for services performed or to be performed?  Yes  No
If "Yes," state in detail the amount paid, the character of the services, and to whom the payments have been, or will be, made.

12 Does the organization have any arrangement to provide insurance for members, their dependents, or others (including provisions for the payment of sick or death benefits, pensions, or annuities)?  Yes  No
If "Yes," describe and explain the arrangement's eligibility rules and attach a sample copy of each plan document and each type of policy issued.

13 Is the organization under the supervisory jurisdiction of any public regulatory body, such as a social welfare agency, etc.?  Yes  No
If "Yes," submit copies of all administrative opinions or court decisions regarding this supervision, as well as copies of applications or requests for the opinions or decisions.

14 Does the organization now lease or does it plan to lease any property?  Yes  No
If "Yes," explain in detail. Include the amount of rent, a description of the property, and any relationship between the applicant organization and the other party. Also, attach a copy of any rental or lease agreement. (If the organization is a party, as a lessor, to multiple leases of rental real property under similar lease agreements, please attach a single representative copy of the leases.)

The organization will lease space and employees from the Independent Women's Forum, a Section 501(c)(3) organization at a fair market value. Employees will keep detailed time records. Salaries, lease sharing amount, and office overhead expense will be allocated to the Organization on that basis.

15 Has the organization spent or does it plan to spend any money attempting to influence the selection, nomination, election, or appointment of any person to any Federal, state, or local public office or to an office in a political organization?  Yes  No
If "Yes," explain in detail and list the amounts spent or to be spent in each case.

16 Does the organization publish pamphlets, brochures, newsletters, journals, or similar printed material?  Yes  No
If "Yes," attach a recent copy of each.

The Organization does not have any published materials yet, but will have printed materials in the future.

**Part III. Financial Data (Must be completed by all applicants)**

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

**A. Statement of Revenue and Expenses**

Revenue	(a) Current Tax Year	3 Prior Tax Years or Proposed Budget for Next 2 Years			(e) Total
	From 01/01/04 To 12/31/04	(b) 2002	(c) 2003	(d) .....	
1 Gross dues and assessments of members		241,866			241,866
2 Gross contributions, gifts, etc.					
3 Gross amounts derived from activities related to the organization's exempt purpose (attach schedule) (include related cost of sales on line 9.)					
4 Gross amounts from unrelated business activities (attach schedule)					
5 Gain from sale of assets, excluding inventory items (attach schedule)					
6 Investment income (see page 3 of the Instructions)	51		520		571
7 Other revenue (attach schedule)	51				
8 Total revenue (add lines 1 through 7)	51	241,866	520		242,437
<b>Expenses</b>					
9 Expenses attributable to activities related to the organization's exempt purposes	276				276
10 Expenses attributable to unrelated business activities					
11 Contributions, gifts, grants, and similar amounts paid (attach schedule)	50,000				50,000
12 Disbursements to or for the benefit of members (attach schedule)					
13 Compensation of officers, directors, and trustees (attach schedule)					
14 Other salaries and wages	3134				3134
15 Interest					
16 Occupancy					
17 Depreciation and depletion					
18 Other expenses (SEE ATTACHED SCHEDULE)		2,457	471		2,928
19 Total expenses (add lines 9 through 18)	53,410	2,457	471		56,338
20 Excess of revenue over expenses (line 8 minus line 19)	(53,359)	239,409	49		186,099

**B. Balance Sheet (at the end of the period shown)**

Assets		Current Tax Year as of 08/31/04
1 Cash		186,099
2 Accounts receivable, net		
3 Inventories		
4 Bonds and notes receivable (attach schedule)		
5 Corporate stocks (attach schedule)		
6 Mortgage loans (attach schedule)		
7 Other investments (attach schedule)		
8 Depreciable and depletable assets (attach schedule)		
9 Land		
10 Other assets (attach schedule)		
11 Total assets		186,099
<b>Liabilities</b>		
12 Accounts payable		
13 Contributions, gifts, grants, etc., payable		
14 Mortgages and notes payable (attach schedule)		
15 Other liabilities (attach schedule)		
16 Total liabilities		
<b>Fund Balances or Net Assets</b>		
17 Total fund balances or net assets		186,099
18 Total liabilities and fund balances or net assets (add line 16 and line 17)		186,099

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation

**Schedule B Organizations Described in Section 501(c)(4) (Civic leagues, social welfare organizations (including posts, councils, etc., of veterans' organizations not qualifying or applying for exemption under section 501(c)(19)) or local associations of employees.)**

**1** Has the Internal Revenue Service previously issued a ruling or determination letter recognizing the applicant organization (or any predecessor organization listed in question 4, Part 11 of the application) to be exempt under section 501 (c)(3) and later revoked that recognition of exemption on the basis that the applicant organization (or its predecessor) was carrying on propaganda or otherwise attempting to influence legislation or on the basis that it engaged in political activity?  Yes  No

If "Yes," indicate the earliest tax year for which recognition of exemption under section 501(c)(3) was revoked and the IRS district office that issued the revocation.

**2** Does the organization perform or plan to perform (for members, shareholders, or others) services, such as maintaining the common areas of a condominium; buying food or other items on a cooperative basis; or providing recreational facilities or transportation services, job placement, or other similar undertakings?  Yes  No

If "Yes," explain the activities in detail, including income realized and expenses incurred. Also, explain in detail the nature of the benefits to the general public from these activities. (If the answer to this question is explained in Part 11 of the application (pages 2, 3, and 4), enter the page and item number here.)

**3** If the organization is claiming exemption as a homeowners' association, is access to any property or facilities it owns or maintains restricted in any way?  Yes  No

If "Yes," explain.

N/A

**4** If the organization is claiming exemption as a local association of employees, state the name and address of each employer whose employees are eligible for membership in the association. If employees of more than one plant or office of the same employer are eligible for membership, give the address of each plant or office.

N/A

ATTACHMENT TO FORM 1024  
INDEPENDENT WOMEN'S VOICE  
EIN: 36-4534086

Statement 1

**Part II, Question 3, a**

**Names, Addresses and titles of officers, directors trustees, etc.**

<u>Name, Title, Address</u>	<u>Annual compensation</u>
Nancy M. Pfothenauer, President 10340 Southam Lane Oakton, VA 22124	\$5000
Michael D. Berry, Treasurer PO Box 3058 Arlington, VA 22203	\$1000
Joy Simington, Secretary 105 Lake Cook Drive Alexandria, VA 22304-6451	\$1000
Ron Crawford, Director 1106 Dunaway Drive McLean, VA 22101	None
Mary Arnold, Director 1120 20 <sup>th</sup> Street, NW Suite 1000 Washington, DC 20036	None

ATTACHMENT TO FORM 1024  
INDEPENDENT WOMEN'S VOICE  
EIN: 36-4534086

Statement 2

**Part IIIA, Line 18 – Other Expenses**

<u>YEAR</u>	<u>2004</u>	<u>2002</u>	<u>2003</u>
Administration*	0	624	434
Legal fees	0	1,067	37
Accounting fees	0	766	0
<u>TOTAL</u>	<u>0</u>	<u>2,457</u>	<u>471</u>

\*Expenses in conjunction with starting an organization (filing fees, postage, printing, copying)

**ATTACHMENT TO FORM 1024  
INDEPENDENT WOMEN'S VOICE  
EIN: 36-4534086**

**Schedule 1**

**Part IIIA, Line 11 – Contributions**

June 18, 2004

\$50,000

Contribution to the Independent Women's Forum, a 501(c)(3) corporation, for general operating support

42-29-40

17053268009004

Form **8718**  
(Rev. November 2003)  
Department of the Treasury  
Internal Revenue Service

1024

### User Fee for Exempt Organization Determination Letter Request

▶ Attach this form to determination letter application.  
(Form 8718 is NOT a determination letter application.)

OMB No. 1545-1798  
For IRS Use Only  
Control number  
Amount paid **500**  
User fee screen# **gmc**

1 Name of organization  
**Independent Women's Voice**

2 Employer Identification Number  
**36 : 4534086**

Caution: Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.

### 3 Type of request

Fee

- a  Initial request for a determination letter for:
    - An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years, or
    - A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years ▶ \$150
- Note: If you checked box 3a, you must complete the Certification below.

#### Certification

I certify that the annual gross receipts of .....  
name of organization

have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.

Signature ▶ Title ▶

- b  Initial request for a determination letter for:
  - An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years or
  - A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years ▶ \$500
- c  Group exemption letters ▶ \$500

### Instructions

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 2003-8, 2003-1, I.R.B. 236, or latest annual update.

Check the box or boxes on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the "United States Treasury" for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

Generally, the user fee will be refunded only if the Internal Revenue Service declines to issue a determination.

### Where To File

Send the determination letter application and Form 8718 to:

Internal Revenue Service  
P.O. Box 192  
Covington, KY 41012-0192

If you are using express mail or a delivery service, send the application and Form 8718 to:

Internal Revenue Service  
201 West Rivercenter Blvd.  
Attn: Extracting Stop 312  
Covington, KY 41011

**Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. If you want your organization to be recognized as tax-exempt by the IRS, you are required to give us this information. We need it to determine whether the organization meets the legal requirements for tax-exempt status.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of Form 8718 are covered in Code section 6104.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send this form to this address. Instead, see Where To File above.

Attach Check or Money Order Here

POSTMARK

RECEIVED

SEP 22 '04

SEP 23 '04

CINCINNATI  
SERVICE CENTER





## **Exhibit 4**

Form 990

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2004

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 2004, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Independent Women's Voice. D Employer identification number: 36-4534086. E Telephone number: (202) 419-1820. F Accounting method: Accrual.

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

H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No.

G Web site: N/A

J Organization type: 501(c) 4

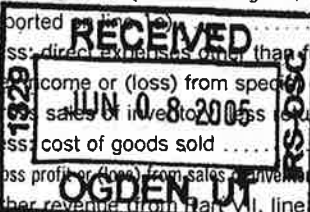
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Group Exemption Number. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 878.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 12 columns for line numbers and 2 columns for amounts. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED AUG 08 2005

P 24

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ 50,000. non-cash \$ )	22	50,000.	50,000.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	521.	0.	521.	0.
26 Other salaries and wages	26	233.	0.	233.	0.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	107.	0.	107.	0.
30 Professional fundraising fees	30				
31 Accounting fees	31	295.	0.	295.	0.
32 Legal fees	32				
33 Supplies	33	14.	0.	14.	0.
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	724.	0.	724.	0.
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a Bank charges	43a	8.	0.	8.	0.
b Taxes and licenses	43b	500.	0.	500.	0.
c Dues, subs, apps	43c	276.	0.	76.	200.
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	52,678.	50,000.	2,478.	200.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? To educate women on public policy issues important to their lives

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

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

a Grant to assist affiliated entity, Independent Women's Forum (IWF), with general operating revenue. IWF fosters public education, research, and discussion of various women's issues. (Grants and allocations \$ 50,000.)	50,000.
b	
c	
d	
e Other program services	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	50,000.

**Part IV** Balance Sheets (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing .....	239,285.	45	188,360.
	46 Savings and temporary cash investments .....		46	
	47 a Accounts receivable .....		47 a	
	b Less: allowance for doubtful accounts .....		47 b	47 c
	48 a Pledges receivable .....		48 a	
	b Less: allowance for doubtful accounts .....		48 b	48 c
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51 a Other notes & loans receivable (attach sch) .....		51 a	
	b Less: allowance for doubtful accounts .....		51 b	51 c
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....		53	
	54 Investments — securities (attach schedule) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments — land, buildings, & equipment: basis .....	55 a		
	b Less: accumulated depreciation (attach schedule) .....	55 b		55 c
	56 Investments — other (attach schedule) .....		56	
	57 a Land, buildings, and equipment: basis .....	57 a		
	b Less: accumulated depreciation (attach schedule) .....	57 b		57 c
	58 Other assets (describe ▶ .....		58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	239,285.	59	188,360.	
LIABILITIES	60 Accounts payable and accrued expenses .....	1,390.	60	2,265.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64 a Tax-exempt bond liabilities (attach schedule) .....		64 a	
	b Mortgages and other notes payable (attach schedule) .....		64 b	
	65 Other liabilities (describe ▶ .....		65	
66 <b>Total liabilities</b> (add lines 60 through 65) .....	1,390.	66	2,265.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	237,895.	67	186,095.
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	237,895.	73	186,095.	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	239,285.	74	188,360.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b> Total revenue, gains, and other support per audited financial statements		N/A	<b>a</b> Total expenses and losses per audited financial statements		N/A
<b>b</b> Amounts included on line a but not on line 12, Form 990:			<b>b</b> Amounts included on line a but not on line 17, Form 990:		
(1) Net unrealized gains on investments	\$		(1) Donated services and use of facilities	\$	
(2) Donated services and use of facilities	\$		(2) Prior year adjustments reported on line 20, Form 990	\$	
(3) Recoveries of prior year grants	\$		(3) Losses reported on line 20, Form 990	\$	
(4) Other (specify):			(4) Other (specify):		
-----	\$		-----	\$	
Add amounts on lines (1) through (4)			Add amounts on lines (1) through (4)		
<b>c</b> Line a minus line b			<b>c</b> Line a minus line b		
<b>d</b> Amounts included on line 12, Form 990 but not on line a:			<b>d</b> Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990	\$		(1) Investment expenses not included on line 6b, Form 990	\$	
(2) Other (specify):			(2) Other (specify):		
-----	\$		-----	\$	
Add amounts on lines (1) and (2)			Add amounts on lines (1) and (2)		
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)			<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)		

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see 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 and deferred compensation	(E) Expense account and other allowances
Ron Crawford 1726 M Street, NW Washington, DC	Director <small>Nom</small>	0.	0.	0.
Nancy Pfothenauer 1726 M Street, NW Washington, DC	President/Director <small>Nom</small>	521.	0.	0.
Arianne Massey 1726 M Street, NW Washington, DC	Treasurer <small>Nom</small>	0.	0.	0.
-----				
-----				
-----				
-----				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If 'Yes,' attach schedule - see instructions.

Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
	b If 'Yes,' enter the name of the organization <u>Independent Women's Forum</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions		0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		82b
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	X	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
	c Dues, assessments, and similar amounts from members		85c
	d Section 162(e) lobbying and political expenditures		85d
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		86a
	b Gross receipts, included on line 12, for public use of club facilities		86b
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		87a
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
89b	501(c)(3) and 501(c)(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 a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90a	List the states with which a copy of this return is filed		none
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		0
91	The books are in care of <u>The Organization</u> Telephone number <u>(202) 419-1820</u> Located at <u>1726 M Street, NW, Washington, DC</u> ZIP + 4 <u>20036</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		92

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings & temporary cash invmnts, 96 Dividends & interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from pers prop, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue: a, b, c, d, e, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Row 1: N/A.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. All rows are empty.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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: [Signature] Date: 6/1/05

Date: 5/26/05 Check if self-employed: [ ] Preparer's SSN or PTIN (See General Instruction W): [ ]

Form **8868**  
(Rev December 2004)

### Application for Extension of Time to File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

#### Automatic 3-Month Extension of Time – Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>Independent Women's Voice</b>	Employer identification number <b>36-4534086</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1726 M Street, NW, #1001</b>	
	City, town or post office. For a foreign address, see instructions. <b>Washington</b>	state ZIP code <b>DC 20036</b>

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ► The Organization

Telephone No. ► (202) 419-1820 FAX No. ► (202) 419-1821

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Aug 15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 04 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ \_\_\_\_\_ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 12-2004)



# **Exhibit 5**

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545 0047

2005

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

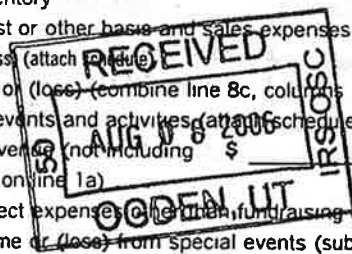
The organization may have to use a copy of this return to satisfy state reporting requirements

Form 990 header section including: A For the 2005 calendar year, or tax year beginning 2005, and ending; B Check if applicable; C Name of organization Independent Women's Voice; D Employer identification number 36-4534086; E Telephone number (202) 419-1820; F Accounting method Accrual; G Web site N/A; J Organization type 501(c) 4; K Check here if gross receipts normally not more than \$25,000; L Gross receipts 15,606.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes items like Contributions, program service revenue, membership dues, and total revenue of 15,606.

SCANNED AUG 24 2005



Handwritten initials or mark at the bottom right corner.

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ 75,000. non-cash \$ _____)  If this amount includes foreign grants, check here <input type="checkbox"/>	22 75,000.	75,000.		
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 47,680.	40,033.	7,647.	0.
26 Other salaries and wages	26 7,705.	5,778.	1,927.	0.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 3,624.	2,997.	627.	0.
30 Professional fundraising fees	30			
31 Accounting fees	31 495.	0.	495.	0.
32 Legal fees	32 125.	0.	125.	0.
33 Supplies	33 306.	306.	0.	0.
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 678.	678.	0.	0.
39 Travel	39 128.	114.	14.	0.
40 Conferences, conventions, and meetings	40 10,778.	0.	10,778.	0.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize)				
a Dues, subs, apps	43a 309.	0.	309.	0.
b Charitable solicitation	43b 224.	0.	0.	224.
c Consulting	43c 9,862.	2,349.	6,263.	1,250.
d _____	43d			
e _____	43e			
f _____	43f			
g _____	43g			
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 156,914.	127,255.	28,185.	1,474.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

BAA

**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>To educate women on public policy issues important to their lives</u>	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<p><b>a</b> <u>Grant to assist affiliated entity, Independent Women's Forum (IWF), with general operating revenue. IWF fosters public education, research, and discussion of various women's issues.</u></p> <p>(Grants and allocations \$ <u>75,000.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>75,000.</p>
<p><b>b</b> <u>Legal policy - To educate women about the judicial nominations process and its impact on women and society. To advocate nominees based on credentials and ability to uphold the law, not on gender.</u></p> <p>(Grants and allocations \$ <u>0.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>52,255.</p>
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>e</b> Other program services</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p>127,255.</p>

BAA

**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	188,360.	45	49,905.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a		
	b Less allowance for doubtful accounts	47 b		47 c
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b		48 c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments – land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b		55 c
56 Investments – other (attach schedule)		56		
57 a Land, buildings, and equipment, basis	57 a			
b Less accumulated depreciation (attach schedule)	57 b		57 c	
58 Other assets (describe ▶ _____ )		58		
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	188,360.	59	49,905.	
LIABILITIES	60 Accounts payable and accrued expenses	2,265.	60	5,117.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ _____ )		65	
	66 <b>Total liabilities.</b> Add lines 60 through 65	2,265.	66	5,117.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	186,095.	67	44,788.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	186,095.	73	44,788.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	188,360.	74	49,905.

BAA

Form 990 (2005)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

		N/A	
<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 12	<b>b</b>	
	1 Net unrealized gains on investments	<b>b1</b>	
	2 Donated services and use of facilities	<b>b2</b>	
	3 Recoveries of prior year grants	<b>b3</b>	
	4 Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line a:	<b>d</b>	
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

		N/A	
<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 17	<b>b</b>	
	1 Donated services and use of facilities	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>	
	3 Losses reported on Part I, line 20	<b>b3</b>	
	4 Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line a:	<b>d</b>	
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 and deferred compensation plans	(E) Expense account and other allowances
Carol Crawford 1726 M Street, NW Washington, DC	Director 10	0.	0.	0.
Nancy Pfothenauer 1726 M Street, NW Washington, DC	President/Director 10	18,817.	0.	0.
Arianne Massey 1726 M Street, NW Washington, DC	Treasurer 10	7,415.	0.	0.
Michelle Bernard 1726 M Street, NW Washington, DC	Senior VP 10	21,448.	0.	0.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings **3**

75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) **X**

75c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? **X**

**Note.** Related organizations include section 509(a)(3) supporting organizations

If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

75d Does the organization have a written conflict of interest policy? **X**

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
-----				
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**Part VI Other Information** (See the instructions)

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity **X**

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes **X**

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **X**

78b If 'Yes,' has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement **X**

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? **X**

80b If 'Yes,' enter the name of the organization **Independent Women's Forum** and check whether it is  exempt or  nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions) **81 a** **0.**

81b Did the organization file Form 1120-POL for this year? **X**

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
84 b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	X	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
	c Dues, assessments, and similar amounts from members		
85 c			
	d Section 162(e) lobbying and political expenditures		
85 d			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 e			
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 f			
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 g			
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85 h			
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
86 a			
	b Gross receipts, included on line 12, for public use of club facilities		
86 b			
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
87 a			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87 b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89 a	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 501(c)(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 a statement explaining each transaction		X
89 b			
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed		none
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		0
91 a	The books are in care of The Organization Telephone number (202) 419-1820 Located at 1726 M Street, NW, Washington, DC ZIP + 4 20036		
	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		X
91 b			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
	c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country		X
91 c			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
			92



**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	606.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				606.	
105 Total (add line 104, columns (B), (D), and (E))					606.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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: Carol P Crawford Date: 7/31/06

Type or print name and title: CAROL P CRAWFORD, DIRECTOR (NON-EXECUTIVE)

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 5/24/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Douglas Corey & Associates, PC  
6601 Little River Trnprk, Suite 440  
Alexandria VA 22312

EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

Independent Women's Voice

36-4534086

1

## Explanation Statement

Form/Line. Form 990, Part V-A line 75c  
 Explanation of Receipt of Compensation from Other Companies

Independent Women's Voice shares employees with Independent Women's Forum, a 501(c)(3) organization. The entities have an understood affiliation agreement, whereby common employees allocate time spent to each entity. Independent Women's Voice reimburses Independent Women's Forum for their share any expenses or salaries paid by Independent Women's Forum. Following is a schedule of compensation paid by Independent Women's Forum for their share of salaries:

<u>Nancy Pfothenauer</u>	<u>\$54,837</u>
<u>Arianne Massey</u>	<u>\$66,724</u>
<u>Michelle Bernard</u>	<u>\$138,552</u>

Form **8868**  
(Rev December 2004)

### Application for Extension of Time to File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868*

**Part I**  **Automatic 3-Month Extension of Time – Only submit original (no copies needed)**

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Independent Women's Voice	36-4534086
	Number, street, and room or suite number. If a P O box, see instructions	
	1726 M Street, NW, #10th Floor	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	Washington	DC 20036

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ The Organization
- Telephone No. ▶ (202) 419-1820 FAX No. ▶ (202) 419-1821
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until Aug 15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 05 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 12-2004)



## **Exhibit 6**

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545 0047

2006

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Form 990 header section including: A For the 2006 calendar year, or tax year beginning 2006, and ending; B Check if applicable; C Name of organization Independent Women's Voice; D Employer Identification Number 36-4534086; E Telephone number (202) 419-1820; F Accounting method; G Web site: N/A; J Organization type; K Check here; L Gross receipts 175.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes items like Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit), Net assets at beginning/end of year.

SCANNED JUL 17 2007



5P

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ <u>36,568.</u> non-cash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22a	36,568.	36,568.		
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule)	23				
<b>24</b> Benefits paid to or for members (attach schedule)	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	0.	0.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27				
<b>28</b> Employee benefits not included on lines 25a - 27	28				
<b>29</b> Payroll taxes	29				
<b>30</b> Professional fundraising fees	30				
<b>31</b> Accounting fees	31	770.	0.	770.	0.
<b>32</b> Legal fees	32	135.	0.	135.	0.
<b>33</b> Supplies	33				
<b>34</b> Telephone	34				
<b>35</b> Postage and shipping	35	40.	0.	40.	0.
<b>36</b> Occupancy	36				
<b>37</b> Equipment rental and maintenance	37				
<b>38</b> Printing and publications	38				
<b>39</b> Travel	39				
<b>40</b> Conferences, conventions, and meetings	40				
<b>41</b> Interest	41				
<b>42</b> Depreciation, depletion, etc (attach schedule)	42				
<b>43</b> Other expenses not covered above (itemize)					
<b>a</b> Bank charges	43a	678.	0.	678.	0.
<b>b</b> Charitable solicitation	43b	25.	0.	0.	25.
<b>c</b> _____	43c				
<b>d</b> _____	43d				
<b>e</b> _____	43e				
<b>f</b> _____	43f				
<b>g</b> _____	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	38,216.	36,568.	1,623.	25.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<p>a <u>Grant to assist affiliated entity, Independent Women's Forum (IWF), with general operating revenue. IWF fosters public education, research, and discussion of various women's issues.</u></p> <p>(Grants and allocations \$ 36,568.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	36,568.
<p>b</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	36,568.

BAA

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	<b>45</b> Cash – non-interest-bearing	49,905.	<b>45</b>	6,746.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable			
	<b>b</b> Less: allowance for doubtful accounts		<b>47c</b>	
	<b>48a</b> Pledges receivable			
	<b>b</b> Less: allowance for doubtful accounts		<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)			
	<b>b</b> Less: allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54a</b> Investments – publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54a</b>	
	<b>b</b> Investments – other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54b</b>	
	<b>55a</b> Investments – land, buildings, & equipment basis	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>	
	<b>56</b> Investments – other (attach schedule)		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment, basis	<b>57a</b>		
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b>	<b>57c</b>		
<b>58</b> Other assets, including program-related investments (describe ▶ _____ )		<b>58</b>		
<b>59</b> Total assets (must equal line 74). Add lines 45 through 58	49,905.	<b>59</b>	6,746.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses	5,117.	<b>60</b>	0.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ _____ )		<b>65</b>	
	<b>66</b> Total liabilities. Add lines 60 through 65	5,117.	<b>66</b>	0.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted	44,788.	<b>67</b>	6,746.
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73</b> Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	44,788.	<b>73</b>	6,746.
	<b>74</b> Total liabilities and net assets/fund balances. Add lines 66 and 73	49,905.	<b>74</b>	6,746.



**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

				N/A
<b>a</b>	Total revenue, gains, and other support per audited financial statements			<b>a</b>
<b>b</b>	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b>
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>			<b>e</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

				N/A
<b>a</b>	Total expenses and losses per audited financial statements			<b>a</b>
<b>b</b>	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b>
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>			<b>e</b>

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 and deferred compensation plans	(E) Expense account and other allowances
Carol Crawford 1726 M Street, NW Washington, DC	Director <small>None</small>	0.	0.	0.
Nancy Pfothenauer 1726 M Street, NW Washington, DC	President/Director 1	0.	0.	0.
Michelle Bernard 1726 M Street, NW Washington, DC	Senior VP 1	0.	0.	0.



Part VI Other Information (continued)		Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X	
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X	
<b>85 501(c)(4), (5), or (6) organizations a</b> Were substantially all dues nondeductible by members?		X	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
<b>c</b> Dues, assessments, and similar amounts from members	85 c	N/A	
<b>d</b> Section 162(e) lobbying and political expenditures	85 d	N/A	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A	
<b>86 501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	86 a	N/A	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86 b	N/A	
<b>87 501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders	87 a	N/A	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A	
<b>88 a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88 a		X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b		X
<b>89 a 501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____			
<b>b 501(c)(3) and 501(c)(4) organizations</b> 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 a statement explaining each transaction	89 b		X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		0.	
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		0.	
<b>e All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e		X
<b>f All organizations</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f		X
<b>g For supporting organizations and sponsoring organizations maintaining donor advised funds</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	N/A	
<b>90 a</b> List the states with which a copy of this return is filed ▶ <u>none</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90 b		0
<b>91 a</b> The books are in care of ▶ <u>The Organization</u> Telephone number ▶ <u>(202) 419-1820</u> Located at ▶ <u>1726 M Street, NW, Washington, DC</u> ZIP + 4 ▶ <u>20036</u>			
<b>b</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 ▶ _____	91 b	Yes	No
			X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	175.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				175.	
105 Total (add line 104, columns (B), (D), and (E))					175.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)** N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	N/A	
					Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	N/A	
					Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

**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: Carol Crawford Date: 5/25/07

Type or print name and title: Carol Crawford Director

**Paid Preparer's Use Only**

Preparer's signature: Douglas Corey Date: 5/23/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Douglas Corey & Associates, PC  
6601 Little River TrnPk, Suite 440  
Alexandria VA 22312-1303

Preparer's SSN or PTIN (See General Instruction W): \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Phone no: \_\_\_\_\_

Independent Women's Voice

36-4534086

1

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Explanation Statement

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Form/Line. Form 990, Part V-A line 75cExplanation of: Receipt of Compensation from Other Companies

Independent Women's Voice (IWV) shares employees with Independent Women's Forum (IWF), a 501(c)(3) organization. The entities have an understood affiliation agreement, whereby common employees allocate time spent to each entity. IWV reimburses IWF for their share of any expenses or salaries paid by IWF. There were no salaries allocated to IWV in 2006.

Form **8868**  
(Rev December 2006)

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>Independent Women's Voice</b>	Employer identification number <b>36-4534086</b>
	Number, street, and room or suite number. If a P O box, see instructions. <b>1726 M Street, NW, #10th Floor</b>	
	City, town or post office For a foreign address, see instructions. <b>Washington</b>	
	state <b>DC</b>	ZIP code <b>20036</b>

Check type of return to be filed (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

• The books are in the care of The Organization

Telephone No. ▶ (202) 419-1820 FAX No. ▶ (202) 419-1821

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until Aug 15, 20 07, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20 06 or
- ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 12-2006)

# **Exhibit 7**



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)

OMB No 1545-1150

**2009**

**Open to Public Inspection**

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

Department of the Treasury  
 Internal Revenue Service

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, **2009, and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> Independent Women's Voice		<b>D Employer identification number</b> 36-4534086
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E Telephone number</b> (202) 362-1147
		4400 Jenifer Street 240		<b>F Group Exemption Number</b> _____
		City or town, state or country, and ZIP + 4 Washington DC 20015		

• 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.iwvoice.org

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

**J Tax-exempt status** (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 236,770.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	236,770.
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
<b>6a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>6b</b>	Less direct expenses other than fundraising expenses	<b>6b</b>	
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe _____)	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	236,770.
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	68,206.
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	119,715.
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	5,431.
<b>16</b>	Other expenses (describe ► See Other Expenses Statement)	<b>16</b>	55,471.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	248,823.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-12,053.
<b>19</b>	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)	<b>19</b>	-76,495.
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	-88,548.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	4,009.	97,735.
<b>23</b> Land and buildings	0.	0.
<b>24</b> Other assets (describe ► See L-24 Stmt)	6,850.	10,569.
<b>25 Total assets</b>	10,859.	108,304.
<b>26 Total liabilities</b> (describe ► See L-26 Stmt)	87,354.	196,852.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	-76,495.	-88,548.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED SEP 29 2010

Handwritten marks: "85" and "8"



**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b> _____ 0.</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float:right"><b>38b</b> _____</span>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float:right"><b>39a</b> _____</span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float:right"><b>39b</b> _____</span>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed ▶ _____		

**42a** The organization's books are in care of ▶ The Organization Telephone no ▶ (202) 419-1820  
 Located at ▶ 4400 Jenifer St, NW, Suite 240 Washington DC ZIP + 4 ▶ 20015

	Yes	No
<b>b</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 ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
<b>c</b> 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 ▶ _____		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** \_\_\_\_\_

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |      | Yes | No |
|------|-----|----|
| 46   |     |    |
| 47   |     |    |
| 48   |     |    |
| 49 a |     |    |
| 49 b |     |    |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?  
b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

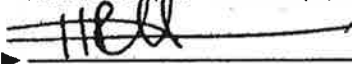
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

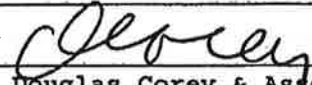
d Total number of other independent contractors each receiving over \$100,000 ▶

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.

Sign Here

  
 Signature of officer Date  
**Heather Higgins** **President**  
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date **9/8/10** Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4 **Douglas Corey & Associates, PC**  
**6601 Little River Trnkp, Suite 440** EIN Preparer's Identifying Number (See instructions)  
**Alexandria VA 22312-1303** Phone no **(703) 354-2900**

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

BAA

Form 990-EZ  
Part II

Other Assets and Liabilities

2009

Name as Shown on Return <b>Independent Women's Voice</b>		Employer Identification No <b>36-4534086</b>	
<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>	
<b>Pledge receivable</b>		<b>5,000.</b>	
<b>Intangible assets, net of depreciaion</b>	<b>6,850.</b>	<b>5,569.</b>	
<b>Totals to Form 990-EZ, Part II, line 24</b>	<b>6,850.</b>	<b>10,569.</b>	
<b>Line 26 - Total Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>	
<b>Accounts payable</b>		<b>13,792.</b>	
<b>Contribution refund payable</b>		<b>18,555.</b>	
<b>Due to affiliate</b>	<b>87,354.</b>	<b>164,505.</b>	
<b>Totals to Form 990-EZ, Part II, line 26</b>	<b>87,354.</b>	<b>196,852.</b>	

Independent Women's Voice

36-4534086

1

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

<u>Depreciation</u>	<u>2,531.</u>
<u>Issue advertising/paid media</u>	<u>7,193.</u>
<u>Prizes awarded</u>	<u>5,000.</u>
<u>Payroll taxes</u>	<u>3,381.</u>
<u>Business registration</u>	<u>973.</u>
<u>Cable/telephone</u>	<u>318.</u>
<u>Communications</u>	<u>195.</u>
<u>Bank charges</u>	<u>156.</u>
<u>Overhead allocated from affiliate</u>	<u>35,724.</u>
Total	<u><u>55,471.</u></u>

# **Exhibit 8**

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: INDEPENDENT WOMEN'S VOICE. Doing Business As. Number and street (or P O box if mail is not delivered to street address): 1875 I STREET NW. Room/suite. City or town, state or country, and ZIP + 4: WASHINGTON, DC 20006

D Employer identification number: 36-4534086. E Telephone number: (202) 857-3293. G Gross receipts \$ 2,436,560

F Name and address of principal officer: HEATHER HIGGINS, 1875 I STREET NW, WASHINGTON, DC 20006

H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No. If "No," attach a list (see instructions). H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c)(4) (insert no), 4947(a)(1) or 527

J Website: www.invoice.org

K Form of organization: Corporation, Trust, Association, Other

L Year of formation 2003. M State of legal domicile DC

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

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.

Sign Here: Signature of officer: HEATHER HIGGINS PRESIDENT. Date: 2011-05-06

Paid Preparer Use Only: Preparer's name: ROBERT J MORROW CPA. Preparer's signature: ROBERT J MORROW CPA. Date. Check if self-employed. PTIN. Firm's name: MORROW PC. Firm's address: 8665 SUDLEY RD 230, MANASSAS, VA 201104588. Firm's EIN. Phone no: (571) 331-0348

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No



**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission

See Attached Note

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 1,833,000 including grants of \$ ) (Revenue \$ 2,436,560 )  
SEE ATTACHED NOTE

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 1,833,000

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/> . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I <input checked="" type="checkbox"/> . . . . .	Yes	
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		No
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. . . . .		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .		No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . .		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		No
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .		

**Part IV Checklist of Required Schedules (continued)**

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>		No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>		No
<b>a</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b and corresponding input fields for Yes/No and numerical values.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

✓

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AR, AZ, AK, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, ME, MA, MN, MO, MS, ND, NH, NJ, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [ ] Own website [ ] Another's website [x] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PETER LIPS, 1875 I STREET NW, WASHINGTON, DC 20006, (540) 888-4752





**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	2,436,560				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		2,436,560			
<b>Program Service Revenue</b>	<b>2a</b> _____ <b>Business Code</b>					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶					
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b> Less direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12 Total revenue.</b> See Instructions . . . . . ▶		2,436,560				



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	76,402	60,257	8,577	7,568
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .				
10	Payroll taxes . . . . .	5,462	4,332	556	574
a	Fees for services (non-employees)				
	Management . . . . .	92,000	92,000	0	0
b	Legal . . . . .	29,577	6,902	22,675	0
c	Accounting . . . . .	23,637	0	23,637	0
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .	3,523			3,523
f	Investment management fees . . . . .				
g	Other . . . . .	111,750	111,747	-260	263
12	Advertising and promotion . . . . .	1,119,597	1,119,572	25	0
13	Office expenses . . . . .	5,107	425	4,682	0
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	2,216	805	1,411	0
17	Travel . . . . .	22,075	18,161	2,306	1,608
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .				
21	Payments to affiliates . . . . .	30,879	1,293	29,586	0
22	Depreciation, depletion, and amortization . . . . .	9,486	0	9,486	0
23	Insurance . . . . .				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	Postage and Printing	28,121	335	585	27,201
b	Business Licenses	4,108	0	108	4,000
c	Communications	183,209	179,303	693	3,213
d	Dues and Subscriptions	9,413	9,346	67	0
e	Donations	123,000	123,000	0	0
f	All other expenses	107,375	105,522	-22,621	24,474
25	<b>Total functional expenses.</b> Add lines 1 through 24f	1,986,937	1,833,000	81,513	72,424
26	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	97,735	<b>1</b>	331,759
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	5,000	<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	12,602
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	9,062
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	8,618		
	<b>b</b> Less accumulated depreciation . . . . .	1,096	<b>10c</b>	7,522
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	5,569	<b>15</b>	17,334
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	108,304	<b>16</b>	378,279	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	196,852	<b>17</b>	15,624
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	196,852	<b>26</b>	15,624
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-112,772	<b>27</b>	362,655
	<b>28</b> Temporarily restricted net assets . . . . .	24,224	<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	-88,548	<b>33</b>	362,655	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	108,304	<b>34</b>	378,279	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,436,560
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,986,937
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	449,623
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-88,548
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	1,580
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	362,655

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>2c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

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. ▶ See separate instructions.

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization  
INDEPENDENT WOMEN'S VOICE

Employer identification number

36-4534086

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ 772,435
- 3 Volunteer hours 0

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 772,435
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 772,435
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2 Yes	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Pt I-A Line 1		See attached statement

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Open to Public Inspection

Name of the organization INDEPENDENT WOMEN'S VOICE

Employer identification number

36-4534086

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table titled 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the year end balance held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Term endowment ▶
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . . | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 3b**
- 4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		8,618	1,096	7,522
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				7,522



**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	

2. Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>		
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b> 2,436,560
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b> 1,986,937
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b> 449,623
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>
<b>5</b>	Donated services and use of facilities	<b>5</b>
<b>6</b>	Investment expenses	<b>6</b>
<b>7</b>	Prior period adjustments	<b>7</b>
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b> 449,623

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b> 2,436,560
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
<b>a</b>	Net unrealized gains on investments	<b>2a</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b> 2,436,560
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b> 2,436,560

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b> 1,985,357
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25	
<b>a</b>	Donated services and use of facilities	<b>2a</b>
<b>b</b>	Prior year adjustments	<b>2b</b>
<b>c</b>	Other losses	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b> 1,985,357
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b> 1,580
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b> 1,580
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b> 1,986,937

**Part XIV Supplemental Information**  
 Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316009011

OMB No 1545-0047

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**Department of the Treasury  
Internal Revenue Service**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.****2010****Open to Public  
Inspection****Name of the organization**  
INDEPENDENT WOMEN'S VOICE**Employer identification number**

36-4534086

Identifier	Return Reference	Explanation
Pt VI-B, Line 11a		A copy of the 990 is circulated to the board and approved before filing

Identifier	Return Reference	Explanation
Pt V-B, Line 12c		See Attached Note

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
Pt VI-B, Line 15		See Attached Note

Identifier	Return Reference	Explanation
Pt V-C, Line 19		MW makes its documents available by appointment in its offices

Identifier	Return Reference	Explanation
Form 990, Part IX, Line 24f		DIRECT MAIL 99739 78335 0 21404 BANK CHARGES 7051 2155 4896 0 MISCELLANEOUS 585 585 0 0 ALLOCATED GENERAL AND ADMINISTRATIVE 0 24447 -27517 3070

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

**Name of the organization**  
INDEPENDENT WOMEN'S VOICE

**Employer identification number**

36-4534086

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) INDEPENDENT WOMEN'S FORUM 1875 I STREET NW WASHINGTON, DC 20006 54-1670627	REBUILD CIVIL SOCIETY	DC	501(c)(3)	N/A	NA		No



**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) INDEPENDENT WOMEN'S FORUM	n	81,864	Actual Cost
(2) INDEPENDENT WOMEN'S FORUM	mo	30,879	Actual Cost
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2010**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No **67**

Name(s) shown on return INDEPENDENT WOMEN'S VOICE	Business or activity to which this form relates Form 990 / Form 990EZ	Identifying number 36-4534086
--	--	----------------------------------

**Part I Election To Expense Certain Property Under Section 179**  
*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	\$ 500,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$ 2,000,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	
<b>6 (a) Description of property</b>	<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 . . . . .	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 . . . . .	13	

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010 . . . . .	17	1,570
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .		<input type="checkbox"/>

**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		18,575	3	HY	200 DB	6,192
b 5-year property		8,618	5	HY	200 DB	1,724
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28 . . . . .	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	22	9,486
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use. Table with 9 columns for rows 1, 2, 3.

27 Property used 50% or less in a qualified business use. Table with 9 columns for rows 1, 2, 3.

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table for Section C with 2 columns: Yes, No. Rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2010 tax year (see instructions)

43 Amortization of costs that began before your 2010 tax year 43

44 Total. Add amounts in column (f) See the instructions for where to report 44

# **Exhibit 9**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

**2011**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

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

**C Name of organization**  
INDEPENDENT WOMEN'S VOICE

Doing Business As \_\_\_\_\_

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1875 I STREET NW

City or town, state or country, and ZIP + 4  
WASHINGTON, DC 20006

**D Employer identification number**  
36-4534086

**E Telephone number**  
(202) 857-3293

**G Gross receipts \$** 720,038

**F Name and address of principal officer**  
HEATHER HIGGINS  
1875 I STREET NW  
WASHINGTON, DC 20006

- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)
- H(c)** Group exemption number ▶

**I Tax-exempt status**  501(c)(3)  501(c)(4) (Insert no )  4947(a)(1) or  527

**J Website:** ▶ www.iwvoice.org

**K Form of organization**  Corporation  Trust  Association  Other ▶ **L Year of formation** 2003 **M State of legal domicile** DC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities Promote limited government, free markets and personal responsibility		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>2</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>2</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 2,436,560	Current Year 719,786
	<b>9</b> Program service revenue (Part VIII, line 2g)		0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-324
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		252
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,436,560	719,714
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	81,864	38,631
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	3,523	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 83,590		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,901,550	945,747
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,986,937	984,378	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	449,623	-264,664	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 378,279	End of Year 110,433
	<b>21</b> Total liabilities (Part X, line 26)	15,624	12,442
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	362,655	97,991

**Part II Signature Block**

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.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2012-11-14  
HEATHER HIGGINS PRESIDENT  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: DOUGLAS S COREY CPA Date: \_\_\_\_\_  
Check if self-employed  Preparer's taxpayer identification number (see instructions): \_\_\_\_\_  
Firm's name (or yours if self-employed), address, and ZIP + 4: DOUGLAS COREY & ASSOCIATES PC  
6601 LITTLE RIVER TRNPK SUITE 440  
ALEXANDRIA, VA 223121303  
EIN: \_\_\_\_\_  
Phone no: (703) 354-2900

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No



**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  . . . . .

**1** Briefly describe the organization's mission

Promote limited government, free

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 819,515 including grants of \$ ) (Revenue \$ )  
PROMOTE LIMITED GOVERNMENT, FREE MARKETS, AND PERSONAL RESPONSIBILITY ENSURE THAT OUR MAINSTREAM VOICES ARE HEARD IN THE MEDIA AND BEFORE STATE AND NATIONAL POLICYMAKERS, IN ORDER TO EDUCATE THE PUBLIC ABOUT HOW OUR CONSERVATIVE PRINCIPLES BENEFIT WOMEN, MEN, AND FAMILIES, AND ARE CRITICAL TO THE FUTURE OF OUR COUNTRY

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 819,515

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? <input checked="" type="checkbox"/> . . . . .	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I <input checked="" type="checkbox"/> . . . . .	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II . . . . .		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/> . . . . .	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. . . . .		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. . . . .		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. . . . .		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/> . . . . .	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/> . . . . .	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I . . . . .		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV . . . . .		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III and IV . . . . .		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .		

**Part IV Checklist of Required Schedules (continued)**

<p><b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i></p>	<p><b>21</b></p>	<p>No</p>
<p><b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i></p>	<p><b>22</b></p>	<p>No</p>
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i></p>	<p><b>23</b></p>	<p>No</p>
<p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . .</i></p>	<p><b>24a</b></p>	<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .</p>	<p><b>24b</b></p>	
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .</p>	<p><b>24c</b></p>	
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .</p>	<p><b>24d</b></p>	
<p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i></p>	<p><b>25a</b></p>	<p>No</p>
<p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . .</i></p>	<p><b>25b</b></p>	<p>No</p>
<p><b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . .</i></p>	<p><b>26</b></p>	<p>No</p>
<p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . .</i></p>	<p><b>27</b></p>	<p>No</p>
<p><b>28</b> Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>		
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i></p>	<p><b>28a</b></p>	<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i></p>	<p><b>28b</b></p>	<p>No</p>
<p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV . . .</i></p>	<p><b>28c</b></p>	<p>No</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i></p>	<p><b>29</b></p>	<p>No</p>
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i></p>	<p><b>30</b></p>	<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i></p>	<p><b>31</b></p>	<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i></p>	<p><b>32</b></p>	<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . .</i></p>	<p><b>33</b></p>	<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . .</i></p>	<p><b>34</b></p>	<p>Yes</p>
<p><b>35a</b> Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?</p>	<p><b>35a</b></p>	<p>No</p>
<p><b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i></p>	<p><b>35b</b></p>	<p>No</p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i></p>	<p><b>36</b></p>	
<p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . .</i></p>	<p><b>37</b></p>	<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . .</p>	<p><b>38</b></p>	<p>Yes</p>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	a The governing body? . . . . .	Yes	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	b Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		No
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		No
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	b Other officers or key employees of the organization . . . . . If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed **AL, AR, AZ, AK, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, ME, MA, MN, MO, MS, ND, NH, NJ, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **PETER LIPS  
 1875 I STREET NW  
 WASHINGTON, DC 20006  
 (540) 888-4752**





**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	719,786				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .	719,786				
<b>Program Service Revenue</b>	<b>2a</b> _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .					
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses		324		
		<b>c</b> Gain or (loss)		-324		
	<b>d</b> Net gain or (loss) . . . . .		-324		-324	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . .				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> Other income	900099	252	252			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		252				
<b>12 Total revenue.</b> See Instructions . . . . .		719,714	252		-324	



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	35,031	23,039	7,094	4,898
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,600	2,484	657	459
11	Fees for services (non-employees)				
a	Management				
b	Legal	40,068	0	40,068	0
c	Accounting	11,937	0	11,937	0
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	292,423	253,033	25,365	14,025
12	Advertising and promotion	441,994	440,028	125	1,841
13	Office expenses	869	312	557	0
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,022	776	811	435
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,227	0	10,227	0
23	Insurance	1,407	0	1,407	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Postage and printing	41,665	38,176	1,607	1,882
b	Other professional fees	24,738	5,472	0	19,266
c	Direct mail	19,434	125	0	19,309
d	Overhead allocated from affiliate	15,325	0	15,325	0
e					
f	All other expenses	43,638	56,070	-33,907	21,475
25	<b>Total functional expenses.</b> Add lines 1 through 24f	984,378	819,515	81,273	83,590
26	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	331,759	<b>1</b>	51,984
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	12,602	<b>4</b>	14,572
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,062	<b>9</b>	29,572
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	27,543		
	<b>b</b> Less accumulated depreciation . . . . .	13,238	24,856	14,305
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	378,279	<b>16</b>	110,433	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	15,624	<b>17</b>	12,442
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	15,624	<b>26</b>	12,442
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	362,655	<b>27</b>	97,991
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	362,655	<b>33</b>	97,991	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	378,279	<b>34</b>	110,433	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	719,714
<b>2</b> Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	984,378
<b>3</b> Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-264,664
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	362,655
<b>5</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	
<b>6</b> Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	97,991

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

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. ▶ See separate instructions.

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization INDEPENDENT WOMEN'S VOICE	Employer identification number 36-4534086
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures ▶ \$ 349,001
- 3 Volunteer hours 0

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 349,001
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 349,001
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b> Yes	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b> Yes	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Pt I-A Line 1		IWV is an educational and issue advocacy organization engaged IN REACHING CONSERVATIVE AND MAINSTREAM INDEPENDENTS AND WOMEN ON THE MOST IMPORTANT POLICY AND LEGISLATIVE BATTLES OF THE DAY IWV FOCUSES ON IDENTIFYING MESSAGES THAT WORK WITH THOSE KEY TARGET AUDIENCES AND THEN REACHES THEM WITH MULTI-FACETED ISSUE CAMPAIGNS, WHICH CAN INCLUDE PAID ADVERTISING,

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990. See separate instructions.

Open to Public Inspection

Name of the organization INDEPENDENT WOMEN'S VOICE

Employer identification number 36-4534086

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a-2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment
- b Permanent endowment
- c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		8,618	2,819	5,799
e Other		18,925	10,419	8,506
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				14,305





**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	719,714
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	984,378
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-264,664
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-264,664

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	719,714
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	719,714
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	719,714

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	984,378
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	984,378
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	984,378

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Pt X		IWV is exempt from income taxes on all activities directly RELATED TO ITS EXEMPT PURPOSE UNDER THE INTERNAL REVENUE SERVICE CODE SECTION 501 (C)(4) THE ORGNIZATION IS LIABLE FOR INCOME TAXES ON UNRELATED BUSINESS INCOME THERE WAS NO TAXABLE NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2011 ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE FINANCIAL STATEMENTS THE ORGANIZATION EVALUATED ITS TAX POSITIONS AND DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2011 THE ORGANIZATION'S
		2009 THROUGH 2011 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL TAXING AUTHORITIES

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319032282

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
INDEPENDENT WOMEN'S VOICE

Employer identification number

36-4534086

Identifier	Return Reference	Explanation
Pt VI, Line 12c		Board members are given the policy The review is ongoing
		via review of the invoices/financial data In addition,
		the CEO regularly points out to Board members and consultants
		that compliance policies are worthless without an ethical
		culture The Board requires assurance that there are no
		conflicts in any contractual relationship, while requiring
		full disclosure and evaluation where there may be a conflict
Pt VI, Line 15		MW's top management official is a volunteer and will remain
		a volunteer until MW attains sufficient size Compensation of
		others is at fair market rates based on available market
		data
Pt VI, Line 11a		The 990 is reviewed by the board prior to filing
Form 990, Part IX, Line 24f		PRIZES 9000 9000 0 0 MAILING LIST 8000 0 0 8000 DONATIONS 7888 7888 0 0 BANK CHARGES 6105 0 4627 1478 STATE REGISTRATION FEES 4478 0 0 4478 DUES AND SUBSCRIPTIONS 3598 3267 331 0 CABLE/TELEPHONE 2412 1728 684 0 COMMUNICATIONS 2157 700 1057 400 ALLOCATED G & A COSTS 0 33487 -40606 7119

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INDEPENDENT WOMEN'S VOICE

Employer identification number

36-4534086

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) INDEPENDENT WOMEN'S FORUM 1875 I STREET NW WASHINGTON, DC 20015 54-1670627	RESEARCH AND EDUCATION	DC	501 (c)(3)	no	NO		No

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
  
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
  
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
  
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
  
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) INDEPENDENT WOMEN'S FORUM	m	15,324	pro-rata based on time
(2) INDEPENDENT WOMEN'S FORUM	n	38,638	pro-rata based on time
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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**Additional Data**

**Software ID:** 11000175  
**Software Version:**  
**EIN:** 36-4534086  
**Name:** INDEPENDENT WOMEN'S VOICE

**Form 990, Special Condition Description:**

Special Condition Description
-------------------------------

# **Exhibit 10**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

**2012**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012**

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

**C** Name of organization: INDEPENDENT WOMEN'S VOICE  
 Doing Business As:  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 1875 I STREET NW  
 City or town, state or country, and ZIP + 4: WASHINGTON, DC 20006

**D** Employer identification number: 36-4534086

**E** Telephone number: (202) 857-3293

**F** Name and address of principal officer: HEATHER HIGGINS, 1875 I STREET NW, WASHINGTON, DC 20006

**G** Gross receipts \$ 5,599,972

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No. If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( 4 ) (insert no)  4947(a)(1) or  527

**J** Website: ▶ www.iwvoice.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2003 **M** State of legal domicile: DC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: Engage more women in the political process, educate them about the impact of public policies on their lives and our economy, and build support for policies that empower individuals by giving them greater freedom and autonomy				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>2</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>1</b>		
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>0</b>		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>				
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	719,786	Current Year	5,592,117
	<b>9</b> Program service revenue (Part VIII, line 2g)				0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-324		0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		252		7,855
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		719,714		5,599,972
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		38,631		37,672
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶79,648				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		945,747		5,002,438
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		984,378		5,040,110	
<b>19</b> Revenue less expenses Subtract line 18 from line 12		-264,664		559,862	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	110,433	End of Year	699,192
	<b>21</b> Total liabilities (Part X, line 26)		12,442		41,339
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20		97,991		657,853

**Part II Signature Block**

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.

**Sign Here**

Signature of officer: HEATHER HIGGINS PRESIDENT  
 Date: 2013-08-02

**Preparer's Information**

Print/Type preparer's name: DOUGLAS S COREY CPA  
 Preparer's signature: [Signature]  
 Date: [Date]  
 Check  if self-employed PTIN: [PTIN]  
 Firm's name: DOUGLAS COREY & ASSOCIATES PC  
 Firm's EIN: [EIN]  
 Firm's address: 6601 LITTLE RIVER TRNPK SUITE 440, ALEXANDRIA, VA 223121303  
 Phone no: (703) 354-2900

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission

Engage more women in the political process,

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 4,867,405 including grants of \$ ) (Revenue \$ )  
EDUCATE THE PUBLIC ABOUT THE IMPACT OF PUBLIC POLICIES ON AMERICAN FAMILIES AND THE ECONOMY, AND ENCOURAGE THEIR ENGAGEMENT AND ACTION SO THAT POLICYMAKERS HEAR THE VOICES OF MAINSTREAM WOMEN

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 4,867,405

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? <input checked="" type="checkbox"/> . . . . .	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I <input checked="" type="checkbox"/> . . . . .	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI <input checked="" type="checkbox"/> . . . . .	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/> . . . . .	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII <input checked="" type="checkbox"/> . . . . .	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules (continued)**

<p><b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i></p>	<p><b>21</b></p>	<p>No</p>
<p><b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i></p>	<p><b>22</b></p>	<p>No</p>
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i></p>	<p><b>23</b></p>	<p>Yes</p>
<p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i></p>	<p><b>24a</b></p>	<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>	
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>	
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>	
<p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i></p>	<p><b>25a</b></p>	<p>No</p>
<p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i></p>	<p><b>25b</b></p>	<p>No</p>
<p><b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i></p>	<p><b>26</b></p>	<p>No</p>
<p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i></p>	<p><b>27</b></p>	<p>No</p>
<p><b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>		
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>	<p><b>28a</b></p>	<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>	<p><b>28b</b></p>	<p>No</p>
<p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>	<p><b>28c</b></p>	<p>Yes</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i></p>	<p><b>29</b></p>	<p>No</p>
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i></p>	<p><b>30</b></p>	<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i></p>	<p><b>31</b></p>	<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i></p>	<p><b>32</b></p>	<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i></p>	<p><b>33</b></p>	<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i></p>	<p><b>34</b></p>	<p>No</p>
<p><b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p><b>35a</b></p>	<p>No</p>
<p><b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i></p>	<p><b>35b</b></p>	<p>No</p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i></p>	<p><b>36</b></p>	
<p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i></p>	<p><b>37</b></p>	<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AR, AZ, WI, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, ME, MA, MN, MO, MS, ND, NH, NJ, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website [ ] Another's website [x] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PETER LIPS 1875 I STREET NW WASHINGTON, DC (540) 888-4752



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HEATHER R HIGGINS President & CEO	40 00	X		X			198,500	0	0	
(2) MIDGE DECTER Director	1 00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							198,500			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
VICTORY MEDIA GROUP 429 MILL STREET CORAOPOLIS PA 15108	Communications services	2,362,187
CAMPAIGNGRID 414 COMMERCE DR FT WASHINGTON PA 19034	Communications services	992,035
GEB INTERNATIONAL 710 E NORTHWAY LANE ATLANTA GA 30342	Communications services	500,772
ASHDOWN FOREST STRATEGIES 35 N MOORE ST APT 2A NEW YORK NY 10013	Management consulting	198,500
ANTIETAM COMMUNICATIONS 710 E NORTHWAY LANE ATLANTA GA 30342	Communications services	172,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	5,592,117				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .	5,592,117				
<b>Program Service Revenue</b>	<b>2a</b> _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .					
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> _____				
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> _____				
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> _____					
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> Other income	900099	7,855	7,855			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		7,855				
<b>12 Total revenue.</b> See Instructions . . . . .		5,599,972	7,855			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	34,492	30,824	3,626	42
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	3,180	2,881	296	3
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	33,272	0	33,272	0
<b>c</b> Accounting . . . . .	11,135	0	11,135	0
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	547,552	457,720	23,825	66,007
<b>12</b> Advertising and promotion . . . . .	1,132,390	1,132,390	0	0
<b>13</b> Office expenses . . . . .	1,660	0	1,660	0
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	11,277	10,528	0	749
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	8,000	6,192	1,808	0
<b>23</b> Insurance . . . . .	1,478	0	1,478	0
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b> Web design	181,798	181,723	0	75
<b>b</b> Active engagement	2,183,024	2,183,024	0	0
<b>c</b> Polling	502,247	502,247	0	0
<b>d</b> Phone banks	165,376	165,376	0	0
<b>e</b> All other expenses	223,229	194,500	15,957	12,772
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,040,110	4,867,405	93,057	79,648
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	51,984	<b>1</b>	656,162
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	14,572	<b>4</b>	7,340
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	29,572	<b>9</b>	28,334
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 28,593		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 21,237	14,305	<b>10c</b> 7,356
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	110,433	<b>16</b>	699,192	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	12,442	<b>17</b>	41,339
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	12,442	<b>26</b>	41,339
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	97,991	<b>27</b>	657,853
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	97,991	<b>33</b>	657,853	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	110,433	<b>34</b>	699,192	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,599,972
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,040,110
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	559,862
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	97,991
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	657,853

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

**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.**  
▶ **See separate instructions.**

**2012**

**Open to Public Inspection**

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

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

Name of the organization INDEPENDENT WOMEN'S VOICE	Employer identification number 36-4534086
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ 382,542
- 3 Volunteer hours 0

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 382,542
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 382,542
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column(e))					
<b>f</b> Grassroots lobbying expenditures					



**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b> Yes	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b> Yes	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Pt I-A Line 1		IWV is an educational and issue advocacy organization engaged IN REACHING CONSERVATIVE AND MAINSTREAM INDEPENDENTS AND WOMEN ON THE MOST IMPORTANT POLICY AND LEGISLATIVE BATTLES OF THE DAY IWV FOCUSES ON IDENTIFYING MESSAGES THAT WORK WITH THOSE KEY TARGET AUDIENCES AND THEN REACHES THEM WITH MULTI-FACETED ISSUE CAMPAIGNS, WHICH CAN INCLUDE PAID ADVERTISING,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization INDEPENDENT WOMEN'S VOICE

Employer identification number 36-4534086

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 1 column: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		9,668	4,627	5,041
<b>e</b> Other . . . . .		18,925	16,610	2,315
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				7,356

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. Fin 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>				
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	5,599,972
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	5,599,972
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	5,599,972

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>				
<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	5,040,110
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	5,040,110
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	5,040,110

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Pt X Line 2		IWV is exempt from income taxes on all activities directly RELATED TO ITS EXEMPT PURPOSE UNDER THE INTERNAL REVENUE SERVICE CODE SECTION 501 (C)(4) THE ORGANIZATION IS LIABLE FOR INCOME TAXES ON UNRELATED BUSINESS INCOME THERE WAS NO TAXABLE NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2012 ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE FINANCIAL STATEMENTS THE ORGANIZATION EVALUATED ITS TAX POSITIONS AND DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2011 THE ORGANIZATION'S
		2010 THROUGH 2012 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL TAXING AUTHORITIES

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

**Open to Public  
Inspection**

Name of the organization  
INDEPENDENT WOMEN'S VOICE

Employer identification number

36-4534086

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**
- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.
- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III.
- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HEATHER R HIGGINS	(i)	126,000		72,500			198,500	
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1 a, 1 b, 3, 4 a, 4 b, 4 c, 5 a, 5 b, 6 a, 6 b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

**Open to Public Inspection**

Name of the organization  
INDEPENDENT WOMEN'S VOICE

Employer identification number  
36-4534086

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total			▶ \$									

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ASHDOWN FOREST STRATEGIES LLC	See Supplemental info	198,500	Management consulting		No

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
Part IV, line 1, col b		The owner of Ashdown Forest Strategies is the President/CEO of Independent Women's Voice

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As Filed Data -

DLN: 93493214009113

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012****Open to Public  
Inspection**Name of the organization  
INDEPENDENT WOMEN'S VOICE

Employer identification number

36-4534086

Identifier	Return Reference	Explanation
Pt VI, Line 12c		Board members are given the policy and are asked to confirm there are no conflicts, or if there are, to address them with the board. The review is ongoing via review of the invoices/financial data. In addition, the CEO regularly points out to Board members and consultants that compliance policies are worthless without an ethical culture. The Board requires assurance that there are no conflicts in any contractual relationship, while requiring full disclosure and evaluation where there may be a conflict.
Pt VI, Line 15a		WW's top management official has a monthly consulting contract. The board has the discretion at year end to adjust the annual compensation based on executive compensation of similar organizations.
Pt VI, Line 11b		The 990 is reviewed by the board prior to filing.
Pt VI, Line 19		The documents will be provided if requested.
Form 990, Part IX, Line 24f		POSTAGE 4238 531 607 3100 MAILING LIST 104975 104975 0 0 OVERHEAD ALLOCATED FROM AFFILIATES 8496 0 8496 0 BANK CHARGES/MERCHANT FEES 26745 0 26745 0 STATE REGISTRATION FEES 9643 0 0 9643 DUES AND SUBSCRIPTIONS 3274 2959 315 0 CABLE/TELEPHONE 298 298 0 0 COMMUNICATIONS 63935 63935 0 0 ALLOCATED G & A COSTS 0 21630 -21659 29 STORAGE 1051 0 1051 0 GIFTS 574 172 402 0

# **Exhibit 11**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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. By law, the IRS generally cannot redact the information on the form.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013**

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

**C** Name of organization: Independent Women's Voice  
 Doing Business As:  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 1875 I Street NW  
 City or town, state or province, country, and ZIP or foreign postal code: Washington, DC 20006

**D** Employer identification number: 36-4534086  
**E** Telephone number: (202) 857-3293  
**G** Gross receipts \$ 1,982,834

**F** Name and address of principal officer: HEATHER HIGGINS, 1875 I Street NW, Washington, DC 20006

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c)(4) (insert no)  4947(a)(1) or  527

**J** Website: ▶ www.iwvoice.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2003 **M** State of legal domicile: DC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: Engage more women in the political process, educate them about the impact of public policies on their lives and our economy, and build support for policies that empower individuals by giving them greater freedom and autonomy		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	2
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	1
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	5,592,117	1,981,744
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,855	1,090
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,599,972	1,982,834
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,672	145,779
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 131,805		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,002,438	2,173,016
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,040,110	2,318,795	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	559,862	-335,961	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	699,192	347,337
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	41,339	25,445
		657,853	321,892

**Part II Signature Block**

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.

**Sign Here**

Signature of officer: [Signature] Date: 2014-07-25  
 HEATHER HIGGINS PRESIDENT & CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: DOUGLAS S COREY CPA Preparer's signature: [Signature] Date: 2014-08-04  
 Firm's name: Douglas Corey & Associates PC Firm's EIN: [EIN]  
 Firm's address: 6601 Little River Trmpt Suite 440 Alexandria, VA 223121303 Phone no: (703) 354-2900

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission

Engage more women in the political process,

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 2,086,796 including grants of \$ ) (Revenue \$ )  
EDUCATE THE PUBLIC ABOUT THE IMPACT OF PUBLIC POLICIES ON AMERICAN FAMILIES AND THE ECONOMY, AND ENCOURAGE THEIR ENGAGEMENT AND ACTION SO THAT POLICYMAKERS HEAR THE VOICES OF MAINSTREAM WOMEN

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 2,086,796

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? <input checked="" type="checkbox"/> . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I <input checked="" type="checkbox"/> . . . . .	Yes	
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/> . . . . .	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules (continued)**

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21		No
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2 . . . . .	35b		No
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	



Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for Form 1096, Form W-2G, Form W-3, Form 8886-T, Form 8282, Form 8899, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a small table with sub-questions 1a and 1b. Rows include questions about voting members, family relationships, management control, significant changes, asset diversions, members, governance decisions, documentation, and unreachable officers.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- List of disclosure requirements including states where Form 990 is filed, public inspection of Form 990, and availability of governing documents.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HEATHER R HIGGINS President & CEO	40.00	X		X				128,500	0	0
(2) MIDGE DECTER Director	1.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insturctional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							128,500			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Victory Media Group 429 Mill Street Coraopolis PA 15108	Communications services	859,776
The Brushfire Group 2280 Satellite Blvd Duluth GA 30097	Grassroots services	274,000
Ashdown Forest Strategies 35 N Moore St Apt 2A New York NY 10013	Management Consulting	128,500
Antietam Communications 710 E Northway Lane Atlanta GA 30342	Communications Services	120,000

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>				
	<b>b</b> Membership dues . . . . . <b>1b</b>				
	<b>c</b> Fundraising events . . . . . <b>1c</b>				
	<b>d</b> Related organizations . . . . . <b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	1,981,744			
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h Total.</b> Add lines 1a-1f . . . . .	1,981,744			
<b>Program Service Revenue</b>	<b>2a</b> _____ <b>Business Code</b>				
	<b>b</b> _____				
	<b>c</b> _____				
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f . . . . .				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .				
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				
	<b>5</b> Royalties . . . . .				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal		
	<b>b</b> Less rental expenses				
	<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	<b>b</b> Less cost or other basis and sales expenses				
	<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . .				
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	<b>a</b> _____				
	<b>b</b> Less direct expenses . . . . . <b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .				
	<b>a</b> _____				
	<b>b</b> Less direct expenses . . . . . <b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .				
<b>a</b> _____					
<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue					
<b>11a</b> Other income	900099	1,090	1,090		
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .		1,090			
<b>12 Total revenue.</b> See Instructions . . . . .		1,982,834	1,090		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	134,872	61,030	19,288	54,554
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	10,907	4,701	1,786	4,420
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	240,312	214,340	15,722	10,250
<b>b</b> Legal . . . . .	40,817	8,933	31,884	0
<b>c</b> Accounting . . . . .	11,482	0	11,482	0
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	127,195	115,500	0	11,695
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	3,426	170	1,376	1,880
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	41,976	10,147	589	31,240
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,179	0	4,179	0
<b>23</b> Insurance . . . . .	1,923	0	1,923	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Grass roots activity	307,499	307,499	0	0
<b>b</b> Active engagement	963,703	963,703	0	0
<b>c</b> Polling	298,938	298,938	0	0
<b>d</b> Communications	45,641	45,641	0	0
<b>e</b> All other expenses	85,925	56,194	11,965	17,766
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2,318,795	2,086,796	100,194	131,805
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	656,162	<b>1</b>	212,829
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	110,000
	<b>4</b> Accounts receivable, net . . . . .	7,340	<b>4</b>	9,088
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	28,334	<b>9</b>	9,951
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 30,885		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 25,416	7,356	<b>10c</b> 5,469
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	699,192	<b>16</b>	347,337	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	41,339	<b>17</b>	25,445
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	41,339	<b>26</b>	25,445
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	657,853	<b>27</b>	321,892
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	657,853	<b>33</b>	321,892	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	699,192	<b>34</b>	347,337	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,982,834
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,318,795
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-335,961
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	657,853
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	321,892

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		No
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	Yes	
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		



**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

**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.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

Name of the organization Independent Women's Voice	Employer identification number 36-4534086
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ 958,770
- 3 Volunteer hours 0

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 958,770
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 958,770
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2 Yes	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Pt I-A Line 1	IWV is an educational and issue advocacy organization engaged in reaching conservative and mainstream independents and women on the most important policy and legislative battles of the day. IWV focuses on identifying messages that work with those key target audiences and then reaches them with multi-faceted issue campaigns, which can include paid advertising,
Pt I-A Line 1	social media outreach, phone calls, tele-townhalls, websites, polling, videos, and other viral media efforts

**Part IV** Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: Independent Women's Voice; Employer identification number: 36-4534086

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements. Includes a sub-table for 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures collections, including revenue and asset amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment
  - b Permanent endowment
  - c Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations		
(ii) related organizations		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		11,960	6,841	5,119
e Other		18,925	18,575	350
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,469

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,982,834
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,982,834
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	1,982,834

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	2,318,795
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,318,795
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	2,318,795

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Pt X Line 2	IWV IS EXEMPT FROM INCOME TAXES ON ALL ACTIVITIES DIRECTLY RELATED TO ITS EXEMPT PURPOSE UNDER THE INTERNAL REVENUE SERVICE CODE SECTION 501 (C)(4) THE ORGNIZATION IS LIABLE FOR INCOME TAXES ON UNRELATED BUSINESS INCOME THERE WAS NO TAXABLE NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2013 ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE FINANCIAL STATEMENTS THE ORGANIZATION EVALUATED ITS TAX POSITIONS AND DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS AS OF D
Pt X Line 2	2011 through 2013 tax years are open for examination by federal taxing authorities



**Part XIII Supplemental Information (continued)**

Return Reference	Explanation

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization  
Independent Women's Voice

Employer identification number  
36-4534086

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	No								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p><b>a</b> The organization?</p>	<b>5a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	No								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p><b>a</b> The organization?</p>	<b>6a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	No								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HEATHER R HIGGINS	(i)	126,000		2,500			128,500	
	(ii)							

**Part III** **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Independent Women's Voice

Employer identification number

36-4534086

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Ashdown Forest Strategies LLC	See Supplemental info	128,500	Management consulting		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Part IV, line 1, col b	The owner of Ashdown Forest Strategies is the President/CEO
Part IV, line 1, col b	of Independent Women's Voice

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493216001234

OMB No 1545-0047

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).****2013****Open to Public  
Inspection**Name of the organization  
Independent Women's Voice

Employer identification number

36-4534086

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Pt VI, Line 12c	Board members are given the policy and are asked to confirm there are no conflicts, or if there are,
Pt VI, Line 12c	to address them with the board The review is ongoing via review of the invoices/financial data In addition,
Pt VI, Line 12c	the CEO regularly points out to Board members and consultants
Pt VI, Line 12c	that compliance policies are worthless without an ethical
Pt VI, Line 12c	culture The Board requires assurance that there are no
Pt VI, Line 12c	conflicts in any contractual relationship, while requiring
Pt VI, Line 12c	full disclosure and evaluation where there may be a conflict
Pt VI, Line 15a	MV's top management official has a monthly consulting
Pt VI, Line 15a	contract The board has the discretion at year end to
Pt VI, Line 15a	adjust the annual compensation based on executive
Pt VI, Line 15a	compensation of similar organizations
Pt VI, Line 11b	The 990 is reviewed by the board prior to filing
Pt VI, Line 19	The documents will be provided if requested
Form 990, Part IX, Line 24f	POSTAGE 1079 57 243 779 OVERHEAD ALLOCATED FROM AFFILIATES 8284 0 8284 0 BANK CHARGES/MERCHANT FEES 8242 0 8242 0 STATE REGISTRATION FEES 10278 0 0 10278 DUES AND SUBSCRIPTIONS 3050 2730 320 0 CABLE/TELEPHONE 3826 9 3682 135 ALLOCATED G & A COSTS 0 5640 -10681 5041 GIFTS 2878 335 1875 668 WEB DESIGN/PRODUCTION 22373 22373 0 0 EVENTS (NON-FUNDRAISING) 24122 23257 0 865 BAD DEBT EXPENSE 1793 1793 0 0

## **Exhibit 12**



# CITIZENAUDIT.ORG

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

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  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**Open to Public Inspection**

**A** For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Independent Women's Voice		<b>D</b> Employer identification number 36-4534086
	Doing business as		<b>E</b> Telephone number (202) 857-3293
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1875 I Street NW	<b>G</b> Gross receipts \$ 6,396,825	
	City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20006		
<b>F</b> Name and address of principal officer HEATHER HIGGINS 1875 I Street NW Washington, DC 20006		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ www.iwvoice.org			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 2003	<b>M</b> State of legal domicile DC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities Engage more individuals in the political process, educate them about the impact of public policies on their lives and our economy, and build support for policies that empower individuals by giving them greater freedom and autonomy.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	2	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	1	
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	0	
	<b>6</b> Total number of volunteers (estimate if necessary)	0	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	1,981,744	6,176,619
	<b>9</b> Program service revenue (Part VIII, line 2g)		0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,090	1,164
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,982,834	6,177,785
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,793,000
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	145,779	326,196
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 369,786		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,173,016	2,371,333
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,318,795	5,490,529
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-335,961	687,256	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	347,337	1,021,582
	<b>21</b> Total liabilities (Part X, line 26)	25,445	12,434
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	321,892	1,009,148

**Part II Signature Block**

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.

<b>Sign Here</b>	***** Signature of officer	2015-08-07 Date			
	HEATHER HIGGINS PRESIDENT & CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DOUGLAS S COREY CPA	Preparer's signature DOUGLAS S COREY CPA	Date 2015-08-07	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ Douglas Corey & Associates PC		Firm's EIN ▶		Phone no (703) 354-2900
	Firm's address ▶ 6601 Little River Trnkp Suite 440 Alexandria, VA 223121303				

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission

Engage more individuals in the political process,

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 4,934,017 including grants of \$ 2,793,000 ) (Revenue \$ )  
EDUCATE THE PUBLIC ABOUT THE IMPACT OF PUBLIC POLICIES ON AMERICAN FAMILIES AND THE ECONOMY, AND ENCOURAGE THEIR ENGAGEMENT AND ACTION SO THAT POLICYMAKERS HEAR THE VOICES OF MAINSTREAM WOMEN

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 4,934,017

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? <input checked="" type="checkbox"/> . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I <input checked="" type="checkbox"/> . . . . .	Yes	
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/> . . . . .	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

<p><b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i></p>	<p><b>21</b></p>	<p>Yes</p>	
<p><b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i></p>	<p><b>22</b></p>		<p>No</p>
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i></p>	<p><b>23</b></p>	<p>Yes</p>	
<p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . .</i></p>	<p><b>24a</b></p>		<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .</p>	<p><b>24b</b></p>		
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .</p>	<p><b>24c</b></p>		
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .</p>	<p><b>24d</b></p>		
<p><b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i></p>	<p><b>25a</b></p>		<p>No</p>
<p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . .</i></p>	<p><b>25b</b></p>		<p>No</p>
<p><b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . .</i></p>	<p><b>26</b></p>		<p>No</p>
<p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . .</i></p>	<p><b>27</b></p>		<p>No</p>
<p><b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>			
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i></p>	<p><b>28a</b></p>		<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i></p>	<p><b>28b</b></p>		<p>No</p>
<p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . .</i></p>	<p><b>28c</b></p>	<p>Yes</p>	
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i></p>	<p><b>29</b></p>	<p>Yes</p>	
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i></p>	<p><b>30</b></p>		<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i></p>	<p><b>31</b></p>		<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i></p>	<p><b>32</b></p>		<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . .</i></p>	<p><b>33</b></p>		<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . .</i></p>	<p><b>34</b></p>		<p>No</p>
<p><b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p><b>35a</b></p>		<p>No</p>
<p><b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i></p>	<p><b>35b</b></p>		<p>No</p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i></p>	<p><b>36</b></p>		
<p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . .</i></p>	<p><b>37</b></p>		<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . .</p>	<p><b>38</b></p>	<p>Yes</p>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes/No responses, and numerical values. Includes questions about Form 1096, W-2G, Form W-3, federal employment tax returns, foreign income, prohibited tax shelter transactions, charitable contributions, and Form 990 filings.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AR, AZ, WI, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, ME, MA, MN, MO, MS, ND, NH, NJ, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, MI, NV
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records: PETER LIPS, 1875 I Street NW, Washington, DC 20006 (540) 888-4752

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HEATHER R HIGGINS ..... President & CEO	40 00 .....	X		X				226,000	0	0
(2) MIDGE DECTER ..... Director	1 00 .....	X						0	0	0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b</b> Sub-Total			
<b>c</b> Total from continuation sheets to Part VII, Section A			
<b>d</b> Total (add lines 1b and 1c)		226,000	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**1

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Victory Media Group 429 Mill Street Coraopolis, PA 15108	Communications services	783,907
Public Opinion Strategies 214 N Fayette Street Alexandria, VA 22314	Polling	170,000
Ashdown Forest Strategies 35 N Moore St Apt 2A New York, NY 10013	Management Consulting	226,000
GEB Strategies 710 East Northway Lane Atlanta, GA 30342	Polling	166,981
National Ballot Access 1111 Steeple Run Lawrenceville, GA 30043	Grassroots services	179,630

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**6

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions)					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	6,176,619				
	<b>g</b> Noncash contributions included in lines 1a-1f \$	219,040				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	6,176,619				
<b>Program Service Revenue</b>	<b>2a</b> _____ Business Code					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2		2	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	219,040			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	219,040			
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> _____				
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> _____					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> _____					
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
Miscellaneous Revenue	Business Code					
<b>11a</b> Other income	900099	1,164	1,164			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		1,164				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		6,177,785	1,164		2	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	2,793,000	2,793,000		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	302,070	133,324	57,476	111,270
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	24,126	10,796	4,604	8,726
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	341,495	99,749	158,497	83,249
<b>b</b> Legal . . . . .	42,921	15,267	27,654	0
<b>c</b> Accounting . . . . .	11,988	0	11,988	0
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	252,591	197,000	0	55,591
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	599	0	223	376
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	65,720	12,917	0	52,803
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,501	0	2,501	0
<b>23</b> Insurance . . . . .	3,104	0	3,104	0
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
<b>a</b> Grass roots activity	243,500	243,500	0	0
<b>b</b> Active engagement	898,775	898,775	0	0
<b>c</b> Polling	364,881	364,881	0	0
<b>d</b> Communications	45,880	45,566	0	314
<b>e</b> All other expenses	97,378	119,242	-79,321	57,457
<b>25 Total functional expenses.</b> Add lines 1 through 24e	5,490,529	4,934,017	186,726	369,786
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	212,829	<b>1</b>	953,613
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	110,000	<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	9,088	<b>4</b>	48,192
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,951	<b>9</b>	16,809
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 30,885		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 27,917	5,469	<b>10c</b> 2,968
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	347,337	<b>16</b>	1,021,582	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	25,445	<b>17</b>	12,434
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	25,445	<b>26</b>	12,434
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	321,892	<b>27</b>	1,009,148
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	321,892	<b>33</b>	1,009,148
<b>34</b> Total liabilities and net assets/fund balances . . . . .	347,337	<b>34</b>	1,021,582	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,177,785
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,490,529
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	687,256
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	321,892
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,009,148

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to 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" to 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" to 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) organizations Complete Part III

Name of the organization Independent Women's Voice

Employer identification number

36-4534086

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$ 747,359
3 Volunteer hours 0

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 747,359
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$ 747,359
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2 Yes	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Pt I-A Line 1	IWV is an educational and issue advocacy organization
Pt I-A Line 1	engaged in reaching conservative and mainstream
Pt I-A Line 1	independents and women on the most important policy and
Pt I-A Line 1	legislative battles of the day IWV focuses on
Pt I-A Line 1	identifying messages that work with those key target





SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2014 Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Independent Women's Voice

Employer identification number 36-4534086

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Table titled 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶  
The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		11,960	9,342	2,618
e Other		18,925	18,575	350
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,968



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	6,177,785
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	6,177,785
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	6,177,785

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	5,490,529
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	5,490,529
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	5,490,529

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Pt X, Line 2	IWV is exempt from income taxes on all activities
Pt X, Line 2	directly related to its exempt purpose under the
Pt X, Line 2	Internal Revenue Service Code Section 501(c)(4) The
Pt X, Line 2	Organization is liable for income taxes on unrelated
Pt X, Line 2	business income There was no taxable net unrelated
Pt X, Line 2	business income for the year ended December 31, 2014
Pt X, Line 2	Accordingly, no provision for income taxes has been made

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation
Pt X, Line 2	in these financial statements
Pt X, Line 2	The Organization evaluated its tax positions and
Pt X, Line 2	determined it has no uncertain tax positions as of
Pt X, Line 2	December 31, 2014 The Organization's 2012 through 2014
Pt X, Line 2	tax years are open for examination by federal taxing
Pt X, Line 2	authorities

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DLN: 93493219007315

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

OMB No 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public  
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Independent Women's Voice

Employer identification number

36-4534086

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Commitment 1300 Penn Ave NW 190-406 Washington, DC 20004	45-2600535	501(c)(4)	1,350,000		n/a	n/a	Education on Healthcare
(2) Donors Trust 1800 Diagonal St 280 Alexandria, VA 22314	52-2166327	501(c)(3)	950,000		n/a	n/a	Healthcare & free markets
(3) Let Freedom Ring 603 Fairway Drive West Chester, PA 19382	06-1719990	501(c)(4)	493,000		n/a	n/a	Healthcare

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
------------------	-------------



**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**

**2014**

**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
Independent Women's Voice

Employer identification number

36-4534086

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	No								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p>	<b>5a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	No								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p>	<b>6a</b>	Yes								
<p><b>b</b> Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	No								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HEATHER R HIGGINS,	(i)	126,000	100,000			226,000	128,500	
	(ii)	.....	.....	.....	.....	.....	.....	

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Pt I Line 6a	The year-end bonus is based on end of year net revenue
Pt I Line 6a	No bonus is paid if there is no net revenue

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Independent Women's Voice

Employer identification number

36-4534086

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Ashdown Forest Strategies LLC	See Supplemental info	226,000	Management consulting		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
------------------	-------------

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**  
► **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

Name of the organization  
Independent Women's Voice

Employer identification number

36-4534086

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	1,100	219,040	Market value
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ) . . . . .				
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29	
----	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31		No
32a		No



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2014****Open to Public  
Inspection**Name of the organization  
Independent Women's Voice

Employer identification number

36-4534086

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Pt VI, Line 12c	Board members are given the policy and are asked to
Pt VI, Line 12c	confirm there are no conflicts, or, if there are, to
Pt VI, Line 12c	address them with the board The review is ongoing via
Pt VI, Line 12c	review of invoices/financial data In addition, the CEO
Pt VI, Line 12c	regularly points out to board members and consultants
Pt VI, Line 12c	that compliance policies are worthless without an ethical
Pt VI, Line 12c	culture The board requires assurance that there are no
Pt VI, Line 12c	conflicts in any contractual relationship, while
Pt VI, Line 12c	requiring full disclosure and evaluation where there may
Pt VI, Line 12c	be a conflict
Pt VI, Line 11b	The 990 is reviewed by the board prior to filing
Pt VI, Line 15a	MV's top management official has a monthly consulting
Pt VI, Line 15a	contract The board has the discretion at year end to
Pt VI, Line 15a	adjust the annual compensation based on executive
Pt VI, Line 15a	compensation of similar organizations
Pt VI, Line 19	The documents are available upon request
Form 990, Part IX, Line 24f	POSTAGE 3062 1932 110 1020 OVERHEAD ALLOCATED FROM AFFILIATES 9061 0 9061 0 BANK C HARGES/MERCHANT FEES 11480 0 11480 0 STATE REGISTRATION FEES 8031 0 0 8031 DUES AN D SUBSCRIPTIONS 2690 2301 389 0 CABLE/TELEPHONE 2080 1589 0 491 ALLOCATED G & A CO STS 0 55736 -102252 46516 GIFTS 1257 879 114 264 WEB DESIGN/PRODUCTION 18162 1816 2 0 0 EVENTS (NON-FUNDRAISING) 39778 38643 0 1135 VACATION PAY 1777 0 1777 0



## **Exhibit 13**

# FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

## 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Independent Women's Voice

(b) Address (number and street)  check if different than previously reported

4400 Jennifer Street NW Suite 240

(c) City, State and ZIP Code

Washington

DC

20015

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

New

or

Amended

4. Covering Period

M 05 / D 03 / Y 2010

through

M 05 / D 06 / Y 2010

5. (a) Date of Public Distribution(s) M 05 / D 06 / Y 2010

(b) Communication Title Case Closed

6. The filer is a(n): (a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)

(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e)  Other, specify:

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes

No

## 8. Custodian of Records

(a) Name

Robert Olshan

(b) Address (number and street)

Robert Olshan CPA

(c) City, State and ZIP Code

Washington

DC

20016

(d) Name of Employer or Principal Place of Business

Robert Olshan, CPA

(e) Occupation

Accountant

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

237500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Holly Higgins

SIGNATURE Electronically Filed by Holly Higgins

DATE 05/07/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

10030323002

**List of Person(s) Sharing/Exercising Control**

PAGE 2/4

(use additional pages as necessary)

**11. Person(s) Sharing/Exercising Control**

A. (a) Name		Transaction ID : F91.000001	
Heather Higgins			
(b) Address (number and street)			
4400 Jennifer Street NW Suite 240			
Suite 240			
(c) City, State and Zip Code			
Washington		DC	20015
(d) Name of Employer or Principal Place of Business		(e) Occupation	
Independent Women's Voice		President & CEO	

10030323004

**SCHEDULE 9-B  
Disbursement(s) Made or Obligations**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> BrabenderCox				<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 05 / 05 / 2010	
<b>Mailing Address of Payee</b> 932 Edwards Ferry Road, Ste. 107				<b>Amount</b> 9500.00	
<b>City</b> Leesburg	<b>State</b> VA	<b>Zip Code</b> 20176		<b>Communication Date</b> M M / D D / Y Y Y Y 05 / 06 / 2010	
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Production - Case Closed					
<b>Name of Federal Candidate</b> Edward Espenett Case	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> HI	<b>District:</b> 01	<b>Disbursement/Obligation For:</b> 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special-General</u>	
<b>F94.000002</b>					
<b>Name of Federal Candidate</b> _____					
<b>Office Sought:</b> House Senate President					
<b>State:</b> _____					
<b>District:</b> _____					
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____					
<b>Name of Federal Candidate</b> _____					
<b>Office Sought:</b> House Senate President					
<b>State:</b> _____					
<b>District:</b> _____					
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____					
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Victory Media Group				<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 05 / 03 / 2010	
<b>Mailing Address of Payee</b> 1816 Garfield Ave.				<b>Amount</b> 50000.00	
<b>City</b> Aurora	<b>State</b> IL	<b>Zip Code</b> 60506		<b>Communication Date</b> M M / D D / Y Y Y Y 05 / 06 / 2010	
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy - Case Closed					
<b>Name of Federal Candidate</b> Edward Espenett Case	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> HI	<b>District:</b> 01	<b>Disbursement/Obligation For:</b> 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special-General</u>	
<b>F94.000004</b>					
<b>Name of Federal Candidate</b> _____					
<b>Office Sought:</b> House Senate President					
<b>State:</b> _____					
<b>District:</b> _____					
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____					
<b>Name of Federal Candidate</b> _____					
<b>Office Sought:</b> House Senate President					
<b>State:</b> _____					
<b>District:</b> _____					
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____					
<b>SUBTOTAL of Disbursement/Obligation This Page (optional)</b> .....				59500.00	
<b>TOTAL This Period (last page this line number only)</b> ..... (carry total from last page to line 10)					

10030323905

**SCHEDULE 9-B  
Disbursement(s) Made or Obligations**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Victory Media Group <hr/> <b>Mailing Address of Payee</b> 1816 Garfield Ave. <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><b>City</b></td> <td style="width:33%; border: none;"><b>State</b></td> <td style="width:33%; border: none;"><b>Zip Code</b></td> </tr> <tr> <td style="border: none;">Aurora</td> <td style="border: none;">IL</td> <td style="border: none;">60506</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;"><b>Name of Employer</b></td> <td style="width:40%; border: none;"><b>Occupation</b></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>				<b>City</b>	<b>State</b>	<b>Zip Code</b>	Aurora	IL	60506	<b>Name of Employer</b>	<b>Occupation</b>			<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 05 / 05 / 2010  <b>Amount</b> 178000.00  <b>Communication Date</b> M M / D D / Y Y Y Y 05 / 09 / 2010  <b>Transaction ID : F93.000003</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>													
Aurora	IL	60506													
<b>Name of Employer</b>	<b>Occupation</b>														
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy - Case Closed															
<b>Name of Federal Candidate</b> Edward Espenett Case  F94.000006	<b>Office Sought:</b>	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> HI  <b>District:</b> 01	<b>Disbursement/Obligation For:</b> 2010 Primary            General <input checked="" type="checkbox"/> Other (specify) <u>Special-General</u>											
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	House Senate President	<b>State:</b>  <b>District:</b>	<b>Disbursement/Obligation For:</b> Primary            General Other (specify) _____											
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	House Senate President	<b>State:</b>  <b>District:</b>	<b>Disbursement/Obligation For:</b> Primary            General Other (specify) _____											
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				178000.00											
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				237500.00											

10030323906

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Web Form #423</i>	Date of Receipt or Postmarked <i>5/7/10</i>
<i>Chase</i> PREPARER (3/2005)	<i>5/7/10</i> DATE PREPARED

10030323907

# **Exhibit 14**

# FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

## 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

INDEPENDENT WOMEN'S VOICE

(b) Address (number and street)  check if different than previously reported

4400 JENNIFER STREET NW SUITE 240

(c) City, State and ZIP Code

WASHINGTON

DC

20015

## 2. FEC Identification Number

**C** C30001572

(d) Name of Employer or Principal Place of Business

(e) Occupation

## 3. Is This Statement

New

or

Amended

## 4. Covering Period

/  /

through

/  /

## 5. (a) Date of Public Distribution(s)

/  /

(b) Communication Title IWV Dr. Eck MO Project

## 6. The filer is a(n):

Individual

Unincorporated Organization

Qualified Nonprofit Corporation (11 CFR 114.10)

Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

Other, specify: \_\_\_\_\_

## 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes

No

## 8. Custodian of Records

(a) Name

Stacy Chin

(b) Address (number and street)

4400 Jenifer Street

(c) City, State and ZIP Code

Washington

DC

20015

(d) Name of Employer or Principal Place of Business

Independent Women's Voice

(e) Occupation

Vice President of Operations & Admin.

## 9. Total Donations This Statement

61675.00

## 10. Total Disbursements/Obligations This Statement

61675.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Heather Higgins

SIGNATURE Electronically Filed by Heather Higgins

DATE 09/23/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.



Image# 10931346769

**List of Person(s) Sharing/Exercising Control**

PAGE 2/7

(use additional pages as necessary)

**11. Person(s) Sharing/Exercising Control**

<b>A. (a) Name</b>		<b>Transaction ID : F91.4099</b>	
Heather Higgins			
<b>(b) Address (number and street)</b>			
4400 Jenifer Street Suite 240			
Suite 240			
<b>(c) City, State and Zip Code</b>			
Washington	DC	20015	
<b>(d) Name of Employer or Principal Place of Business</b>		<b>(e) Occupation</b>	
Independent Women's Voice		President & CEO	

Image# 10931346770

**SCHEDULE 9-A**  
**Donation(s) Received**

**A. Full Name of Donor**

THE ANNUAL FUND INC

Mailing Address of Donor  
SAINT GERMAIN DR 341

City	State	Zip
CENTERVILLE	VA	20121

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Amount

61675.00

Transaction ID : F92.4111

SUBTOTAL of Donations This Page (optional).....

61675.00

TOTAL This Period (last page this line number only).....  
(carry total from last page to Line 9)

61675.00

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Intrepid Media, Inc. <hr/> <b>Mailing Address of Payee</b> 210 Mill Branch Road <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">City</td> <td style="width:33%; border: none;">State</td> <td style="width:33%; border: none;">Zip Code</td> </tr> <tr> <td style="border: none;">Tallahassee</td> <td style="border: none;">FL</td> <td style="border: none;">32312</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">Name of Employer</td> <td style="width:40%; border: none;">Occupation</td> </tr> </table>				City	State	Zip Code	Tallahassee	FL	32312	Name of Employer	Occupation	<b>Date of Disbursement or Obligation</b> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td></td> <td style="text-align: center;">2 1</td> <td></td> <td style="text-align: center;">2 0 1 0</td> </tr> </table> <hr/> <b>Amount</b> <div style="border: 1px solid black; padding: 2px; text-align: right;">1435.00</div> <hr/> <b>Communication Date</b> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td></td> <td style="text-align: center;">2 1</td> <td></td> <td style="text-align: center;">2 0 1 0</td> </tr> </table> <hr/> <b>Transaction ID :</b> F93.4114		M M	/	D D	/	Y Y Y Y	0 9		2 1		2 0 1 0	M M	/	D D	/	Y Y Y Y	0 9		2 1		2 0 1 0		
City	State	Zip Code																																	
Tallahassee	FL	32312																																	
Name of Employer	Occupation																																		
M M	/	D D	/	Y Y Y Y																															
0 9		2 1		2 0 1 0																															
M M	/	D D	/	Y Y Y Y																															
0 9		2 1		2 0 1 0																															
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Radio spot production: Creative, music rights, editing, - IWV Dr. Eck MO Project																																			
<b>Name of Federal Candidate</b> ROBIN CARNAHAN F94.4103		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> MO <b>District:</b> 00		<b>Disbursement/Obligation For:</b> 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																													
<b>Name of Federal Candidate</b>  		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																													
<b>Name of Federal Candidate</b>  		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																													
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> William Pascoe <hr/> <b>Mailing Address of Payee</b> 2101 Mill Road #413 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">City</td> <td style="width:33%; border: none;">State</td> <td style="width:33%; border: none;">Zip Code</td> </tr> <tr> <td style="border: none;">Alexandria</td> <td style="border: none;">VA</td> <td style="border: none;">22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">Name of Employer</td> <td style="width:40%; border: none;">Occupation</td> </tr> <tr> <td style="border: none;">Self</td> <td style="border: none;">Communications Consultant</td> </tr> </table>				City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Self	Communications Consultant	<b>Date of Disbursement or Obligation</b> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td></td> <td style="text-align: center;">2 0</td> <td></td> <td style="text-align: center;">2 0 1 0</td> </tr> </table> <hr/> <b>Amount</b> <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> <hr/> <b>Communication Date</b> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td></td> <td style="text-align: center;">2 1</td> <td></td> <td style="text-align: center;">2 0 1 0</td> </tr> </table> <hr/> <b>Transaction ID :</b> F93.4108		M M	/	D D	/	Y Y Y Y	0 9		2 0		2 0 1 0	M M	/	D D	/	Y Y Y Y	0 9		2 1		2 0 1 0
City	State	Zip Code																																	
Alexandria	VA	22314																																	
Name of Employer	Occupation																																		
Self	Communications Consultant																																		
M M	/	D D	/	Y Y Y Y																															
0 9		2 0		2 0 1 0																															
M M	/	D D	/	Y Y Y Y																															
0 9		2 1		2 0 1 0																															
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Creative Design/Script Writing & Prouduction - IWV Dr. Eck MO Project																																			
<b>Name of Federal Candidate</b> ROBIN CARNAHAN F94.4103		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> MO <b>District:</b> 00		<b>Disbursement/Obligation For:</b> 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																													
<b>Name of Federal Candidate</b>  		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																													
<b>Name of Federal Candidate</b>  		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																													
<b>SUBTOTAL of Disbursement/Obligation This Page (optional)</b> .....				<div style="border: 1px solid black; padding: 5px; width: 150px; margin: 0 auto;">2935.00</div>																															
<b>TOTAL This Period (last page this line number only)</b> ..... (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 5px; width: 150px; margin: 0 auto;"> </div>																															

Image# 10931346772  
**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Smart Media Group			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 20 / 2010	
Mailing Address of Payee 814 King Street #400			Amount 53975.00	
City Alexandria	State VA	Zip Code 22314	Communication Date M M / D D / Y Y Y Y 09 / 21 / 2010	
Name of Employer		Occupation		

Purpose of Disbursement (including title(s) of communication(s))  
Radio Media Flight 9/21-9/27 - IWV Dr. Eck MO Project

Name of Federal Candidate ROBIN CARNAHAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 00	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
F94.4103			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Smart Media Group			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 20 / 2010	
Mailing Address of Payee 814 King Street #400			Amount 20.00	
City Alexandria	State VA	Zip Code 22314	Communication Date M M / D D / Y Y Y Y 09 / 21 / 2010	
Name of Employer		Occupation		

Purpose of Disbursement (including title(s) of communication(s))  
Wire Transfer Fees - IWV Dr. Eck MO Project

Name of Federal Candidate ROBIN CARNAHAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 00	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
F94.4103			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	53995.00
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

**A. Full Name (Last, First, Middle Initial) of Payee**

Smart Media Group

Mailing Address of Payee

814 King Street #400

City State Zip Code

Alexandria VA 22314

Name of Employer Occupation

Date of Disbursement or Obligation

MM / DD / YYYY  
09 / 20 / 2010

Amount

300.00

Communication Date

MM / DD / YYYY  
09 / 21 / 2010

Transaction ID : F93.4105

Purpose of Disbursement (including title(s) of communication(s))

Shipping - IWV Dr. Eck MO Project

Name of Federal Candidate  
ROBIN CARNAHAN

Office Sought:  House State: MO  
 Senate District: 00  
 President

Disbursement/Obligation For: 2010

Primary  General  
 Other (specify)

F94.4103

Name of Federal Candidate

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Disbursement/Obligation For:

Primary  General  
 Other (specify)

Name of Federal Candidate

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Disbursement/Obligation For:

Primary  General  
 Other (specify)

**B. Full Name (Last, First, Middle Initial) of Payee**

Smart Media Group

Mailing Address of Payee

814 King Street #400

City State Zip Code

Alexandria VA 22314

Name of Employer Occupation

Date of Disbursement or Obligation

MM / DD / YYYY  
09 / 20 / 2010

Amount

3175.00

Communication Date

MM / DD / YYYY  
09 / 21 / 2010

Transaction ID : F93.4106

Purpose of Disbursement (including title(s) of communication(s))

Media Commission - IWV Dr. Eck MO Project

Name of Federal Candidate  
ROBIN CARNAHAN

Office Sought:  House State: MO  
 Senate District: 00  
 President

Disbursement/Obligation For: 2010

Primary  General  
 Other (specify)

F94.4103

Name of Federal Candidate

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Disbursement/Obligation For:

Primary  General  
 Other (specify)

Name of Federal Candidate

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Disbursement/Obligation For:

Primary  General  
 Other (specify)

**SUBTOTAL** of Disbursement/Obligation This Page (optional) .....

3475.00

**TOTAL** This Period (last page this line number only) .....  
(carry total from last page to line 10)

Image# 10931346774

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Smart Media Group <hr/> <b>Mailing Address of Payee</b> 814 King Street #400 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">City</td> <td style="width:33%; border: none;">State</td> <td style="width:33%; border: none;">Zip Code</td> </tr> <tr> <td style="border: none;">Alexandria</td> <td style="border: none;">VA</td> <td style="border: none;">22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">Name of Employer</td> <td style="width:40%; border: none;">Occupation</td> </tr> </table>			City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	<b>Date of Disbursement or Obligation</b> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M 0</td> <td style="border: 1px solid black; padding: 2px;">M 9</td> <td style="border: none;">/</td> <td style="border: 1px solid black; padding: 2px;">D 2</td> <td style="border: 1px solid black; padding: 2px;">D 0</td> <td style="border: none;">/</td> <td style="border: 1px solid black; padding: 2px;">Y 2</td> <td style="border: 1px solid black; padding: 2px;">Y 0</td> <td style="border: 1px solid black; padding: 2px;">Y 1</td> <td style="border: 1px solid black; padding: 2px;">Y 0</td> </tr> </table> <b>Amount</b> <table style="width:100%; border: 1px solid black;"> <tr> <td style="text-align: right; padding-right: 5px;">1270.00</td> </tr> </table> <b>Communication Date</b> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M 0</td> <td style="border: 1px solid black; padding: 2px;">M 9</td> <td style="border: none;">/</td> <td style="border: 1px solid black; padding: 2px;">D 2</td> <td style="border: 1px solid black; padding: 2px;">D 1</td> <td style="border: none;">/</td> <td style="border: 1px solid black; padding: 2px;">Y 2</td> <td style="border: 1px solid black; padding: 2px;">Y 0</td> <td style="border: 1px solid black; padding: 2px;">Y 1</td> <td style="border: 1px solid black; padding: 2px;">Y 0</td> </tr> </table> <b>Transaction ID :</b> F93.4107	M 0	M 9	/	D 2	D 0	/	Y 2	Y 0	Y 1	Y 0	1270.00	M 0	M 9	/	D 2	D 1	/	Y 2	Y 0	Y 1	Y 0
City	State	Zip Code																														
Alexandria	VA	22314																														
Name of Employer	Occupation																															
M 0	M 9	/	D 2	D 0	/	Y 2	Y 0	Y 1	Y 0																							
1270.00																																
M 0	M 9	/	D 2	D 1	/	Y 2	Y 0	Y 1	Y 0																							
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Commission - Intrepid Media - IWV Dr. Eck MO Project																																
<b>Name of Federal Candidate</b> ROBIN CARNAHAN F94.4103	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> MO  <b>District:</b> 00	<b>Disbursement/Obligation For:</b> 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																													
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____  <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																													
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____  <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																													

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<table style="width:100%; border: 1px solid black;"> <tr> <td style="text-align: right; padding-right: 5px;">1270.00</td> </tr> </table>	1270.00
1270.00		
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<table style="width:100%; border: 1px solid black;"> <tr> <td style="text-align: right; padding-right: 5px;">61675.00</td> </tr> </table>	61675.00
61675.00		

# **Exhibit 15**

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Independent Women's Voice		3. FEC Identification Number <b>C</b> C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4400 Jenifer Street NW Suite 240		
(c) City, State and ZIP Code Washington DC 20015		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice  
 July 15 Quarterly Report  
 October Quarterly Report  
 January 31 Year-End Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM <sup>M</sup>04 / <sup>D</sup>01 / <sup>Y</sup>2010  
THROUGH  
<sup>M</sup>06 / <sup>D</sup>30 / <sup>Y</sup>2010

6. TOTAL CONTRIBUTIONS ..... .00

7. TOTAL INDEPENDENT EXPENDITURES..... 22500.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Heather Higgins		07/14/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

10030371000

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9630, Local 202-694-1100



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Independent Women's Voice

Full Name (Last, First, Middle Initial) of Payee Victory Media Group	Date M M / D D / Y Y Y Y 05 / 15 / 2010
Mailing Address 1816 Garfield	Amount 14000.00
City State Zip Code Aurora IL 60506	

Purpose of Expenditure Phone Bank - In Support of Tim Burns	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Timothy Burns		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	14000.00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Special</u>

Full Name (Last, First, Middle Initial) of Payee Antietam Communications	Date M M / D D / Y Y Y Y 05 / 15 / 2010
Mailing Address 2101 Mill Road Suite 314	Amount 8500.00
City State Zip Code Alexandria VA 22314	

Purpose of Expenditure Voter List Rental - In Support of Tim Burns	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Timothy Raymond Burns		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	22500.00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Special</u>

10030371001

(a) SUBTOTAL of Itemized Independent Expenditures .....	22500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	22500.00
(carry total from last page forward to Line 7)	

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Web form # 465* Date of Receipt or Postmarked

*[Signature]*  
PREPARER  
(3/2005)

*7/14/10*  
DATE PREPARED

10030371002

# **Exhibit 16**

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation INDEPENDENT WOMEN'S VOICE		3. FEC Identification Number <b>C</b> C90011115
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4400 JENIFER STREET NW STE 204 SUITE 240		
(c) City, State and ZIP Code WASHINGTON DC 20015		
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Individual filers only</b> Name of Employer		Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice  
 July 15 Quarterly Report  
 October Quarterly Report  
 January 31 Year-End Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM 

M	M
0	7

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	1	0

  
 THROUGH 

M	M
0	9

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS ..... 

66095.60
----------

  
 7. TOTAL INDEPENDENT EXPENDITURES..... 

66095.60
----------

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Heather R. Higgins		10/11/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

For further information, contact:  
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

Image# 10991263563

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

**A.** Full Name (Last, First, Middle Initial)

Parker J. Collier

Mailing Address  
9045 Strade Still Court

City	State	Zip Code
Naples	FL	34107

FEC ID number of contributing federal political committee. C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	0

Transaction ID: F56.4103

Amount of Each Receipt this Period

36263.12
----------

Name of Employer	Occupation
Equestrian Cntr at Horse Creek	Owner

**B.** Full Name (Last, First, Middle Initial)

Parker J. Collier

Mailing Address  
9045 Strade Still Court

City	State	Zip Code
Naples	FL	34107

FEC ID number of contributing federal political committee. C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	0

Transaction ID: F56.4110

Amount of Each Receipt this Period

29832.48
----------

Name of Employer	Occupation
Equestrian Cntr at Horse Creek	Owner

**SUBTOTAL** of Receipts This Page (optional) .....

66095.60
----------

**TOTAL** This Period (last page carry total to Line 6) .....

66095.60
----------

Image# 10991263564

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 / 4  
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee  
Connection Strategy, LLC

Date  
MM / DD / YYYY  
09 / 12 / 2010

Mailing Address  
PO Box 2192

Amount  
29013.12

City State Zip Code  
Arlington VA 22202

Purpose of Expenditure  
NH Phone Calls

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 00  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
WILLIAM H BINNIE

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 29013.12

Disbursement For: 2010  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Connection Strategy, LLC

Date  
MM / DD / YYYY  
09 / 12 / 2010

Mailing Address  
PO Box 2192

Amount  
2250.00

City State Zip Code  
Arlington VA 22202

Purpose of Expenditure  
Phone Number Database Purchase

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 00  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
WILLIAM H BINNIE

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 31263.12

Disbursement For: 2010  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Connection Strategy, LLC

Date  
MM / DD / YYYY  
09 / 13 / 2010

Mailing Address  
PO Box 2192

Amount  
29832.48

City State Zip Code  
Arlington VA 22202

Purpose of Expenditure  
Phone Bank/Calls

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 00  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
WILLIAM H BINNIE

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 61095.60

Disbursement For: 2010  Primary  General  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 61095.60

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee  
William W. Pascoe, III

Date  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	0

Mailing Address  
2101 Mill Road #413

Amount  
5000.00

City State Zip Code  
Alexandria VA 22314

Purpose of Expenditure  
Script drafting and production

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 00  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
WILLIAM H BINNIE

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 5000.00

Disbursement For: 2010  Primary  General  
 Other (specify)

*(This area is intentionally left blank for itemized expenditures.)*

(a) SUBTOTAL of Itemized Independent Expenditures .....	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures .....	66095.60

(carry total from last page forward to Line 7)

# **Exhibit 17**



# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>INDEPENDENT WOMEN'S VOICE</b>		3. FEC Identification Number <b>C C90011115</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>4400 JENIFER STREET NW STE 204 SUITE 240</b>		
(c) City, State and ZIP Code <b>WASHINGTON DC 20015</b>		
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Individual filers only</b> Name of Employer Occupation		

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice  
 July 15 Quarterly Report  
 October Quarterly Report  
 January 31 Year-End Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM 

M	M
1	0

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	2

 / 

D	D
3	1

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS ..... 

66920.56
----------

7. TOTAL INDEPENDENT EXPENDITURES..... 

66920.56
----------

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Heather R. Higgins	_____	01/31/2011

**NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.**

For further information, contact:  
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

**A.** Full Name (Last, First, Middle Initial)

Parker J. Collier  
Mailing Address  
9045 Strade Still Court

City State Zip Code  
Naples FL 34107

FEC ID number of contributing federal political committee.

Date of Receipt

/   /

Transaction ID: F56.4181

Amount of Each Receipt this Period

Name of Employer Occupation  
Equestrian Cntr at Horse Creek Owner

**B.** Full Name (Last, First, Middle Initial)

ONE JERUSALEM  
Mailing Address  
767 5TH AVE STE 4200

City State Zip Code  
New York NY 10153

FEC ID number of contributing federal political committee.

Date of Receipt

/   /

Transaction ID: F56.4117

Amount of Each Receipt this Period

Name of Employer Occupation

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="66920.56"/>
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	<input type="text" value="66920.56"/>

Image# 11930258940

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 / 9  
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Revolution Media Group, LLC		Date MM / DD / YYYY 10 / 27 / 2010
Mailing Address 1090 Vermont Avenue NW, #1230		Amount 37859.87
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Creative Design, Production & Postage - Direct Mail - NY	Category/ 4 Type	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: FRANCIS X JR BECKER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 37859.87		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 10 / 31 / 2010
Mailing Address 1816 Garfield Avenue		Amount 2443.07
City Aurora	State IL	Zip Code 60506
Purpose of Expenditure Phone Calls	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BEN QUAYLE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2443.07		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 10 / 31 / 2010
Mailing Address 1816 Garfield Avenue		Amount 1413.76
City Aurora	State IL	Zip Code 60506
Purpose of Expenditure Phone Calls	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RUTH CRAWFORD MCCLUNG		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1413.76		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	41716.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
(carry total from last page forward to Line 7)	

Image# 11930258941

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 / 9  
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Date  
M M / D D / Y Y Y Y  
10 / 31 / 2010

Mailing Address  
1816 Garfield Avenue

Amount  
2563.61

City State Zip Code  
Aurora IL 60506

Purpose of Expenditure  
Phone Calls

Category/ Type

Office Sought:  House State: AZ  
 Senate District: 05  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
DAVID SCHWEIKERT

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
2563.61

Disbursement For: 2010  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Date  
M M / D D / Y Y Y Y  
10 / 31 / 2010

Mailing Address  
1816 Garfield Avenue

Amount  
3412.08

City State Zip Code  
Aurora IL 60506

Purpose of Expenditure  
Phone Calls

Category/ Type

Office Sought:  House State: CT  
 Senate District: 05  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
SAM CALIGIURI

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
3412.08

Disbursement For: 2010  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Date  
M M / D D / Y Y Y Y  
10 / 31 / 2010

Mailing Address  
1816 Garfield Avenue

Amount  
1083.50

City State Zip Code  
Aurora IL 60506

Purpose of Expenditure  
Phone Calls

Category/ Type

Office Sought:  House State: IA  
 Senate District: 02  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
GARY JOSEPH SICARD

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
1083.50

Disbursement For: 2010  
 Primary  General  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 7059.19

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

Image# 11930258942

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 5 / 9  
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 10 / 31 / 2010
Mailing Address 1816 Garfield Avenue		Amount 2934.23
City Aurora	State IL	Zip Code 60506
Purpose of Expenditure Phone Calls	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ANDREW P HARRIS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2934.23		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 10 / 31 / 2010
Mailing Address 1816 Garfield Avenue		Amount 405.55
City Aurora	State IL	Zip Code 60506
Purpose of Expenditure Phone Calls	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J BENISHEK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 405.55		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 10 / 31 / 2010
Mailing Address 1816 Garfield Avenue		Amount 592.69
City Aurora	State IL	Zip Code 60506
Purpose of Expenditure Phone Calls	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ANDREW ROCKY RACZKOWSKI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 592.69		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	3932.47
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

(carry total from last page forward to Line 7)

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Mailing Address  
1816 Garfield Avenue

City State Zip Code  
Aurora IL 60506

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Amount  
1730.86

Purpose of Expenditure  
Phone Calls

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:  
PATRICK ALAN NUNNELEE

Office Sought:  House State: MS  
 Senate District: 01  
 President

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
1730.86

Disbursement For: 2010  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Mailing Address  
1816 Garfield Avenue

City State Zip Code  
Aurora IL 60506

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Amount  
1633.45

Purpose of Expenditure  
Phone Calls

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:  
FRANCIS X JR BECKER

Office Sought:  House State: NY  
 Senate District: 04  
 President

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
77353.19

Disbursement For: 2010  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Mailing Address  
1816 Garfield Avenue

City State Zip Code  
Aurora IL 60506

Date  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Amount  
1923.50

Purpose of Expenditure  
Phone Calls

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:  
NAN HAYWORTH

Office Sought:  House State: NY  
 Senate District: 19  
 President

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
1923.50

Disbursement For: 2010  Primary  General  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 5287.81

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

Image# 11930258944

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 7 / 9  
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Date  
MM / DD / YYYY  
10 / 31 / 2010

Mailing Address  
1816 Garfield Avenue

Amount  
1709.79

City State Zip Code  
Aurora IL 60506

Purpose of Expenditure  
Phone Calls

Category/Type

Office Sought:  House State: NY  
 Senate District: 22  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
GEORGE K PHILLIPS

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
1709.79

Disbursement For: 2010  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Date  
MM / DD / YYYY  
10 / 31 / 2010

Mailing Address  
1816 Garfield Avenue

Amount  
2299.29

City State Zip Code  
Aurora IL 60506

Purpose of Expenditure  
Phone Calls

Category/Type

Office Sought:  House State: NC  
 Senate District: 02  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
RENEE JACISIN ELLMERS

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
2299.29

Disbursement For: 2010  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Date  
MM / DD / YYYY  
10 / 31 / 2010

Mailing Address  
1816 Garfield Avenue

Amount  
2033.47

City State Zip Code  
Aurora IL 60506

Purpose of Expenditure  
Phone Calls

Category/Type

Office Sought:  House State: PA  
 Senate District: 10  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
THOMAS ANTHONY MARINO

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
2033.47

Disbursement For: 2010  Primary  General  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 6042.55

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group	Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0
Mailing Address 1816 Garfield Avenue	Amount 490.77
City State Zip Code Aurora IL 60506	

Purpose of Expenditure Phone Calls	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL FLORES		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	490.77	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group	Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0
Mailing Address 1816 Garfield Avenue	Amount 536.90
City State Zip Code Aurora IL 60506	

Purpose of Expenditure Phone Calls	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: FRANCISCO 'QUICO' CANSECO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	536.90	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group	Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0
Mailing Address 1816 Garfield Avenue	Amount 839.48
City State Zip Code Aurora IL 60506	

Purpose of Expenditure Phone Calls	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD SCOTT MR. RIGELL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	839.48	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	1867.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures .....	

(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee

Victory Media Group

Date

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Mailing Address

1816 Garfield Avenue

Amount

1014.69

City

Aurora

State

IL

Zip Code

60506

Purpose of Expenditure

Phone Calls

Category/  
Type

Office Sought:

House

State: VA

House

Senate

District: 05

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

ROBERT HURT

Calendar Year-To-Date Per Election  
for Office Sought

1014.69

Disbursement For:  
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

1014.69

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

66920.56

# **Exhibit 18**

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>INDEPENDENT WOMEN'S VOICE</b>		3. FEC Identification Number <b>C C9001115</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>1875 I Street NW 5th Floor</b>		
(c) City, State and ZIP Code <b>WASHINGTON DC 20006</b>		
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Individual filers only</b> Name of Employer		Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice  
 July 15 Quarterly Report  
 October Quarterly Report  
 January 31 Year-End Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM 

M	M
0	4

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	1	1

THROUGH

M	M
0	6

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	1	1

6. TOTAL CONTRIBUTIONS .....	0.00
7. TOTAL INDEPENDENT EXPENDITURES.....	14250.29

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Heather R. Higgins	_____	07/15/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

Image# 11931858254

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee  
William W. Pascoe, III

Date  
M M / D D / Y Y Y Y  
05 / 20 / 2011

Mailing Address  
2101 Mill Road #413

Amount  
2500.00

City State Zip Code  
Alexandria VA 22314

Purpose of Expenditure  
Creation and Production

Office Sought:  House State: NY  
 Senate District: 26  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
JANE CORWIN

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
9168.21

Disbursement For: 2011  Primary  General  
 Other (specify) Special-General

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Date  
M M / D D / Y Y Y Y  
05 / 20 / 2011

Mailing Address  
1816 Garfield Avenue

Amount  
4127.17

City State Zip Code  
Aurora IL 60506

Purpose of Expenditure  
List Rental

Office Sought:  House State: NY  
 Senate District: 26  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
JANE CORWIN

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
4127.17

Disbursement For: 2011  Primary  General  
 Other (specify) Special-General

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Date  
M M / D D / Y Y Y Y  
05 / 20 / 2011

Mailing Address  
1816 Garfield Avenue

Amount  
2541.04

City State Zip Code  
Aurora IL 60506

Purpose of Expenditure  
Phone Banks

Office Sought:  House State: NY  
 Senate District: 26  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
JANE CORWIN

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
6668.21

Disbursement For: 2011  Primary  General  
 Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures ..... 9168.21  
(b) SUBTOTAL of Unitemized Independent Expenditures .....  
(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

Image# 11931858255

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 / 3  
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Date  
MM / DD / YYYY  
05 / 21 / 2011

Mailing Address  
1816 Garfield Avenue

Amount  
2541.04

City State Zip Code  
Aurora IL 60506

Purpose of Expenditure  
Phone Banks & Calls

Category/Type

Office Sought:  House State: NY  
 Senate District: 26  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
JANE CORWIN

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
20877.46

Disbursement For:  Primary  General  
 Other (specify) Special-General

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Date  
MM / DD / YYYY  
05 / 22 / 2011

Mailing Address  
1816 Garfield Avenue

Amount  
2541.04

City State Zip Code  
Aurora IL 60506

Purpose of Expenditure  
Phone Banks

Category/Type

Office Sought:  House State: NY  
 Senate District: 26  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
JANE CORWIN

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
25959.54

Disbursement For:  Primary  General  
 Other (specify) Special-General

*(This area is intentionally left blank for additional itemized expenditures.)*

(a) SUBTOTAL of Itemized Independent Expenditures ..... 5082.08

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures ..... 14250.29  
(carry total from last page forward to Line 7)

# **Exhibit 19**

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>INDEPENDENT WOMEN'S VOICE</b>		3. FEC Identification Number  <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C90011115</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1875 I Street NW 5th Floor		
(c) City, State and ZIP Code  WASHINGTON DC 20006		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

M M M 07	/	D D D 01	/	Y Y Y Y Y Y Y Y 2011
THROUGH				
M M M 09	/	D D D 30	/	Y Y Y Y Y Y Y Y 2011

6. TOTAL CONTRIBUTIONS .....	15000.00
7. TOTAL INDEPENDENT EXPENDITURES .....	14349.59

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Heather R. Higgins	<i>Heather R. Higgins</i> <small>[Electronically Filed]</small>	10/11/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

<b>A. Full Name (Last, First, Middle Initial)</b> Virginia James			<b>Date of Receipt</b> 09 / 13 / 2011		
Mailing Address PO Box 60			<b>Transaction ID : F56.4233</b>		
City	State	Zip Code	<b>Amount of Each Receipt this Period</b>		
Lambertville	NJ	08530	10000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self-Employed			Occupation Investor		

<b>B. Full Name (Last, First, Middle Initial)</b> Myles Pollin			<b>Date of Receipt</b> 09 / 12 / 2011		
Mailing Address 270 Broadway, Apt. 16 D			<b>Transaction ID : F56.4235</b>		
City	State	Zip Code	<b>Amount of Each Receipt this Period</b>		
New York	NY	10007	3000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Sidley & Austin			Occupation Partner		

<b>C. Full Name (Last, First, Middle Initial)</b> Donald G. Tober			<b>Date of Receipt</b> 09 / 12 / 2011		
Mailing Address 620 Park Avenue			<b>Transaction ID : F56.4232</b>		
City	State	Zip Code	<b>Amount of Each Receipt this Period</b>		
New York	NY	10065	1000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Sugar Foods Corporation			Occupation Chairman of the Board		

<b>D. Full Name (Last, First, Middle Initial)</b> Lewis Van Amerongen			<b>Date of Receipt</b> 09 / 12 / 2011		
Mailing Address 45 East 62nd Street			<b>Transaction ID : F56.4237</b>		
City	State	Zip Code	<b>Amount of Each Receipt this Period</b>		
New York	NY	10065	1000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed			Occupation Investment Banker		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	15000.00



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Antietam Communications		Date 09 / 10 / 2011
Mailing Address 710 East Northway Lane		Amount 2500.00
City Atlanta	State GA	Zip Code 30342
Purpose of Expenditure Script Writing		Transaction ID : F57.4220
Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT L TURNER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7589.75		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date 09 / 10 / 2011
Mailing Address 1816 Garfield Avenue		Amount 4089.75
City Aurora	State IL	Zip Code 60506
Purpose of Expenditure Phone List Rental		Transaction ID : F57.4215
Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT L TURNER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4089.75		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date 09 / 10 / 2011
Mailing Address 1816 Garfield Avenue		Amount 1000.00
City Aurora	State IL	Zip Code 60506
Purpose of Expenditure Ad Management Fee		Transaction ID : F57.4219
Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT L TURNER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5089.75		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General

(a) SUBTOTAL of Itemized Independent Expenditures.....	7589.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full) INDEPENDENT WOMEN'S VOICE					
Full Name (Last, First, Middle Initial) of Payee Victory Media Group			Date 09 / 10 / 2011		
Mailing Address 1816 Garfield Avenue			Amount 2562.00		
City Aurora		State IL	Zip Code 60506		Transaction ID : F57.4222
Purpose of Expenditure Automated Calls		Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT L TURNER			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 10151.75			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General		
Full Name (Last, First, Middle Initial) of Payee Victory Media Group			Date 09 / 12 / 2011		
Mailing Address 1816 Garfield Avenue			Amount 2265.60		
City Aurora		State IL	Zip Code 60506		Transaction ID : F57.4228
Purpose of Expenditure Automated Calls		Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT L TURNER			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 22569.10			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General		
Full Name (Last, First, Middle Initial) of Payee Victory Media Group			Date 09 / 13 / 2011		
Mailing Address 1816 Garfield Avenue			Amount 1932.24		
City Aurora		State IL	Zip Code 60506		Transaction ID : F57.4229
Purpose of Expenditure Automated Calls		Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT L TURNER			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 26766.94			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General		

(a) SUBTOTAL of Itemized Independent Expenditures.....	6759.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	14349.59

# **Exhibit 20**

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>INDEPENDENT WOMEN'S VOICE</b>		3. FEC Identification Number <b>C90011115</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1875 I Street NW 5th Floor		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
09 / 01 / 2012		

THROUGH

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
12 / 31 / 2012		

6. TOTAL CONTRIBUTIONS ..... **961018.60**

7. TOTAL INDEPENDENT EXPENDITURES ..... **961018.60**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Heather R. Higgins	<i>Heather R. Higgins</i>	01/24/2013

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

# SCHEDULE 5-A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

**A.** Full Name (Last, First, Middle Initial)  
Independent Womens Voice - General Treasury Funds

Mailing Address 1875 I Street NW, 5th Floor

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2012

Transaction ID : F56.4330

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**D.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="961018.60"/>
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	<input type="text" value="961018.60"/>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee  
BERNARD J. HUNT IMAGES

Date  
MM / DD / YYYY  
10 / 30 / 2012

Mailing Address  
520 W 43rd ST 30J

Amount  
Transaction ID : F57.4219  
17200.00

City State Zip Code  
NEW YORK NY 10036

Purpose of Expenditure  
Director/DP/Editor/Producer - 'Mr. Dependable' and 'Feeling Guilty'  
Category/Type 004  
Name of Federal Candidate Supported or Opposed by Expenditure:  
BARACK OBAMA

Office Sought:  House State: \_\_\_\_\_  
 Senate District: 00  
 President  
Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
149200.00

Disbursement For:  Primary  General  
2012  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
BRABENDER COX

Date  
MM / DD / YYYY  
10 / 30 / 2012

Mailing Address  
1218 Grandview Ave

Amount  
Transaction ID : F57.4221  
3200.00

City State Zip Code  
PITTSBURG PA 15211

Purpose of Expenditure  
Production - 'Mr. Dependable' & 'Feelling Guilty'  
Category/Type 004  
Name of Federal Candidate Supported or Opposed by Expenditure:  
BARACK OBAMA

Office Sought:  House State: \_\_\_\_\_  
 Senate District: 00  
 President  
Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
152400.00

Disbursement For:  Primary  General  
2012  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Campaign Grid

Date  
MM / DD / YYYY  
10 / 30 / 2012

Mailing Address  
PO BOX 824705

Amount  
Transaction ID : F57.4216  
132000.00

City State Zip Code  
Philadelphia PA 19182

Purpose of Expenditure  
Production and Media Buy - 'Mr. Dependable' & 'Feeling Guilty'  
Category/Type 004  
Name of Federal Candidate Supported or Opposed by Expenditure:  
BARACK OBAMA

Office Sought:  House State: \_\_\_\_\_  
 Senate District: 00  
 President  
Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
132000.00

Disbursement For:  Primary  General  
2012  
 Other (specify) \_\_\_\_\_

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... 152400.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Campaign Grid		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address PO BOX 824705		Amount 176991.00 Transaction ID : F57.4326	
City Philadelphia	State PA	Zip Code 19182	
Purpose of Expenditure Production and Display Advertisement: 'Romney Wants Mourdock'		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD E MOURDOCK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
		176991.00	

Full Name (Last, First, Middle Initial) of Payee Capitol Resources, Inc. (Campaign HQ)		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 700 E. Pleasant St		Amount 2333.87 Transaction ID : F57.4253	
City Brookly	State IA	Zip Code 52211	
Purpose of Expenditure Automated Phone Banks		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEBRA S FISCHER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
		17028.59	

Full Name (Last, First, Middle Initial) of Payee Richard Minter		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2420 South Queen Street		Amount 2500.00 Transaction ID : F57.4223	
City Arlington	State VA	Zip Code 22202	
Purpose of Expenditure Script Writing		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
		154900.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	181824.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 41850.82
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure List Rental & Automated Phone Banks		Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: JEFF FLAKE		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 41850.82		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 69700.30
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure List Rental & Automated Phone Banks		Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: PETER HOEKSTRA		Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 69700.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 44257.60
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure List Rental & Automated Phone Banks		Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE ALLEN		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 44257.60		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	155808.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Mailing Address 2516 Waukegan Rd, #115

City State Zip Code  
Glenview IL 60025

Date  
MM / DD / YYYY  
11 / 01 / 2012

Amount  
71189.61

Transaction ID : F57.4237

Purpose of Expenditure  
List Rental & Automated Phone Banks

Category/ Type 004

Name of Federal Candidate Supported or Opposed by Expenditure:  
TOMMY G THOMPSON

Office Sought:  House State: WI  
 Senate District: 00  
 President

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought 71189.61

Disbursement For: 2012  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Mailing Address 2516 Waukegan Rd, #115

City State Zip Code  
Glenview IL 60025

Date  
MM / DD / YYYY  
11 / 01 / 2012

Amount  
33955.20

Transaction ID : F57.4239

Purpose of Expenditure  
List Rental & Automated Phone Banks

Category/ Type 004

Name of Federal Candidate Supported or Opposed by Expenditure:  
JOSH MANDEL

Office Sought:  House State: OH  
 Senate District: 00  
 President

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought 33955.20

Disbursement For: 2012  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Mailing Address 2516 Waukegan Rd, #115

City State Zip Code  
Glenview IL 60025

Date  
MM / DD / YYYY  
11 / 01 / 2012

Amount  
67242.43

Transaction ID : F57.4241

Purpose of Expenditure  
List Rental & Automated Phone Banks

Category/ Type 004

Name of Federal Candidate Supported or Opposed by Expenditure:  
W TODD AKIN

Office Sought:  House State: MO  
 Senate District: 00  
 President

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought 67242.43

Disbursement For: 2012  Primary  General  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 172387.24

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 10677.49 Transaction ID : F57.4243
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: ME <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHARLES EDWARD JR SUMMERS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10677.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 96117.04 Transaction ID : F57.4245
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 96117.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 102093.55 Transaction ID : F57.4247
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 102093.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	208888.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 14694.72 Transaction ID : F57.4249
City Glenview	State IL	
Zip Code 60025	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Purpose of Expenditure Automated Phone Banks		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: DEBRA S FISCHER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought 14694.72		

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 3948.99 Transaction ID : F57.4251
City Glenview	State IL	
Zip Code 60025	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Purpose of Expenditure List Rental & Automated Phone Banks		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought 3948.99		

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 23210.21 Transaction ID : F57.4255
City Glenview	State IL	
Zip Code 60025	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Purpose of Expenditure List Rental & Automated Phone Banks		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought 178110.21		

(a) SUBTOTAL of Itemized Independent Expenditures.....	41853.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group	Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115	Amount 4371.64
City Glenview	State IL
Zip Code 60025	Transaction ID : F57.4257

Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	182481.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Victory Media Group	Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115	Amount 2019.75
City Glenview	State IL
Zip Code 60025	Transaction ID : F57.4258

Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NM <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: HEATHER A WILSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	2019.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Victory Media Group	Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115	Amount 1463.18
City Glenview	State IL
Zip Code 60025	Transaction ID : F57.4260

Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROSCOE G. REP. BARTLETT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	1463.18	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	7854.57
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 2045.59 Transaction ID : F57.4262
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: NAN HAYWORTH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2045.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 3715.75 Transaction ID : F57.4265
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE MR. KING		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3715.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 5026.52 Transaction ID : F57.4268
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE WALSH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5026.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	10787.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 4858.90 Transaction ID : F57.4270
City Glenview	State IL	
Zip Code 60025	Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J BENISHEK		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4858.90		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 1368.86 Transaction ID : F57.4271
City Glenview	State IL	
Zip Code 60025	Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1368.86		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 1237.71 Transaction ID : F57.4273
City Glenview	State IL	
Zip Code 60025	Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: JONATHAN PATON		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1237.71		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	7465.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 1335.88 Transaction ID : F57.4275
City Glenview	State IL	
Zip Code 60025	Purpose of Expenditure List Rental & Automated Phone Banks	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: VERNON PARKER		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1335.88		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 1680.58 Transaction ID : F57.4277
City Glenview	State IL	
Zip Code 60025	Purpose of Expenditure List Rental & Automated Phone Banks	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: LEE I ANDERSON		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1680.58		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 2422.56 Transaction ID : F57.4279
City Glenview	State IL	
Zip Code 60025	Purpose of Expenditure List Rental & Automated Phone Banks	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: JASON PLUMMER		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2422.56		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	5439.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 2114.33 Transaction ID : F57.4281
City Glenview	State IL	
Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID CHESTON MR. ROUZER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2114.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 1564.58 Transaction ID : F57.4283
City Glenview	State IL	
Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD L. JR. HUDSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1564.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 964.17 Transaction ID : F57.4285
City Glenview	State IL	
Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: FRANCISCO RAUL CANSECO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 964.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	4643.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 2158.86 Transaction ID : F57.4287
City Glenview	State IL	
Zip Code 60025	Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD SCOTT MR. RIGELL		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2158.86		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 3888.46 Transaction ID : F57.4288
City Glenview	State IL	
Zip Code 60025	Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN KOSTER		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 3888.46		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 2516 Waukegan Rd, #115		Amount 3063.21 Transaction ID : F57.4290
City Glenview	State IL	
Zip Code 60025	Purpose of Expenditure List Rental & Automated Phone Banks	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD W MURI		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 3063.21		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	9110.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group	Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 2516 Waukegan Rd, #115	Amount 496.34
City Glenview	State IL
Zip Code 60025	Transaction ID : F57.4333

Purpose of Expenditure List Acquisition	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS COTTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	496.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Media Group	Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 2516 Waukegan Rd, #115	Amount 2058.90
City Glenview	State IL
Zip Code 60025	Transaction ID : F57.4335

Purpose of Expenditure Phone Banks	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS COTTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	2555.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount
City	State
Zip Code	

Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	2555.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	961018.60

# **Exhibit 21**

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>INDEPENDENT WOMEN'S VOICE</b>		3. FEC Identification Number <b>C C90011115</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1875 I Street NW 5th Floor		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
04 / 01 / 2013		

THROUGH

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
06 / 30 / 2013		

6. TOTAL CONTRIBUTIONS ..... **160287.31**

7. TOTAL INDEPENDENT EXPENDITURES ..... **160287.31**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Heather R. Higgins	<i>Heather R. Higgins</i>	07/12/2013

*[Electronically Filed]*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:  
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

A. Full Name (Last, First, Middle Initial) Independent Womens Voice - General Treasury Funds			Date of Receipt		
Mailing Address 1875 I Street NW, 5th Floor			MM / DD / YYYY 04 / 01 / 2013		
City	State	Zip Code	Transaction ID : F56.4375		
Washington	DC	20006	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			160287.31		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			MM / DD / YYYY		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			MM / DD / YYYY		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			MM / DD / YYYY		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	160287.31
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	160287.31

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Antietam Communications		Date 05 / 02 / 2013
Mailing Address 710 East Northway Lane		Amount 10000.00 Transaction ID : F57.4352
City Atlanta	State GA	Zip Code 30342
Purpose of Expenditure Script Writing & Production Management - 'Elizabeth' and 'Rich'	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH COLBERT BUSCH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 85431.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General

Full Name (Last, First, Middle Initial) of Payee Creative Associates LLC		Date 05 / 02 / 2013
Mailing Address 12334 N> golf Drive		Amount 1795.49 Transaction ID : F57.4346
City Mequon	State WI	Zip Code 53092
Purpose of Expenditure Voice Talent - 'Elizabeth' and 'Rich'	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH COLBERT BUSCH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18500.49		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General

Full Name (Last, First, Middle Initial) of Payee Kasey Kirby		Date 05 / 02 / 2013
Mailing Address 1132 6th Street NE, #1		Amount 2256.46 Transaction ID : F57.4349
City Washington	State DC	Zip Code 20002
Purpose of Expenditure Television Production - 'Elizabeth' and 'Rich'	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH COLBERT BUSCH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 75431.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	14051.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Kasey Kirby		Date MM / DD / YYYY 05 / 03 / 2013
Mailing Address 1132 6th Street NE, #1		Amount 1000.00 Transaction ID : F57.4351
City Washington	State DC	
Zip Code 20002	Purpose of Expenditure Television Production - 'Elizabeth' and 'Rich'	
Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH COLBERT BUSCH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 96584.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General

Full Name (Last, First, Middle Initial) of Payee Post and Courier LLC		Date MM / DD / YYYY 05 / 05 / 2013
Mailing Address 134 Columbus Street		Amount 7941.52 Transaction ID : F57.4368
City Charleston	State SC	
Zip Code 29403	Purpose of Expenditure Print Ads, Sunday May 5	
Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARSHALL C ('Mark') SANFORD JR		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 153179.91		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General

Full Name (Last, First, Middle Initial) of Payee Post and Courier LLC		Date MM / DD / YYYY 05 / 05 / 2013
Mailing Address 134 Columbus Street		Amount 7107.40 Transaction ID : F57.4371
City Charleston	State SC	
Zip Code 29403	Purpose of Expenditure Print Ads, Monday May 6	
Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARSHALL C ('Mark') SANFORD JR		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 160287.31		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures.....	16048.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 04 / 29 / 2013
Mailing Address 2516 Waukegan Rd, #115		Amount 4600.00
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure Script Writing/Live Phone Calls;		Transaction ID : F57.4339
Category/ Type	004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH COLBERT BUSCH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General
		4600.00

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 05 / 02 / 2013
Mailing Address 2516 Waukegan Rd, #115		Amount 12105.00
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure Cable Air Time - 'Elizabeth' and 'Rich'		Transaction ID : F57.4345
Category/ Type	004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH COLBERT BUSCH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General
		16705.00

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 05 / 02 / 2013
Mailing Address 2516 Waukegan Rd, #115		Amount 54675.00
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure Cable Air Time - 'Elizabeth' and 'Rich'		Transaction ID : F57.4348
Category/ Type	004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH COLBERT BUSCH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General
		73175.49

(a) SUBTOTAL of Itemized Independent Expenditures.....	71380.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 05 / 03 / 2013
Mailing Address 2516 Waukegan Rd, #115		Amount 3100.00
City Glenview	State IL	Zip Code 60025
Transaction ID : F57.4343		
Purpose of Expenditure DG Upload - 'Elizabeth' & 'Rich'	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH COLBERT BUSCH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 88531.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 05 / 03 / 2013
Mailing Address 2516 Waukegan Rd, #115		Amount 7053.00
City Glenview	State IL	Zip Code 60025
Transaction ID : F57.4344		
Purpose of Expenditure Cable Air Time - 'Elizabeth' and 'Rich'	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH COLBERT BUSCH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 95584.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 05 / 04 / 2013
Mailing Address 2516 Waukegan Rd, #115		Amount 16005.00
City Glenview	State IL	Zip Code 60025
Transaction ID : F57.4363		
Purpose of Expenditure Additional Broadcast TV Time for 'Elizabeth' and 'Rich'	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH COLBERT BUSCH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 112589.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures.....	26158.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee  
Victory Media Group

Date  
MM / DD / YYYY  
05 / 05 / 2013

Mailing Address  
2516 Waukegan Rd, #115

Amount  
Transaction ID : F57.4364  
32648.44

City State Zip Code  
Glenview IL 60025

Purpose of Expenditure  
Live Phone Calls

Category/  
Type 004

Office Sought:  House State: SC  
 Senate District: 01  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
ELIZABETH COLBERT BUSCH

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 145238.39

Disbursement For:  Primary  General  
 Other (specify) 2013 Special-General

Full Name (Last, First, Middle Initial) of Payee

Date  
MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date  
MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:  Primary  General  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32648.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	160287.31

## **Exhibit 22**

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>INDEPENDENT WOMEN'S VOICE</b>		3. FEC Identification Number <b>C</b> C90011115
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1875 I Street NW 5th Floor		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

MM	DD	YYYY
----	----	------

5. COVERING PERIOD:

FROM 

MM	DD	YYYY
04	01	2014

THROUGH 

MM	DD	YYYY
06	30	2014

6. TOTAL CONTRIBUTIONS ..... 209327.74

7. TOTAL INDEPENDENT EXPENDITURES ..... 209327.74

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Heather R. Higgins

Heather R. Higgins

[Electronically Filed]

07/11/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

<b>A. Full Name (Last, First, Middle Initial)</b> Independent Womens Voice - General Treasury Funds			Date of Receipt MM / DD / YYYY 06 / 30 / 2014		
Mailing Address 1875 I Street NW, 5th Floor			<b>Transaction ID : F56.4410</b>		
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 209327.74		
FEC ID number of contributing federal political committee.			C [ ]		
Name of Employer			Occupation		

<b>B. Full Name (Last, First, Middle Initial)</b>			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	[ ]		
FEC ID number of contributing federal political committee.			C [ ]		
Name of Employer			Occupation		

<b>C. Full Name (Last, First, Middle Initial)</b>			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	[ ]		
FEC ID number of contributing federal political committee.			C [ ]		
Name of Employer			Occupation		

<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	[ ]		
FEC ID number of contributing federal political committee.			C [ ]		
Name of Employer			Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	209327.74
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	209327.74

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Antietam Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 710 East Northway Lane		Amount 1000.00	
City Atlanta	State GA	Zip Code 30342	
Purpose of Expenditure Script Writing 'ObamaCare Quiz'		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 169755.08		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee Antietam Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 710 East Northway Lane		Amount 1000.00	
City Atlanta	State GA	Zip Code 30342	
Purpose of Expenditure Script Writing 'GOTV ObamaCare Quiz'		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 201790.56		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 20740.02	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Direct Mail 'Test'		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20740.02		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....	22740.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 112372.46	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4389		Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Purpose of Expenditure Direct Mail 'Scowl'		Category/Type 004	
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 133112.48		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 4607.12	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4391		Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Purpose of Expenditure List Acquisition 'ObamaCare Quiz'		Category/Type 004	
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 137719.60		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 31035.48	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4393		Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Purpose of Expenditure Telephone Banks 'ObamaCare Quiz'		Category/Type 004	
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 168755.08		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....	148015.06
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 06 / 21 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 31035.48	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Telephone Banks 'ObamaCare Quiz'		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
		200790.56	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 06 / 23 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 7537.18	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure List Acquisition 'GOTV ObamaCare Quiz'		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THAD COCHRAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
		209327.74	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	38572.66
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	209327.74



## **Exhibit 23**

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>INDEPENDENT WOMEN'S VOICE</b>		3. FEC Identification Number <b>C</b> C90011115
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1875 I Street NW 5th Floor		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on  /  /

5. COVERING PERIOD:

FROM  /  /   
 THROUGH  /  /

6. TOTAL CONTRIBUTIONS .....  574075.35

7. TOTAL INDEPENDENT EXPENDITURES .....  574075.35

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Heather R. Higgins

Heather R. Higgins

[Electronically Filed]

01/19/2015

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

<b>A. Full Name (Last, First, Middle Initial)</b> Independent Womens Voice - General Treasury Funds			Date of Receipt MM / DD / YYYY 10 / 30 / 2014 <b>Transaction ID : F56.4426</b>		
Mailing Address 1875 I Street NW, 5th Floor			Amount of Each Receipt this Period 44336.48		
City Washington	State DC	Zip Code 20006			
FEC ID number of contributing federal political committee.			C [ ]		

Name of Employer Occupation

<b>B. Full Name (Last, First, Middle Initial)</b> Independent Womens Voice - General Treasury Funds			Date of Receipt MM / DD / YYYY 10 / 31 / 2014 <b>Transaction ID : F56.4467</b>		
Mailing Address 1875 I Street NW, 5th Floor			Amount of Each Receipt this Period 19728.00		
City Washington	State DC	Zip Code 20006			
FEC ID number of contributing federal political committee.			C [ ]		

Name of Employer Occupation

<b>C. Full Name (Last, First, Middle Initial)</b> Independent Womens Voice - General Treasury Funds			Date of Receipt MM / DD / YYYY 10 / 31 / 2014 <b>Transaction ID : F56.4468</b>		
Mailing Address 1875 I Street NW, 5th Floor			Amount of Each Receipt this Period 57069.32		
City Washington	State DC	Zip Code 20006			
FEC ID number of contributing federal political committee.			C [ ]		

Name of Employer Occupation

<b>D. Full Name (Last, First, Middle Initial)</b> Independent Womens Voice - General Treasury Funds			Date of Receipt MM / DD / YYYY 10 / 31 / 2014 <b>Transaction ID : F56.4481</b>		
Mailing Address 1875 I Street NW, 5th Floor			Amount of Each Receipt this Period 64333.60		
City Washington	State DC	Zip Code 20006			
FEC ID number of contributing federal political committee.			C [ ]		

Name of Employer Occupation

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	185467.40
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	[ ]

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

<b>A. Full Name (Last, First, Middle Initial)</b> Independent Womens Voice - General Treasury Funds			Date of Receipt MM / DD / YYYY 11 / 03 / 2014 <b>Transaction ID : F56.4487</b>		
Mailing Address 1875 I Street NW, 5th Floor			Amount of Each Receipt this Period 23079.87		
City Washington	State DC	Zip Code 20006			
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

<b>B. Full Name (Last, First, Middle Initial)</b> Independent Womens Voice - General Treasury Funds			Date of Receipt MM / DD / YYYY 11 / 03 / 2014 <b>Transaction ID : F56.4502</b>		
Mailing Address 1875 I Street NW, 5th Floor			Amount of Each Receipt this Period 243279.80		
City Washington	State DC	Zip Code 20006			
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

<b>C. Full Name (Last, First, Middle Initial)</b> Independent Womens Voice - General Treasury Funds			Date of Receipt MM / DD / YYYY 11 / 03 / 2014 <b>Transaction ID : F56.4503</b>		
Mailing Address 1875 I Street NW, 5th Floor			Amount of Each Receipt this Period 122248.28		
City Washington	State DC	Zip Code 20006			
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	388607.95
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	574075.35

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Antietam Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 710 East Northway Lane		Amount 1000.00	
City Atlanta	State GA	Zip Code 30342	
Purpose of Expenditure Script Writing	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>KS</u> District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: PAT ROBERTS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____	
		Transaction ID : F57.4416	

Full Name (Last, First, Middle Initial) of Payee Antietam Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 710 East Northway Lane		Amount 1000.00	
City Atlanta	State GA	Zip Code 30342	
Purpose of Expenditure Script Writing	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>KY</u> District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: MITCH MCCONNELL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____	
		Transaction ID : F57.4419	

Full Name (Last, First, Middle Initial) of Payee Antietam Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 710 East Northway Lane		Amount 1000.00	
City Atlanta	State GA	Zip Code 30342	
Purpose of Expenditure Script Writing	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>IA</u> District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: JONI K ERNST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____	
		Transaction ID : F57.4420	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Antietam Communications		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 710 East Northway Lane		Amount 1000.00	
City Atlanta	State GA	Zip Code 30342	Transaction ID : F57.4422
Purpose of Expenditure Script Writing	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: CORY GARDNER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		1000.00	

Full Name (Last, First, Middle Initial) of Payee Antietam Communications		Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 710 East Northway Lane		Amount 1000.00	
City Atlanta	State GA	Zip Code 30342	Transaction ID : F57.4500
Purpose of Expenditure Script Writing	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: FREDERICK STEPHEN UPTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		2396.82	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 10865.69	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4414
Purpose of Expenditure Automated Phone calls	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: KS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: PAT ROBERTS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		10865.69	

(a) SUBTOTAL of Itemized Independent Expenditures.....	12865.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 7965.45	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4417
Purpose of Expenditure Automated Phone calls	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: MITCH MCCONNELL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		7965.45	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 10345.76	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4424
Purpose of Expenditure Automated Phone calls	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: JONI K ERNST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		11345.76	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 11159.58	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4425
Purpose of Expenditure Automated Phone calls	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: CORY GARDNER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		12159.58	

(a) SUBTOTAL of Itemized Independent Expenditures.....	29470.79
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 1066.00	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4435			
Purpose of Expenditure Automated Phone calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AR District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: BRUCE WESTERMAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	
1066.00			

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 2888.00	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4437			
Purpose of Expenditure Automated Phone calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE KING		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	
2888.00			

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 15938.40	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4438			
Purpose of Expenditure Live Phone Banks	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: FRANK GUINTA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	
15938.40			

(a) SUBTOTAL of Itemized Independent Expenditures.....	19892.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 16228.40	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4440		Purpose of Expenditure Live Phone Banks	
Category/Type 004		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARILINDA GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16228.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 3056.00	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4442		Purpose of Expenditure Automated Phone calls	
Category/Type 004		Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: LEE TERRY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3056.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 2360.00	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4444		Purpose of Expenditure Automated Phone calls	
Category/Type 004		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J BENISHEK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2360.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	21644.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 1642.00	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4445			
Purpose of Expenditure Automated Phone calls	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: LEE MICHAEL ZELDIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	
		1642.00	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 1712.00	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4447			
Purpose of Expenditure Automated Phone calls	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: NAN HAYWORTH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	
		1712.00	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 2422.00	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4448			
Purpose of Expenditure Automated Phone calls	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID ALAN BRAT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	
		2422.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	5776.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 1935.00	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4450		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President	
Purpose of Expenditure Automated Phone calls		Category/ Type 004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARBARA J. COMSTOCK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		1935.00	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 1508.00	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4452		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President	
Purpose of Expenditure Automated Phone calls		Category/ Type 004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CLINT DIDIER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		1508.00	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 1139.00	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4454		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Purpose of Expenditure Automated Phone calls		Category/ Type 004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ALEXANDER XAVIER MOONEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		1139.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	4582.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 23695.24 Transaction ID : F57.4469	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Automated Phone calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID PERDUE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		2014	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 10135.63 Transaction ID : F57.4471	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Automated Phone calls	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: LA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM CASSIDY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		2014	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 23238.45 Transaction ID : F57.4474	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Automated Phone calls	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: THOM R TILLIS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		2014	

(a) SUBTOTAL of Itemized Independent Expenditures.....	57069.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 32166.80	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4482		Transaction ID : F57.4482	
Purpose of Expenditure Live Phone Bank	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT BROWN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Amount 32166.80		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 17143.96	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4490		Transaction ID : F57.4490	
Purpose of Expenditure Automated Phone calls	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: KS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: PAT ROBERTS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Amount 29009.65		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 1485.12	
City Glenview	State IL	Zip Code 60025	
Transaction ID : F57.4491		Transaction ID : F57.4491	
Purpose of Expenditure Phone Banks	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J BENISHEK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Amount 3845.12		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	50795.88
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 1396.82	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Phone Banks		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: FREDERICK STEPHEN UPTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	
		Transaction ID : F57.4492	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 2053.97	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Phone Banks		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RENEE JACISIN ELLMERS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	
		Transaction ID : F57.4494	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 56990.50	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Targeted Direct Mail 11/03 - 'GOTV'		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT BROWN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	
		Transaction ID : F57.4504	

(a) SUBTOTAL of Itemized Independent Expenditures.....	60441.29
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 81618.68	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4505
Purpose of Expenditure Targeted Direct Mail 11/03 - 'GOTV'	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: JONI K ERNST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		92964.44	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 67301.42	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4506
Purpose of Expenditure Targeted Direct Mail 11/03 - 'GOTV'	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: KS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: PAT ROBERTS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		96311.07	

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 37369.20	
City Glenview	State IL	Zip Code 60025	Transaction ID : F57.4507
Purpose of Expenditure Targeted Direct Mail 11/03 - 'GOTV'	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: MITCH MCCONNELL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		46334.65	

(a) SUBTOTAL of Itemized Independent Expenditures.....	186289.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination 11 / 03 / 2014
Mailing Address 2516 Waukegan Rd, #115		Amount 122248.28
City Glenview	State IL	Zip Code 60025

Transaction ID : F57.4508

Purpose of Expenditure Targeted Direct Mail 11/03 - 'GOTV'	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CORY GARDNER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 134407.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code

Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code

Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	122248.28
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	574075.35



# **Exhibit 24**

HOME (/) ABOUT IWV (/about) CONTACT (/contact) SIGN UP

(http://paracom.paramountcommunication.com/phase2/survey1/survey.htm?cid=wlwlov&130572938)

(http://twitter.com/IWV)



(http://facebook.com/IWVoice)

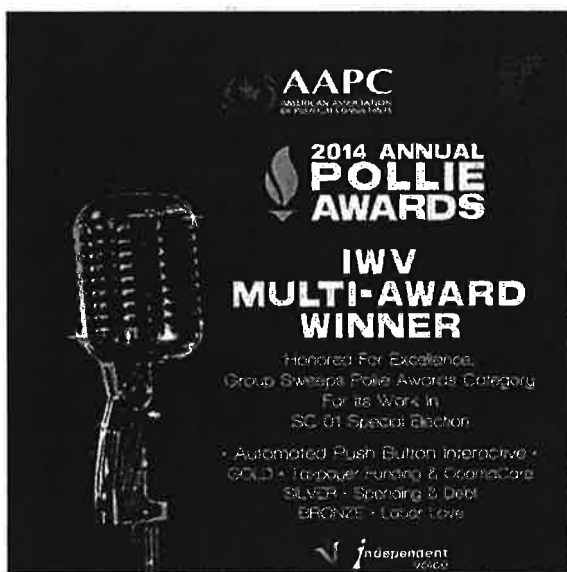


(http://instagram.com/iwvoice)



(https://www.youtube.com/user/IWVoices)

IWV MULTI-POLLIE AWARD WINNER: SWEEPS POLLIE AWARDS CATEGORY WITH SCRIPTS ON OBAMACARE REPEAL PLEDGE, TAX AND SPENDING, AND UNIONS .



FEATURED VIDEO

8/3/16 B2B ...



B2B Health Care Minute with Hadley Heath Manning

Broken Oba...



Broken Obamacare Promises

IWV ON TWITTER



**IWV Multi-Pollie Award Winner**

*Honored For Excellence, Group Sweeps Pollie Awards*

*Category*

*For Its Work In SC-01 Special Election*

(WASHINGTON D.C.) – On Friday, Victory Media Group and Antietam Communications –consultants to Independent Women's Voice who collaborated with IWV's message team to execute an Independent Expenditure in the South Carolina First Congressional District special election last year – were awarded multiple coveted Pollie Awards, the most sought-after awards in the political campaign,

communications and public affairs industry, at the 2014 Pollie Awards Gala dinner hosted by the Americans Association of Political Consultants (AAPC) in San Diego, California.

"This is no small feat, and I am so proud our team's authentic messaging work was recognized with 2014 Pollie Awards," said IWV CEO and President Heather R. Higgins. "IWV takes pride in working to create factual messages, using non-traditional delivery methods, and winning races that others believe are hopeless. Through innovative, non-advocacy interactive calls, we made voters aware of relevant facts on issues they care about, like ObamaCare repeal, and why turning out to vote is so important."

The Pollie Awards are a bipartisan showcase of the best in the business who have demonstrated superior work in the political sphere. This year over 1,600 entries were received and considered by a blind jury of over 250 peers across all disciplines and party lines.

Overall winners in the category for "Automated Push Button Interactive," IWV picked up gold for a call about the ObamaCare Repeal Pledge (<http://www.therepealpledge.com/>) and silver and bronze for scripts on tax and spending, and unions in the SC-01 special election, in which – despite predictions of former Governor Mark Sanford's collapse – IWV's fact-based Independent Expenditure helped propel Sanford to victory over Elizabeth Colbert Busch.

Tweets by @IWV

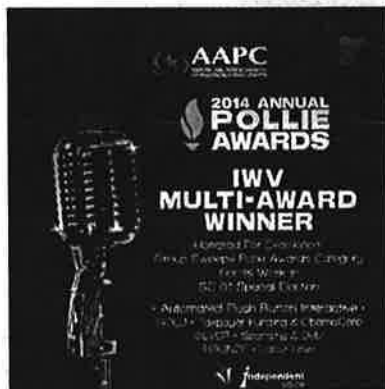
**IWV** @IWV  
Tennessee insurance commissioner: #Obamacare exchange 'very near collapse' [trne.ws/2bRwLA4](https://trne.ws/2bRwLA4) via @Tennessean #hcr #aca #healthcare



44m

**IWV** @IWV  
Illinois #Obamacare health insurance rates up significantly [bit.ly/2big2oJ](http://bit.ly/2big2oJ) via @SJRbreaking #hcr #aca #healthcare

Embed View on Twitter



Jeff Davis of Victory Media Group [left] and Bill Pascoe [right] of Antietam Communications accept gold, silver and bronze Pollie Awards at the 2014 AAPC Pollie Awards Gala

IWW was the only independent expenditure of a significant size on the winning side of the ledger in SC-01. This wasn't a race that IWW originally intended to become involved in; but message testing made it clear that IWW was a credible third-party messenger that could deliver the necessary message and inform SC-01 voters about the troubling aspects of Colbert Busch's positions on key issues.

"Taxpayer Funding and ObamaCare," "Spending and Debt," and "Labor Love," along with strategic broadcast and cable television and print advertising, helped turn things around for Sanford in the final week of the race toward a 54-45 percent victory over Colbert Busch.

**Other IWW Awards:**

- The Reed Awards, Campaign & Elections  
(<http://www.campaignsandelections.com/events/427522/the-2014-reed-awards.shtml>) - Best Automated Phone Call: Statewide or Special Election Campaign - "Spending and Debt"
- The Reed Awards, Campaign & Elections  
(<http://www.campaignsandelections.com/events/427522/the-2014-reed-awards.shtml>) - Best Automated Phone Call: Independent Expenditure, Public Affairs Advocacy, or Ballot Initiative - "Taxpayer Funding and ObamaCare"
- Campaign & Elections Most Influential People  
(<http://iwvoices.com/detail.php?c=2792585>) – Heather R. Higgins, IWW CEO and President

Read more about [IWW's work in SC-01 here](http://www.iwvoice.org/search/?q=sanford&x=0&y=0)  
(<http://www.iwvoice.org/search/?q=sanford&x=0&y=0>).

###

*Independent Women's Voice is a 501(c)(4) nonpartisan, nonprofit organization for mainstream women, men and families dedicated to promoting limited government, free markets, and personal responsibility. IWW is an affiliate organization of the Independent Women's Forum.*

Go Back

# GET INVOLVED

Learn more about issues and talk to your family and friends about your concerns about the recently passed law and why you believe that there are better ways to improve our health care system.

**SUBSCRIBE**  
**(HTTP://PARACOM.PARAMOUNTCOMI**  
**/PHASE2**  
**/SURVEY1**  
**/SURVEY.HTM?CID=WLWLOV&**  
**130572938)**



Donate (/donate)



Sign up for Newsletter (<http://paracom.paramountcommunication.com/phase2/survey1>

[/survey.htm?cid=wiwlov&130572938](#))



Talk About Us (/about)



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Independent Women's Voice is a 501(c)(4) nonpartisan, nonprofit organization for mainstream women, men and families. IWV is the sister organization of the Independent Women's Forum.

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## **Exhibit 25**

NEWS

<http://www.victorym.com/news.asp>04APR

## **Victory Media Group Receives Highest Industry Honor**

Jeff Davis  
312.446.8310  
[jeff@victorym.com](mailto:jeff@victorym.com)

For Immediate Release - DATE April 4, 2014

### **American Association of Political Consultants (AAPC) recognizes Victory Media Group for exceptional work during its annual conference**

Glenview, IL - Victory Media Group is proud to announce that it has been awarded a coveted Pollie Award from the AAPC, the industry's highest honor bestowed upon political consultants at the national and international level. Victory Media Group was recognized in the category of Interactive Automated Phones for its exemplary work during the 2013 political season.

"This year's Pollie Awards were especially competitive for an off cycle with over 1,600 entries. We were pleased to see innovative voter contact and persuasion strategies applied in all segments, especially in our Internet and social media categories, which saw a significant increase in number over last year," said AAPC President Art Hackney.

The AAPC announced this year's winners at the 2014 Annual Pollie Awards & Conference on April 4 in San Diego, CA. The Pollie Awards (Pollies) are bipartisan honors awarded annually by the AAPC to members of the political advertising and communications industry who have demonstrated superior work on behalf of their candidates and causes. A blind jury of their peers selects AAPC award winners. Esquire magazine has dubbed the Pollies as "...the Oscars of political advertising."

The annual Pollie Awards & Conference brings the leading political professionals in the world together to network and hear from top technology innovators, pollsters, pundits and service providers as the 2014 political cycle begins to heat up.

### **About the 2014 AAPC Pollie Awards & Conference**

As the leading industry event heading into the midterm elections, the 2014 AAPC Pollie Awards & Conference featured cutting-edge programming on key industry trends, including the Hispanic influence on American politics, changing media landscape, the science of voter behavior, and the role of political professionals in promoting civil discourse. Widely recognized as the must-attend event for political consultants, media buyers, public affairs specialists, suppliers, industry leaders and journalists, the 2014

AAPC Pollie Awards & Conference took place in San Diego, CA April 2-4, 2014. More than 400 political professionals took advantage of the Conference's programming, designed to empower attendees to leverage the latest techniques in campaign strategy and management. For details, visit [www.theaapc.org](http://www.theaapc.org).

#### **About AAPC**

Founded in 1969, the AAPC is a multi-partisan organization of political and public affairs professionals dedicated to improving democracy. The AAPC has over 1,250 members hailing from all corners of the globe. It is the largest association of political and public affairs professionals in the world. For more information, see [www.theaapc.org](http://www.theaapc.org).

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# **Campaigns & Elections**

## **Victory Media Group Wins Two Reed Awards**

Jeff Davis  
312.446.8310  
[jeff@victorym.com](mailto:jeff@victorym.com)

For Immediate Release

(Washington, D.C.) - Victory Media Group and Antietam Communications, working on behalf of Independent Women's Voice, took home Campaigns and Elections' 2014 Reed Awards for their outstanding work in not just one but two categories: Best Automated Phone Call Statewide or Special Election Campaign and Best Automated Phone Call Independent Expenditure, Public Affairs Advocacy, or Ballot Initiative.

Campaign and Elections' Annual Reed Awards highlighted excellence in campaign management, political consulting, and political design.

IWV CEO and President Heather R. Higgins said, "It is an honor for our team to be recognized for our messaging work. Through innovative, non-advocacy, factual, interactive calls, we made voters aware of relevant facts on issues they care about, like ObamaCare repeal, and why turning out to vote is so important. Victory Media Group and Antietam Communications are top notch and help take IWV messages into the field to move the needle to win races. We are thrilled they are being recognized with Reed Awards."



## **Exhibit 26**

## IWV'S "BOYFRIEND" SERIES PART OF LARGEST SINGLE ALL-DIGITAL ADVOCACY AD BUY

**"Feeling Guilty"**  
View the web video [HERE](#)



**"Mr. Dependable"**  
View the video [HERE](#)



View the first in the series, "[Boyfriend](#)," [HERE](#)

Today, Independent Women's Voice (IWV) releases two new ads in their "[Boyfriend](#)" series -- "[Feeling Guilty](#)" and "[Mr. Dependable](#)" -- as part of an unprecedented, multi-state, multi-million dollar online-targeted advertising buy to educate women about public officials and policies.

IWV is one of several partners in the broad issue education campaign. At \$7.4 million, it is the largest single all-digital advocacy online video buy in history, led by Let Freedom Ring (LFR). The campaign, which began this spring, was validated as highly effective by various focus groups, polls and online tests during the summer and therefore was slated for this massive online distribution effort.

Geo-targeting to registered voting independents, the ad buy will run through Election Day in five battleground states: Florida, Ohio, Pennsylvania, Virginia and Wisconsin.

The ads tell a tale familiar to millions of American women. Women, who four years ago were overwhelmingly supportive of Obama, have come to feel disconnected from and let down by the President. His promises for new policies and a better direction have not matched the reality. It has now gotten to the point where women don't feel obliged to defend his policies.

In turn, women are chalking up their relationship with the President as an experience to learn from and a mistake they will not repeat. Women voters are ready to move on to someone who is more dependable.



## **Exhibit 27**

[HOME \(/\)](#) [ABOUT IWW \(/about\)](#) [CONTACT \(/contact\)](#) [SIGN UP](#)

(<http://paracom.paramountcommunication.com/phase2/survey1/survey.htm?cid=wlwlov&130572938>)

(<http://twitter.com/IWV>)



(<http://facebook.com/IWVoice>)



(<http://instagram.com/iwvoice>)



(<https://www.youtube.com/user/IWVoices>)

## MAKING A REAL DIFFERENCE: AN 86% CAMPAIGN SUCCESS RATE



IWW OUTREACH AND EDUCATION INITIATIVES HAD AN ENORMOUS IMPACT IN races where free market conservative candidates were experiencing difficulties in communicating the benefits of free markets and personal liberty. IWW made sure that voters had the information they needed on the issues that matter most so that they could make smart choices about nation's leadership and the direction of our country.

*In the last six years, of the 22 races where IWW launched major educational initiatives, the candidate or ballot initiative associated with giving individuals choices and opportunity succeeded in 19 races. Of course we can't take all the credit and wouldn't want to. But still, that's an 86% success rate in helping our fellow citizens make informed decisions that are right for them, which makes us rather proud!*

*Here are some highlights:*

### 2015:

**KY Governor** – The Republican Governor's Association pulled out two weeks before the race. We looked and saw that Kentucky citizens deserved to know about how Obamacare was hurting families in their state. IWW shared information with Kentucky citizens about this harmful law over the last week of the campaign. Despite polls showing Jack Conway with a five-point lead, Matt Bevin, who had signed our pledge to repeal and replace ObamaCare, started doing better. The RGA came back in, and Bevin won the election 53 percent to 44 percent, with a commanding 85,000 vote margin.

**CA SD-07 Special Election** – IWW likes to help candidates who fight for their constituents for better government and would be more likely to advance sensible policies that advance the interests of the citizens rather than self-serving union bosses, so we supported Democrat Steve Glazer, helping him to prevail in a special election for a vacant East Bay Senate seat in California. Of course the unions immediately went to their playbook and falsely asserted once again that we're funded by the Koch's (yes, it gets old) in order to crank up their own donations. But despite that, Bay area voters still got the candidate who represented their interests, and we were happy to help.

### 2014:

*Senate Races* - IWV devoted its major expenditures to 8 key states by providing residents with fact-based insights and information about how free market solutions and greater personal liberty can help families like theirs. These better informed citizens elected 7 out of 8 conservative candidates who they felt would best represent and support them and their interests.

**2013:**



*VA Governor* – Virginians deserved to know about how health care in their state would be affected by the election of a new Governor. IWV focused on educating the public about the problems with ObamaCare, and Ken Cuccinelli—the candidate who supports repealing and replacing ObamaCare—closed the gap to just over 2 points.

*SC-01 House Special Election* – Every other group thought this race couldn't be won by the conservative candidate Mark Sanford, who had signed our Repeal Pledge on the Affordable Care Act. IWV educated district residents about the importance of the issues at stake in this race for people like them—with its implications on national health care, economic and regulatory policy, and jobs. The result was the election of another supporter of better policies and a brighter future for Americans.

**2012:**

*2012 WI Governor Recall* – There was so much misinformation about the policies being promoted by Governor Scott Walker that IWV stepped in to inform Wisconsin residents about the facts about public sector union compensation. Research showed that these facts and IWV's educational messages had a power impact, moving Independents +31 points. We deployed the results and contributed to a Scott Walker win and the continuation of positive, needed changes for the inhabitants of Wisconsin.

*IN GOP Senate Primary* – Indiana citizens deserved to know which candidate was truly committed to creating a better health care system by repealing and replacing ObamaCare. IWV knew that Challenger Richard Mourdock had signed the Repeal Pledge, while Richard Lugar refused. IWV informed the people of this difference, contributing to a victory for Mourdock as a champion of improving our nation's health care system.

*NE GOP Senate Primary* -- Nebraskans needed information about which candidate would create a better health care system by repealing and replacing ObamaCare. Deb Fischer signed IWV's Repeal Pledge, and IWV made sure that Nebraskans knew that she would be a champion for needed health care reforms. We were gratified to discover in after-action surveys that her having signed IWV's Obamacare Repeal Pledge, which we'd promoted in our independent expenditure during the closing week of the campaign, was the single biggest reason for her upset win.

*NC, VA, OH Presidential* – IWV wanted Americans to make informed decisions about the best public policies for our country. IWV highlighted important facts about our economy,

taxes, and health care system. And, though the race was ultimately a loss, our research showed that an additional 21 percentage points of Independents who recalled the IWV educational messaging voted for Mitt Romney.

#### 2011:

*WI Supreme Court* - IWV recognized that Independents and many women were simply being ignored during this special election in this battle that was going to have major impact on the public policy direction of Wisconsin. IWV made 700,000 calls to these neglected, important citizens about the policy choices at hand, and helped get a better outcome in a race that was decided by only 7,000 votes.

*NY-09* – After Rep. Anthony Weiner resigned in disgrace, voters in this heavily Democratic New York district not only wanted a candidate who didn't abuse his cell phone, but wanted to send a message about issues facing the country. IWV took this opportunity to start a conversation with these voters and helped them be heard through the election of Bob Turner.

*OH Health Care Freedom Amendment* – Ohioans had the opportunity to voice their desire for a better health care system. IWV made sure that Ohio citizens were aware of the issue and the stakes of this contest. While Gov. Kasich's union referendum lost 2 to 1, our messaging effort took this ballot initiative from tossup or worse to a 2 to 1 win with the same electorate.

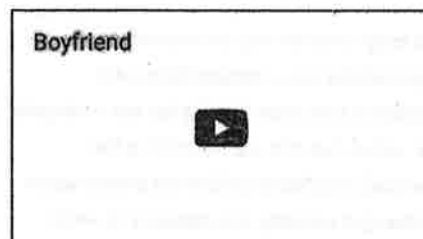
#### 2010:



*MA Senate Special Election* - IWV changed the framework of the race by making it a fight for the 41st vote against the Affordable Care Act. Our efforts helped move women +21 points for a Scott Brown win.

*HI-01 Special Election* - IWV's effort, the only independent expenditure in this race, moved Independent women +18 points and resulted in a win for Charles Djou.

### 90% MESSAGING SUCCESS RATE



#### CASE STUDIES:

**Case Study: "No Washington Exemption"**

America is supposed to be a nation of laws that everyone, even elected officials, have to follow. Citizens deserve to know when their elected representatives are breaking the rules, or creating a different system just to benefit elites like them. That's why IWV created the "No Washington Exemption" project to inform anyone who cared as much as we did that our representatives – Republicans and Democrats alike - were not following the Patient Protection & Affordable Care Act as it was written and had created a loophole so they didn't have to live under Obamacare like the rest of us. Studies show that Democrats and Republicans alike reject the Washington Exemption in ObamaCare and when they are told about this unfairness and which candidate defended the system, it resulted in dramatic changes in level of support for candidates by as much as 29%. No wonder they did it in an off-year.

**Case Study: Economic Education in Colorado**

IWV wants to help Americans make informed decisions. We know that the more people understand about how the economy works, the more likely they are to see that most of the time free market policy solutions, which may not be intuitive at first glance, actually create the most opportunity and best solutions to the challenges we face. That's why, in September of 2012 in Colorado, IWV conducted a one-week educational campaign among 20,000 women designed to increase knowledge of ten key economic facts. Ten days later, we conducted a follow up study comparing those who had seen our education materials vs. those who had not. Among those we reached, correct responses moved +8 points while the those who did not remained flat. Similarly, though no candidate had been mentioned in the education materials, preference moved +6 points for Romney —presumably now seen as the route to achieving more freedom and choice-based policy solutions—over those who did not.

**Case Study: "Health Reform Questions"**

Americans want a health care system that puts power in the hands of patients and doctors – not the government. IWV knows that when people learn the facts about how our health care system works, and the problems that ObamaCare is causing, they will want better choices to create a better health care system.

In 2012, IWV used interactive calls, online advertising, and mail to ask "Health Reform Questions" to help raise awareness in North Carolinians about the facts of our health care predicament and to disabuse some false assumptions that had been used to sell the Patient Protection and Affordable Care Act. Realizing the law was hurting many people caused support for the law to fall. And even though neither candidate's name was mentioned, interestingly support for Mitt Romney, who had signed our pledge to repeal the law, moved +14 points among those who received IWV's educational information in North Carolina.

**Case Study: Public Unions in Wisconsin**

Americans want a system that treats workers fairly, whether they are working for the government or the private sector. IWV recognized that many Independents who opposed Gov. Walker's reforms mistakenly believed that public employees are underpaid and are making a sacrifice to hold those jobs, rather than the reality, which is the reverse: Unionized public employees are overcompensated relative to the private sector. When people learned the facts, their beliefs changed radically, one measure of which was that even though Governor Walker, his reforms, and the recall weren't even mentioned, support for Gov. Scott Walker increased by +31 points among 7,500 likely



voters who received the IWV information versus those who had not.

## GET INVOLVED

Learn more about issues and talk to your family and friends about your concerns about the recently passed law and why you believe that there are better ways to improve our health care system.

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## **Exhibit 28**



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## Scott Brown's Victory in Massachusetts

IWV is so proud of the role we were able to play in the Massachusetts special election.

When IWV couldn't persuade the political professionals that Martha Coakley was anything but a shoo-in and Scott Brown's race was worth spending money on, IWV launched its own independent expenditure of approximately \$250,000. Unlike some of the other efforts in Massachusetts, IWV believed that to come close to winning, two things needed to happen: shrink the 30-point gender gap and elevate healthcare to being indisputably the primary issue in the campaign (so that any success could not be dismissed as just the economy or jobs angst). Too many people weren't getting the message that this election was really a referendum on health care. We helped change that debate.

To that end, IWV used extremely successful recorded calls recorded by a female physician, radio ads, and live calls. Our radio ads saturated Massachusetts up until election day and the calls carefully educated targeted voters about the stakes in this race -- the future of their health care freedom -- and encouraged them to get out and vote against big government by voting for Scott Brown. We helped cut a 30 point gender gap to 9 points, and reinforced the fact that health care and the 41st vote in the Senate were the dominant issues.

It may not have been glamorous stuff, but since we're about results, it was the most effective way to bring the health care issue to the forefront, shrink the gender gap and motivate turnout.

Following the election, to help educate the public--and elected officials--about the importance of the health care issue to voters, IWV commissioned a poll to assess what influenced Massachusetts voters during the special Senate election.

The election in Massachusetts showed us that anything is possible, both in the health care fight and the upcoming elections!

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## **Exhibit 29**

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## ASSESSING THE AIR WAR • POLITICAL DIARY

### Assessing the Air War

The faster pace of campaigns really is changing politics. As the New Year dawned, almost no one in either party thought the Massachusetts Senate race would be hot. It reached the boiling point at cyberspeed; an astonishing \$23 million was spent on the race by the time voters went to the polls.

Scott Brown raised an astounding \$13 million between January 1 and his victory on January 19. The money came in so fast he couldn't spend it all and wound up with a \$4 million surplus. While Mr. Brown did outspend Democrat Martha Coakley by \$8.7 million to \$5.1 million in the homestretch, the discrepancy was reduced by various Democratic groups who spent \$6.1 million on ads and get-out-the-vote efforts. By contrast, seven GOP and conservative groups chipped in \$2.7 million on behalf of Mr. Brown. Overall, the campaign's final days saw spending between the two camps turn out roughly equal.

But the quality of the messages clearly mattered. Panicked liberals put out so many negative ads against Mr. Brown that several backfired. A direct mail piece from the state Democratic Party announced that "1,736 Women Were Raped in Massachusetts in 2008; Scott Brown Wants Hospitals To Turn Them All Away." Michael Scherer of Time Magazine said the move was a "roll towards [the] gutter," though the ad was echoed by the Coakley campaign itself, which ran an ad saying Mr. Brown would "deny rape victims care."

There were tough Republican ads too, including one that refused to credit Ms. Coakley's explanation that her comment in the debate that "we have to get taxes up" referred to growing revenues from an improving economy rather than higher taxes. In general, however, the anti-Coakley ads were hard-hitting but concentrated on the issues.

Surprisingly, few of the ads that sought to help Mr. Brown focused on health care, which about half of voters told pollsters was their No. 1 issue. Instead, most ads focused on overall economic themes. An exception was funded by Independent Women's Voice, which ran a radio ad and placed thousands of live and recorded phone calls to voters in order to critique the Obama health care plan. Two Massachusetts physicians, Lorraine Schratz and Barbara Rockett, detailed specific concerns with ObamaCare in messages aimed at independent and GOP women. Mr. Brown wound up winning 47% of

### FEATURED VIDEO

8/3/16 B2B ...



### B2B Health Care Minute with Hadley Heath Manning

Broken Oba...



### Broken Obamacare Promises

IWV ON TWITTER

women voters in the state, equal to the number of women who indicated they opposed the health care bill before Congress.

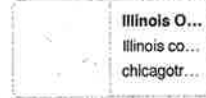
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# **Exhibit 30**

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Heather R. Higgins, President and CEO

Heather leads the IWW team, where she uses her passion for education and helping people make informed decisions to create a vision and overall strategy for IWW's efforts.

Heather has been involved in numerous organizations that share the mission of improving people's lives by creating a better, fairer, more innovative and prosperous country. Heather serves as chairman of the Independent Women's Forum (IWW's sister organization) and she is also on the board of the Hoover Institution at Stanford University and The Philanthropy Roundtable. In addition, she is on the NY board of UBS's mutual funds, and a member of the Council on Foreign Relations. She was named as one of the "50 Most Influential People" by Campaigns & Elections magazine for her issue advocacy and being a thought leader.

Some of the campaigns Heather has designed include

- creating an IWF "helping hands" program for the families of 9/11 that had or were about to have newborns,
- stopping crippling legislation that would have shut down many small and worthy charities that didn't have the overhead for masses of lawyers and accountants, and
- creating IWW's Repeal Pledge on the Affordable Care Act, as a first step putting healthcare back in the hands of women, and men, and their doctors, where it belongs.

Heather previously worked in finance and as an editorial writer for the Wall Street Journal and assistant editor at the Public Interest magazine. When not working, Heather loves to cook, hike, and make friends laugh. She continues to write opinion editorials and appears on a variety of radio and television programs. Heather lives in New York City with her husband, three teenagers, a dignified cat, and one squirrel-obsessed dog.

More about Heather Higgins >>> (<http://iwvoice.org/heather-higgins.php>)





Sabrina L. Schaeffer, Executive Director

Sabrina is the executive director of both IWW and the Independent Women's Forum, IWW's 501(c)3 sister organization.

Sabrina's passion is persuasion.

Since her mother sent her Wendy Shalit's *A Return to Modesty* while in college, she's been borderline obsessed with persuading other women that a culture of liberty and responsibility is good for everyone, women in particular.

Sabrina has extensive experience in strategic communications, from behind the scenes to in front of the camera. She was a speech writer in the U.S. Senate. Sabrina's written work has appeared in *Forbes*, *The Weekly Standard*, *The Washington Times*, *Foxnews.com* (<http://foxnews.com/>), *National Review Online*, *Policy Review*, and *American Enterprise Online*. She's also a regular on TV news programs - you can catch Sabrina every Saturday at 11am on *Forbes on Fox*, and every week on *Fox Business' After the Bell*. She also has conducted extensive applied research to gain insight into the factors that shape public opinion.

Sabrina received an M.A. in Politics as well as an M.A. in American History from the University of Virginia, where she focused on the early Republic and media effects and political behavior. She got her start in the policy world as a young assistant to Ambassador Jeane Kirkpatrick while at the *American Enterprise Institute*.

In her free time you can find Sabrina driving her kids around. And when she's not in the taxi business, she enjoys playing the piano, making flower arrangements, or suffering through a Barre class. She spent time at Children's Hospital in Los Angeles as a child and today it remains her favorite charity - you'll see her running the Children's National Race for Every Child every fall in DC. Today, she lives in Virginia with her husband and three energetic children.



Carrie L. Lukas, Vice President of Policy and Economics

Carrie L. Lukas is the vice president for policy and economics at the Independent Women's Voice and managing director of the Independent Women's Forum. Lukas is the co-author of *Liberty Is No War on Women*, and the author of *The Politically Incorrect Guide to Women, Sex, and Feminism*, which was published by Regnery Publishing in May 2006. She is also a contributor to *Forbes.com*.

Lukas's commentaries have appeared in numerous newspapers such as *The Wall Street Journal*, *The Washington Post*, *USA Today*, and *The New York Post*. Carrie has testified before the House Ways and Means Subcommittee on Social Security. Before joining IWF, she worked on Capitol Hill as the senior domestic policy analyst for the House Republican Policy Committee. She is a graduate of Princeton University and Harvard's Kennedy School of Government. She currently lives with her husband and four children in Berlin, Germany.



Victoria R. Coley, Communications Director

Victoria Coley is the director of communications at the Independent Women's Voice and Independent Women's Forum. Coley has secured experts spotlights in national news powerhouses such as *Fox News Channel, CNBC, C-SPAN, Fox Business Network, CNN, MSNBC, Joy Behar: Say Anything* and has placed commentary in publications around the country including *Wall Street Journal, USA Today, Forbes, NY Daily News, Los Angeles Times, Denver Post, Politico, Roll Call, The Hill, U.S. News & World Report, Real Clear Politics, Tampa Tribune* and more. Her deep understanding of, connection with, and passion for the media add to her success of interjecting leading experts into the news cycle.

Prior to joining IWW, Victoria served as deputy communications director at Public Notice where she directed broadcast efforts for three educational campaigns and worked extensively on developing and implementing strategic communication plans.

As a regional manager at Chesapeake Bay Magazine, Victoria produced online-streaming advertising and promotional videos. Additionally, she organized company marketing events.

Victoria began her career at Fox News Channel as a producer and later also served as coordinator of the network's Washington booking unit. She landed numerous interviews with political heavyweights and newsmakers and coordinated breaking news coverage both in the bureau and in the field.

Cum Laude from Clemson University, Victoria received her bachelor's degree in Communication Studies with an emphasis in Media and a minor in Journalism. During her tenure as a student, Victoria served in multiple roles for the campus television network and was named a two-time All-American club lacrosse player.

Heather N. Madden, Director of Advocacy Projects



Heather Madden is the Director of Advocacy Projects at Independent Women's Voice where she helps develop, organize and implement IWW's advocacy projects.

Prior to joining IWW, Heather worked in political consulting where she helped shape messages and lead congressional, gubernatorial, and senatorial clients to victory nationwide, including some of the most competitive races in the country. Heather also worked for the U.S. House of Representatives where she assisted with constituent services and managed the schedule for a member of Congress.

Heather graduated Magna Cum Laude from the University of Georgia's School of Public and International Affairs with a B.A. in

Political Science and a minor in American History. She also holds an M.A. degree from the University of Georgia where she studied American Politics with a concentration in Campaigns and Elections.

Heather is a Georgia native who resides in Colorado Springs, Colorado with her husband.

Hadley Heath Manning, Senior Policy Analyst

Hadley Heath Manning is a senior policy analyst at IWV specializing in health care, entitlements, economics and fiscal policy.

Hadley appears frequently in radio and TV outlets across the country, including Fox Business' Cavuto on Business, Stossel Show, Fox News' Hannity, Your World with Neil Cavuto, and PBS's To the Contrary among others. Her work has been featured in publications including the Wall Street Journal, Forbes, POLITICO, Roll Call, Real Clear Policy, the Tampa Tribune, National Review Online, Daily Caller and Townhall.com.

Hadley was a 2012-2013 National Review Institute Washington Fellow and was named to Red Alert Politics "30 Under 30" list in 2013. Hadley graduated with distinction from the University of North Carolina at Chapel Hill as a Morehead-Cain Scholar with a bachelor's degree in economics and journalism. She lives with her husband in Denver, Colorado.



Charlotte Hays, Senior Policy Analyst

IWF Senior Fellow Charlotte Hays is the editor of *In Character* magazine, which is published by the John Templeton Foundation and the former editor of *The Women's Quarterly*, which was published by the Independent Women's Forum. She has been a feature writer for the *Washington Times* and was the Washington bureau chief for the *National Catholic Register*. While at the Register, she reported from on the ground in Beirut in 1985 and won a first place from the Catholic Press Association for an interview with the novelist Walker Percy. She has written for *National Review*, *Town & Country*, *New York magazine*, *the Wall Street Journal*, and *the Weekly Standard*. A recovering gossip columnist, Charlotte is also coauthor of three books, *Being Dead Is No Excuse: The Official Southern Ladies Guide to Hosting the perfect Funeral*; *Somebody Is Going to Die if Lilly Beth Doesn't Catch that Bouquet: The Official Southern Ladies Guide to Hosting the Perfect Wedding*; and *Some Day You'll Thank Me for This: The Southern Ladies' Guide to Being a "Perfect" Mother*. Charlotte is also the author of *Fortune Hunters*, about dazzling marriages. A native of Greenville, Mississippi, Charlotte has a B.A. from Rhodes College in Memphis, Tenn.



Julie Gunlock, Senior Policy Analyst

Julie Gunlock is a senior policy analyst at Independent Women's

Voice. She is the author of the book *From Cupcakes to Chemicals: How the Culture of Alarmism Makes Us Afraid of Everything and How to Fight Back*.



Before joining IWW, Gunlock served as a Professional Staff Member on the Senate Homeland Security and Governmental Affairs Committee and on the House Homeland Security Committee, and on the staffs of Ohio Senators Mike DeWine, George Voinovich, and Tom Coburn. Gunlock has written about food and culture for the *New York Post*, the *Washington Post*, *New York Daily News*, the *Los Angeles Times*, *USA Today*, *Forbes*, *U.S. News & World Report*, *The Washington Times*, *National Review Magazine*, *National Interest Magazine*, the *Tampa Tribune*, and *Townhall.com* and is a regular contributor to *National Review Online*, *BlogHer* and *Huffington Post*. She has offered political commentary on *Fox News*, *TheBlaze TV* and other networks and is a regular guest on local, regional and national radio programs.

She lives in Virginia with her husband and three young, active, and perpetually hungry boys.

Amber Schwartz, Director of Outreach

Prior to joining IWVoice, Amber worked for The Heritage Foundation in various capacities, including voter outreach and education during the 2012 election cycle. She also served as Director of Donor Relations at the Maryland Public Policy Institute and as an Adjunct Fellow at the Lexington Institute focusing on energy studies.



She is also a lifestyle photographer in her spare time and enjoys photographing many of IWF's events. Amber currently lives in Alexandria, Virginia, with her husband Tyler and their two young children.

Ashley B. Carter, Grassroots Director

Ashley B. Carter is the Grassroots Director for the Independent Women's Voice where she manages the state and local chapters of the Independent Women's Network.



Prior to joining IWN, Ashley worked in political consulting and was involved with campaigns at the national and state level. She also worked with state party counsels and leaders across the country. A native Marylander, Ashley cut her teeth in politics with a longtime Maryland Congressman and at the Maryland General Assembly.

Ashley received her B.A in Government & Politics from the

University of Maryland, College Park and holds a J.D. from the University of Baltimore School of Law. She also spent time studying at the Catholic University of America Columbus School of Law.

Ashley is actively involved in the DC community. She volunteers with the Junior League of Washington and promotes literacy development by working with several area nonprofits. An avid Nationals fan, Ashley loves to show her Natitude.

Celia Meyer, Communications Associate

Prior to joining IWW, Celia was a publicist at Regnery Publishing where she worked with many New York Times best-selling authors, including Mark Steyn, Phyllis Schlafly, Betsy McCaughey, and more.



Celia began her career as the campus director for American Majority Action, a grassroots conservative organization. There she developed the youth outreach program and served as a spokeswoman on youth issues. She has published work in the Washington Times, the New York Post, CNS News, Breitbart, Townhall, the Daily Caller, and many others. Her written work has also been featured on the Drudge Report. She has made appearances on many national television shows including Hannity, Your World with Neil Cavuto, Fox&Friends, Piers Morgan Live, the O'Reilly Factor, Glenn Beck, and more.

Celia received her bachelor's degree in Economics from Hillsdale College where she graduated Cum Laude. During her tenure as a student, Celia wrote freelance for her student newspaper and was the founder of the Young American's for Freedom chapter on campus. She resides in northern Virginia with her husband.

Natalie Le, Development Associate

Natalie assists IWF's and IWW's Development Department with research and administrative projects and oversees data migration. Prior to joining IWW, Natalie was a legal intake officer at the ACLU of South Carolina.

She is involved in activism projects with pro-liberty non-profits, such as Students for Liberty and Young Americans for Liberty.

Natalie has a B.A. in Philosophy with a concentration in Politics, Philosophy & Law from College of Charleston and is currently studying public administration at the University of Charleston, South Carolina.

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## **Exhibit 31**

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(<http://paracom.paramountcommunication.com/phase2/survey1/survey.htm?cid=wlwlov&130572938>)

(<http://twitter.com/IWW>)



(<http://facebook.com/IWVoice>)



(<http://instagram.com/iwvoice>)



(<https://www.youtube.com/user/IWVoices>)

## VICTORY IN HAWAII

Hard work does pay off. In Hawai'i's first congressional district, not only did Charles Djou win, Ed Case came in third.

Below is the executive summary of the survey IWW commissioned in Hawai'i.

You can also visit [www.thecaseisclosed.com](http://www.thecaseisclosed.com)

(<http://www.thecaseisclosed.com>) to see the TV ad IWW ran in Hawai'i

([http://www.youtube.com/watch?v=D8Uh0EALdM0&feature=player\\_embedded](http://www.youtube.com/watch?v=D8Uh0EALdM0&feature=player_embedded)).

>> [Click here for the HI-01 Survey Report \(PDF\)](http://iwvoices.com/pdf/100522-HI-01-FINAL.pdf)

(<http://iwvoices.com/pdf/100522-HI-01-FINAL.pdf>)

>> [Click here for the H1-01 Special Election results \(PDF\)](http://iwvoices.com/pdf/Hi-01-special-election-2010-results.pdf)

(<http://iwvoices.com/pdf/Hi-01-special-election-2010-results.pdf>)

>> [Click here for the highlights of the poll](http://iwvoice.org/2010/05/23/independent-women%E2%80%99s-voice-celebrates-victory-in-hawaii-01-special-election/) (<http://iwvoice.org/2010/05/23/independent-women%E2%80%99s-voice-celebrates-victory-in-hawaii-01-special-election/>)

### Executive Summary:

*Independent Women's Voice (IWW) commissioned a survey in April 2010 to determine whether or not it would be worthwhile to engage in some form of electioneering activity in the special election in Hawaii's First Congressional District. The survey showed that Democrat Ed Case was leading a three-way election. Republican Charles Djou trailed him, and Democrat Colleen Hanabusa trailed the two of them. Moreover, the survey revealed — not surprisingly — that the second choice of Hanabusa voters was Case (he was perceived as more liberal than Djou), and the second choice of Djou voters was Case (he was perceived as more conservative than Hanabusa). And the second choice of Case voters? When asked for whom they would vote if they couldn't vote for Case, Case's supporters split almost down the middle — 40 percent went left, to Hanabusa, while 39 percent went right, to Djou.*

*The Democratic Congressional Campaign Committee (DCCC) faced a conundrum: Its leadership and top strategists believed that Case was the more electable of the two*

### FEATURED VIDEO

The Women's...



The Women's Vote:  
Has Trump's  
Apology Been  
Accepted?

#ObamaCare...



#ObamaCareHurts

IWW ON TWITTER



*Democrats in the race; but the Committee could not simply declare itself in favor of Case, given Hanabusa's strong support from Senators Inouye and Akaka and many key Hawaii labor unions. So instead of choosing between Case and Hanabusa, the DCCC decided to spend heavily on the air with negative ads designed to drive voters away from Djou. The survey revealed that the DCCC strategy was working — and likely would have continued to work, had it been allowed to play out without any other outside input. Because the second choice for Djou voters was Case, DCCC advertising designed to raise Djou's negatives worked to drive Djou voters to their second choice — Case.*

*So even as the DCCC was publicly remaining "neutral" in the race, not choosing between Case and Hanabusa, in practice, their advertising campaign was benefiting Case by driving voters his way. IWW determined to engage with an Electioneering Communication designed to inform voters of three key data points: First, that Case had voted 72 times for higher taxes IWW Report on Hawaii 1 Special Election GEB International Inc. during his four-year tenure representing Hawaii's Second Congressional District; second, that Case had received three "F" ratings from the nonpartisan National Taxpayers Union; and, third, that Case had recently hired indicted former Illinois Governor Rod Blagojevich's political consultant, better known to the FBI as "Advisor B" on their surveillance tapes of Blagojevich — and that this advisor had counseled the disgraced former governor to try to swap Barack Obama's Senate seat. Unlike many third-party Independent Expenditure efforts, this ad was not a video press release with a fake or a minimal time buy behind it; it was a serious communication, produced by BrabenderCox, a well-regarded media consulting firm.*

*With 2,000 Gross Ratings Points behind it, the ad was designed to inform voters of Case's voting record and political behavior. When the IWW ad went on the air, Case was leading and the DCCC was pushing more and more voters every day away from Djou and toward Case. But within 24 hours of the launch of the IWW advertising campaign, according to press reports, the DCCC was publicly backtracking on its commitment to the special election; a few days later, DCCC Chairman Chris Van Hollen announced the DCCC's withdrawal from the race. Just as importantly, once Djou saw the IWW ad go on the air, he revised his own advertising campaign. His campaign pulled down the contrast ad it was running, and replaced it with a positive ad featuring Djou's wife making a direct appeal to the camera. So beginning in early May, the only ad on the air informing voters of Ed Case's flaws as a candidate was the IWW ad. Data collected in rolling tracking surveys since the launch of the IWW advertising campaign makes clear that the IWW ad campaign did its job:*

Tweets by @IWW

 **IWW** @IWW  
#Obamacare is Stealing Our Eating-Out Money  
bit.ly/2dK1md1 via @LifeZette #hcr #aca #healthcare



1h

 **IWW** @IWW  
Two Years Later, Deadly VA Delays Continue  
bit.ly/2dVKKPK via @IWW #healthcare #obamacare

Embed

View on Twitter

*Case's image — which had been firmly set in the minds of Hawaii voters — began to change perceptibly. His negatives began to rise among key targeted groups, and his share of the vote began to fall back. By the end of IWV's ad campaign, Case's numbers had moved significantly, and Djou had overtaken him on the ballot. What follows is a detailed case study of the IWV ad campaign in Hawaii's First Congressional District.*

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## GET INVOLVED

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 /PHASE2  
 /SURVEY1  
 /SURVEY.HTM?CID=WLWLOV&  
 130572938)



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## **Exhibit 32**



**GEB INTERNATIONAL**

Efficacy of the Efforts by Independent Women's Voice

**Hawaii 1st Congressional District - Special Election**

## Executive Summary

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The Democratic Congressional Campaign Committee (DCCC) faced a conundrum: Its leadership and top strategists believed that Case was the more electable of the two Democrats in the race; but the Committee could not simply declare itself in favor of Case, given Hanabusa's strong support from Senators Inouye and Akaka and many key Hawaii labor unions.

So instead of choosing between Case and Hanabusa, the DCCC decided to spend heavily on the air with negative ads designed to drive voters away from Djou.

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GEB International Inc.

during his four-year tenure representing Hawaii's Second Congressional District; second, that Case had received three "F" ratings from the nonpartisan National Taxpayers Union; and, third, that Case had recently hired indicted former Illinois Governor Rod Blagojevich's political consultant, better known to the FBI as "Advisor B" on their surveillance tapes of Blagojevich -- and that this advisor had counseled the disgraced former governor to try to swap Barack Obama's Senate seat.

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Data collected in rolling tracking surveys since the launch of the IWV advertising campaign makes clear that the IWV ad campaign did its job: Case's image -- which had been firmly set in the minds of Hawaii voters -- began to change perceptibly. His negatives began to rise among key targeted groups, and his share of the vote began to fall back. By the end of IWV's ad campaign, Case's numbers had moved significantly, and Djou had overtaken him on the ballot.

What follows is a detailed case study of the IWV ad campaign in Hawaii's First Congressional District.

GEB International Inc.

## Overview

On April 20, 2010, GEB International Inc. presented the findings of a benchmark survey conducted on behalf of Independent Women's Voice. The main purpose of this survey was to "determine the nature of the current political environment and to check to see the chances of IWV being able to exert its influence on the outcome of the election."

IWV believed that while much of the country was focused on special elections such as the one in Pennsylvania's 12th Congressional District, the special election in Hawaii's 1st Congressional district had the potential to be extremely symbolic -- perhaps even as symbolic as Scott Brown's winning the Senate seat previously held by Edward Kennedy. And since none of the national groups seemed to be focused on HI-01, IWV felt it important to at least check the potential for increasing the likelihood of a Republican victory.

At the time of the initial benchmark survey (April 18-20), GEB International Inc. looked at the three main candidates in the race: Colleen Hanabusa and Ed Case, the Democrats, and Charles Djou the sole Republican running. The race at that time was very close. Ed Case was getting 32 percent of the likely voters surveyed, while Charles Djou was getting 31 percent and Colleen Hanabusa was receiving 18 percent.

In terms of the candidates' overall favorable ratings, Ed Case had a 61/16 Favorable to unfavorable ratio, Charles Djou had a 51/31 and Colleen Hanabusa had a 37/44. What is important to note here is that all of the candidates had very defined images in the eyes of the voters, with an average of about 80 percent having either a favorable or unfavorable opinion of each. This meant that to be successful in changing the course of the election, the effort put forth by IWV would have the challenge of not *creating* a negative opinion of Ed Case, but rather *changing* the public's opinion of Ed Case -- not an easy task, given the limited timeframe and budget.

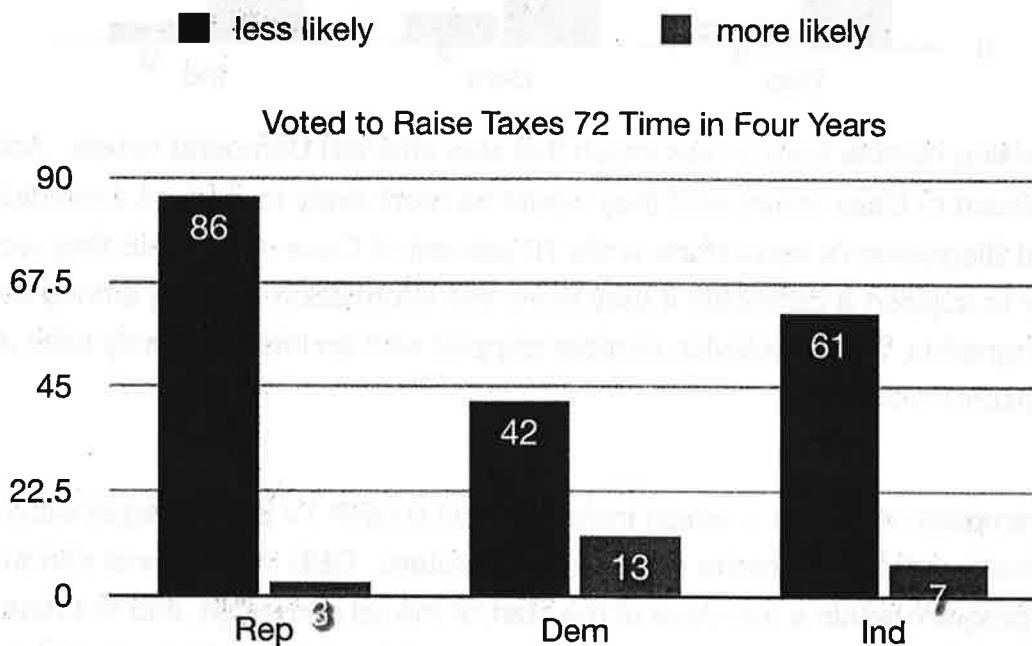
It should be noted that given how tight the race actually was at the time of the benchmark survey, GEB International Inc. suggested through the analysis of the survey data that in order to be successful in affecting the outcome of the election, IWV's

GEB International Inc.

messaging would need to be precisely targeted in order to sway the vote just 2-3 points away from Ed Case and 2-3 point towards Charles Djou.

With the information provided from the data set of April 20, 2010, IWV decided to fund an advertising campaign in HI-01 with the purpose of weakening Ed Case. Based on the data analysis it was clear that the best way to move the numbers quickly was not to focus on healthcare, President Obama or the Democrats in general, but rather use some very good opposition research that had tested very strongly in the survey. Namely, IWV decided to focus on Ed Case's voting record for higher taxes, his F-ratings from the nonpartisan National Taxpayers Union, and his decision to hire former Governor Blagojevich's political consultant.

I am including here two of the original data sets to illustrate the power of the messages IWV decided to use in its ad campaign:

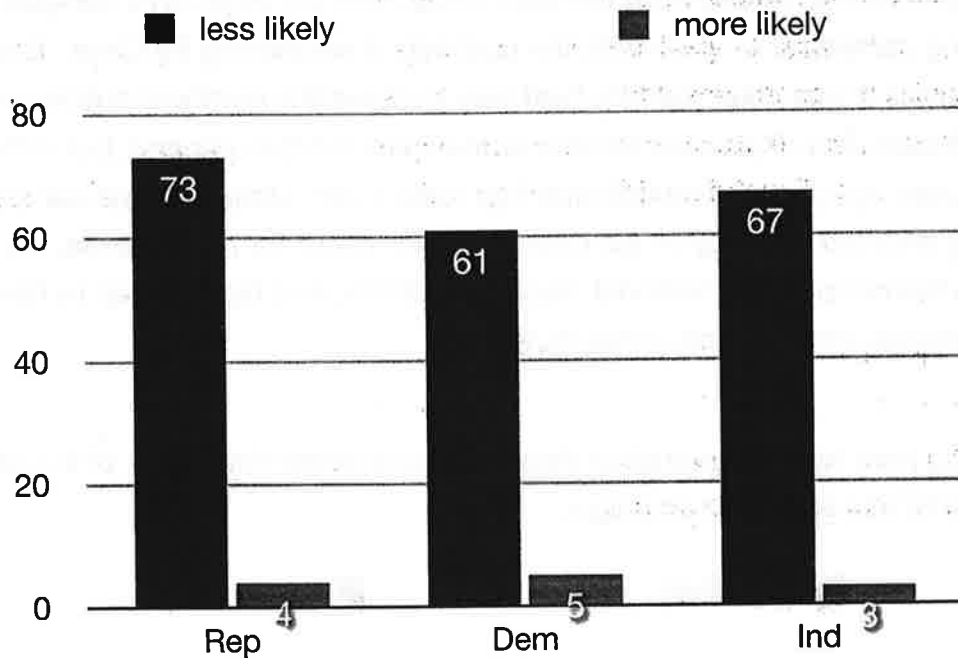


As can be seen above, the votes to raise taxes cut against Case by tremendous margins among Republicans and Independents. Even among Democrats it cut against him by a 3:1 ratio. And among people who said they were already voting for Case, 49 percent compared to 9 percent said they were less likely to support a candidate who voted to raise taxes 72 times in four years.



GEB International Inc.

Even stronger than the tax votes was the issue of Case hiring Rod Blagojevich's political consultant. The numbers on this issue were through the roof:



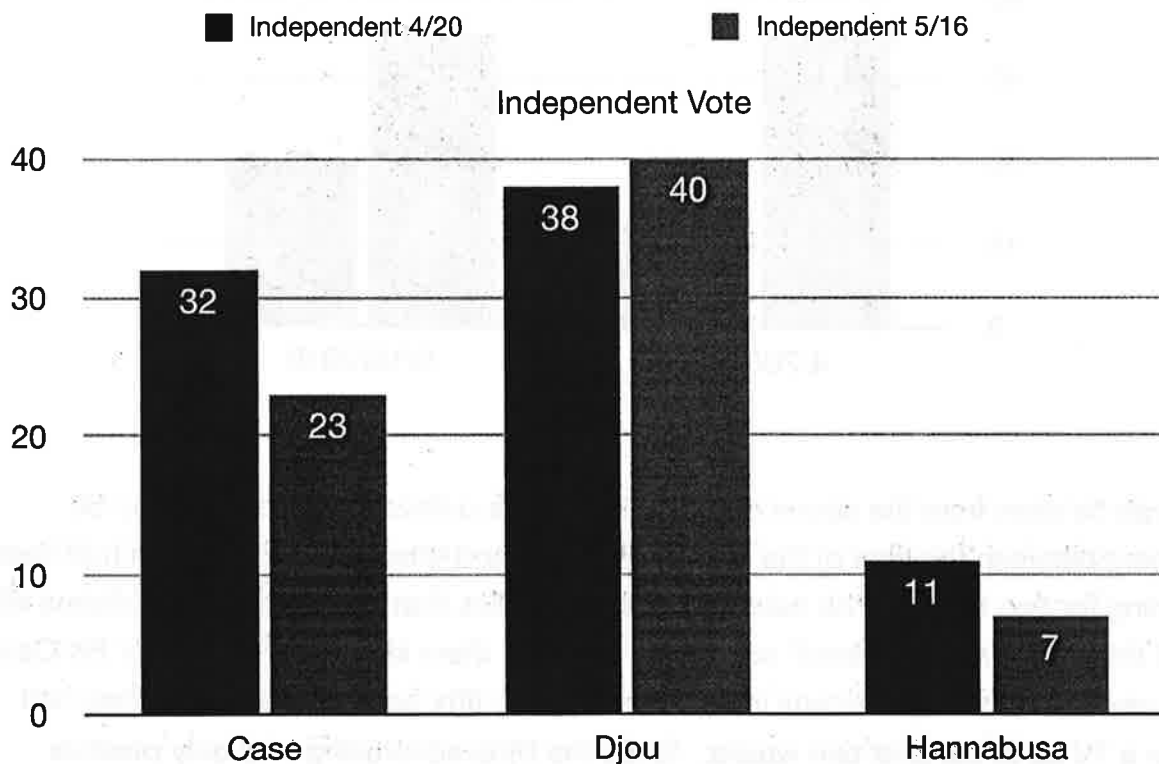
The surprising number here is how much this also affected Democrat voters. Actually, only 3 percent of Case voters said they would be more likely to support a candidate who hired Blagojevich's consultant, while 70 percent of Case voters said they would be less likely to support a candidate if they knew this information. In fact, among every key demographic, the Blagojevich number popped with an intensity rarely seen across such a spectrum of voters.

The ad campaign activities -- which included a 2000 GRP TV buy -- began within a few days of the mail-in ballots being sent out to the voters. GEB International conducted a tracking program within a few days of the start of the ad campaign, and the data discussed in this memo compared the original benchmark data with the final two samples of the tracking data.

What follows is a brief series of graphs that show the race on April 20, 2010 and then again on May 16, 2010.

GEB International Inc.

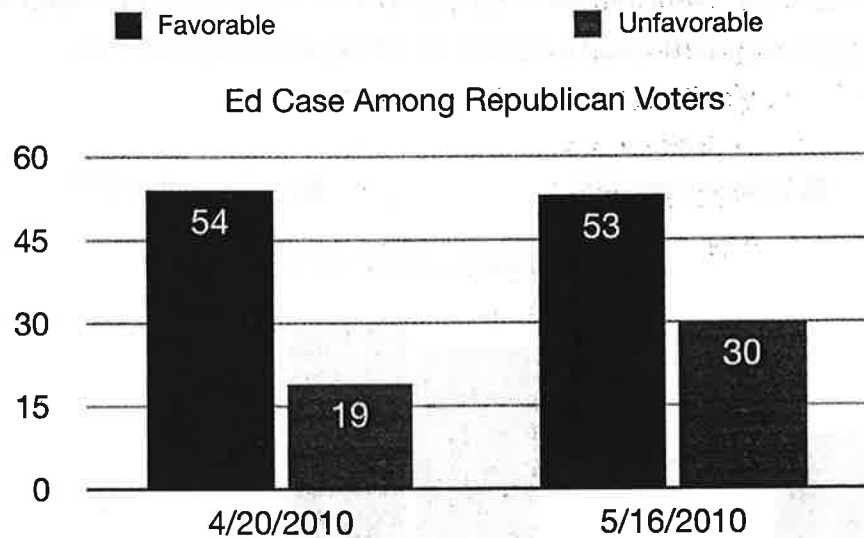
This first graph shows the movement of the race among Independents. Ed Case had very good numbers among most Independents when the race started -- he had been branded as a moderate. This is how he and much of the media branded his positions. IWV's ad campaign exposed Case's record as being anything but that.



One of the several challenges faced by IWV was to break off some of the vote Ed Case was getting from Republicans. In the data of April 20, Ed Case was receiving 15 percent of the Republican vote. Clearly, Djou would have difficulty winning if Case continued to pull one out of every six Republican votes; stripping these votes from Case and moving them to Djou became an essential element of the ad campaign.

GEB International Inc.

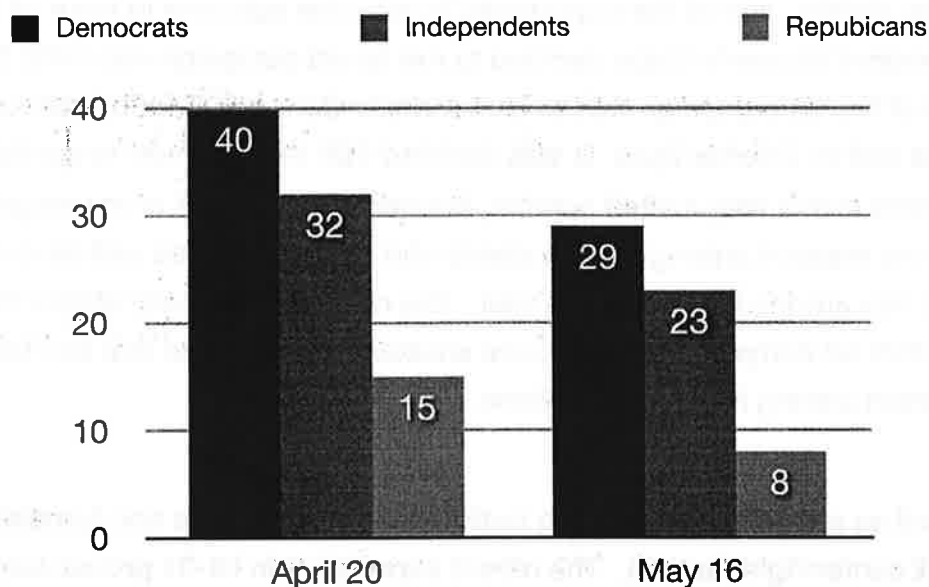
Below is a graph showing the movement of Case's favorable to unfavorable rating among Republicans:



As can be seen from the above data set, Ed Case's unfavorable increased by 50 percent between the time of the benchmark data and after the ad campaign had been running for two weeks. The data from May 16 shows that among the Republicans who said they "saw, read or heard" something to make them less likely to vote for Ed Case (26 percent of the Republicans interviewed), nearly fifty percent (48.5) said they had seen a TV ad in the past two weeks. Since the Djou advertising was only positive during the time of IWV's ad campaign, the only TV ad they could have seen to make them less likely to support case was IWV ad.

GEB International Inc.

The net result of how the vote breaks down for Ed Case in terms of party affiliations is as follows



The above data set is of critical importance. As stated earlier, Case's vote among Independent voters fell from 32 to 23 percent. Now it is also evident that among Republican voters, his support fell by almost 50 percent, from 15 to 8 percent, and it even fell among Democrats from 40 to 29 percent.

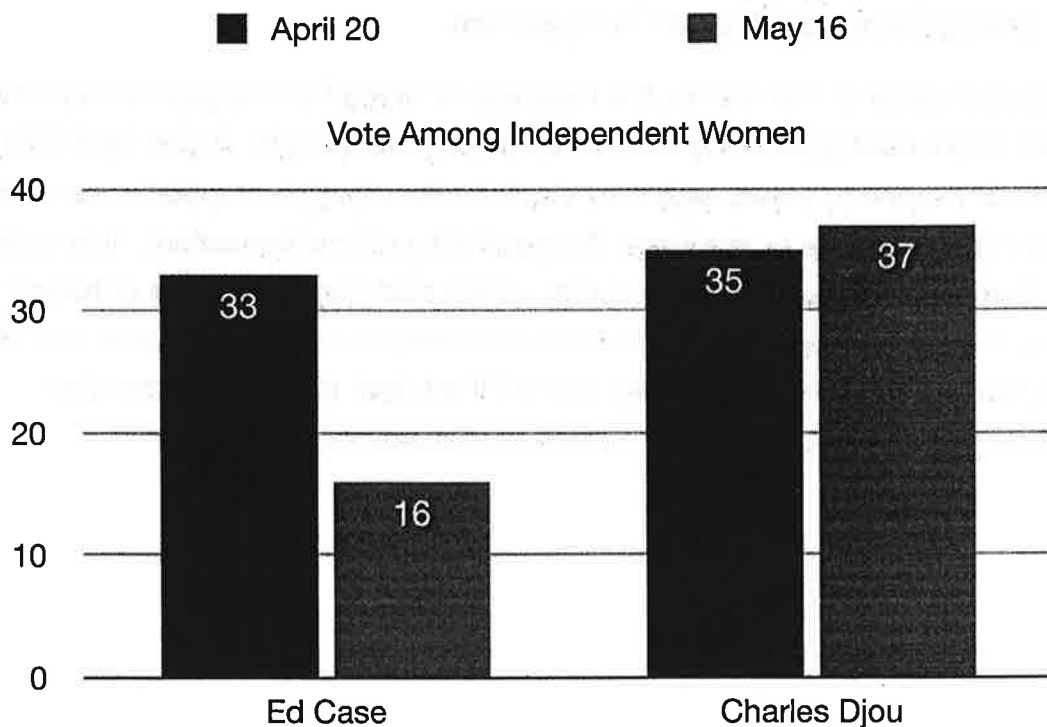
As was stated earlier in this memo, the message of hiring Rod Blagojevich's political consultant broke hard against Ed Case even among Democrats. In the April 20th data, 61 percent of Democrat voters said they would be less likely to support a candidate for Congress if they knew he or she hired Blagojevich's political consultant. It is quite possible that since 19 percent of Democrat voters said they "saw, read or heard" something in past few days that made them less likely to vote for Ed Case, and of these 19 percent, 67 percent said they saw a TV ad, that the IWV Independent Expenditure had an important effect on Democratic voters as well.

GEB International Inc.

## Conclusions

Upon learning of the closeness of the race in Hawaii's special election for the 1st Congressional district, and of the opportunity to alter the outcome in favor of Charles Djou, Independent Women's Voice decided to run an ad campaign exposing Ed Case. The purpose of the ad campaign was to shift Independent and Republican votes away from Ed Case and to Charles Djou. It was decided that the best way to do this was to target the voters with a very limited number, but very effective set of messages that would erode his support among Independents and Republicans as well as quite possibly hurt him among Democrats as well. The data above clearly shows that over the time the IWV ad campaign ran, Ed Case weakened among the two key target groups and even among his Democrat base.

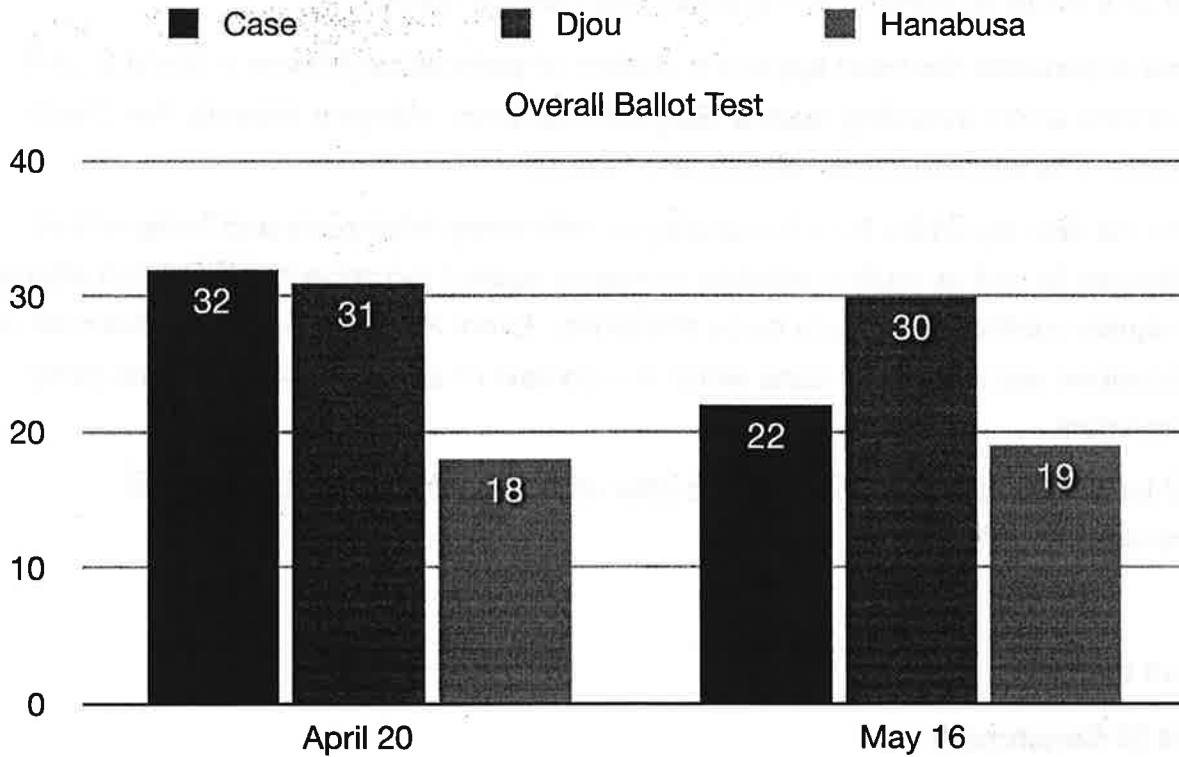
IWV sees itself as a vehicle for targeting both independents (male and female) and women (of all center-right flavors). The recent experience in HI-01 proves beyond a doubt that this goal is achievable. A simple look at the vote among Independent Women tells the whole story:



GEB International Inc.

As can be seen by the previous chart, Case fell by 17 points (a 50 percent drop) among Independent Women, and Djou went up by 2 percent for a 19 point swing.

And the final data shows the race as follows, as of May 16:



GEB International Inc.

## About GEB International Inc.

For well over a decade, GEB International Inc. has been electing leaders around the world. Founded on the principle of providing the best quality turnkey solution for survey research, polling, and strategic communication services, GEB has distinguished itself as a leader in the area of campaign and political consulting

All our experience has been applied to dozens of political campaigns in the U.S. and around the world, including Austria, Bulgaria, Romania, Hungary, Albania, the Czech Republic, The Ukraine, Israel, Serbia, and Kosovo.

Given the new dynamics in U.S. campaigns, with many third-party and independent challenges as well as multi-candidate primaries against incumbents, GEB International is uniquely qualified to analyze these situations. Every President and Prime Minister we have helped elect has been done within the context of a multi-candidate/multi-party environment.

GEB International is well positioned to offer strategic advice in this new era of campaign environments.

## About the Data

### **April 20 Benchmark**

The benchmark survey GEB International conducted was fielded over the two night period of April 19th and April 20th. 800 respondents were interviewed from a list of voters who had voted in at least two of the past three national/federal elections and who were screened in the initial questions to ensure they were "likely voters". Thus, the sample of 800 represents a universe of likely voters intending to vote in the special election.

Since voters do not register by party in Hawaii, it was difficult to determine the actual breakdown by voter registration in the district. However, thanks to previous research and information gathered from various sources in Hawaii, the approximate breakdown in the 1st Congressional district is as follows: 20% Republican, 35% Independent and 40% Democrat.

Our random sampling methods resulted in a universe that was 53% female to 47% male. The universe was also made up of 28% McCain voters and 62% Obamas voter. In addition, the party self-identification resulted in a universe of 18% Republican, 38%

GEB International Inc.

Independent and 41% Democrat. Given the proximity to the actual numbers with all three of these demographics there was no need for weighting the sample and the overall accuracy of the survey was +/- 3.46%.

### **Tracking**

The tracking survey began on May 4th with baseline sample of 300. Starting on May 6th, GEB International performed a tracking survey of 200 interviews with subsequent interviews of 200 interviews on May 10th and May 12th. This meant that on May 6th we had a combined sample of 500 interviews (May 4th plus May 6th), on May 10th 400 interviews (May 6th plus May 10th) and on May 12th 400 interviews (May 10th plus May 12th). On May 16th we interviewed 300 respondents so that we would finish with another combined 500 person sample (May 12th plus May 16th).

Interviews were conducted from the same list of voters as the benchmark (voters who had voted in at least two of the past three national/federal elections and who were screened in the initial questions to ensure they were "likely voters").

The margin of error for the combined 500 samples was  $\pm 4.4$  and for the combined 400 samples it was  $\pm 4.9$ .



## **Exhibit 33**

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(http://paracom.paramountcommunication.com/phase2/survey1/survey.htm?cid=wlwlov&130572938)



(http://twitter.com/IWV)



(http://facebook.com/IWVoice)



(http://instagram.com/iwvoice)



(https://www.youtube.com/user/IWVoices)

## IWV'S UNIQUE AND CRITICAL ROLE IN MARK SANFORD'S VICTORY

You may have heard that Mark Sanford had a dramatic win in the May 7th special Congressional election in South Carolina's 1st District, winning by roughly 54% to Elizabeth Colbert Busch's 45%.

What you may not know is that Independent Women's Voice was the only independent expenditure of a significant size on the winning side of the ledger.

Two weeks ago, after the National Republican Congressional Committee had decided to drop out, none of the big groups had come in to help, and PPP polling showed Sanford dramatically down by 9 points., we decided to test if it would be possible to move the needle enough to matter in a race that all thought all but over. We may be small, but we didn't see how we couldn't at least try.

After 4 days of testing to 10,000 likely voting Republican and Independent households, we discovered that the biggest swing issue was ObamaCare repeal. The contrast between the two candidates on this issue was clear, as Mark Sanford had signed the ObamaCare Repeal Pledge and his opponent had not.

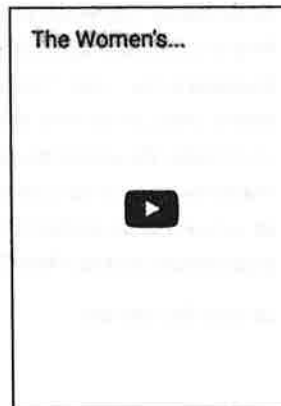
[You can click here to view the results of our message testing. \(http://iwvoices.com/130430\\_IWVSC-01\\_post\\_test\\_messaging\\_survey\\_results.pdf\)](http://iwvoices.com/130430_IWVSC-01_post_test_messaging_survey_results.pdf)

After the message testing was completed, this is what we knew for sure: Without outside help, Sanford would not win. We knew our messaging worked. We knew this wasn't about Sanford but about whether a free market conservative or a liberal would hold the seat both short term and for potentially a long time. And we believed that our messaging could stop the free fall, help Sanford rally, and even turn the tables.

Accordingly, IWV spent about \$250,000 in the last week of the campaign. Of that, \$160,000 went to broadcast and cable television and print advertising, and live GOTV calls.

Additionally – taking special care with South Carolina's rather restrictive laws on auto-dialed phone calls – we supplemented

### FEATURED VIDEO



### The Women's Vote: Has Trump's Apology Been Accepted?



### #ObamaCareHurts

IWV ON TWITTER

that with innovative, non-advocacy, factual, interactive quiz calls. These were not push polls. Instead they used the same documented information conveyed in our ads.

There was no red meat. We believe voters, at least our voters, are pretty smart and that people didn't need us to tell them what to think, they just needed to be made aware of relevant facts on issues they care about, like ObamaCare repeal, and why turning out to vote is so important.

As our last ad – done with local grassroots, published in The Post & Courier, and signed by over 200 resident women, and displayed below – said: "We are your mothers, daughters, sisters, wives, co-workers, neighbors and friends. We stand on principle. We vote on the issues. Tomorrow's election is vital to the future of our country, and given the choice before us, we can't let the perfect be the enemy of the good. We support Mark Sanford. Please vote Mark Sanford tomorrow."

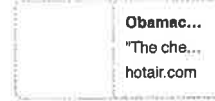
On May 7th, they did.

Tweets by @IWV



IWV @IWV

#Obamacare premiums cause sticker shock for those not receiving subsidies bit.ly/2ecHxgH via @hotairblog #hcr #aca #healthcare



12g



IWV @IWV

The Real Reason Losing Your #Obamacare Health Plan is So Frustrating ti.me/2ecHuBu via @TIME #hcr #aca #healthcare



Embed

View on Twitter

Full Political Advertisement

Sen. Kellie Steury  
Rep. Stephanie Smith Eriksson  
Brooke Helleman  
Terri Helmsen Chapman  
Lin Bennett  
Claire Costa  
Carroll Dandam  
Catherine Webborn  
Jeanne Jones  
Cheryl Altman  
Heather Richardson Higgins  
Christy Bennett  
Cheryl Woods-Flores  
Barbara Anne Warner  
Sandra Matthews  
Catherine Harrington Schuster  
Janie K. Mosker  
Linda Sirocak  
Taraal Hirst  
Michelle Streibman  
Erica Thayer  
Bridget Haffty  
Elizabeth Merly  
Kathy Denton  
Dorcas Wachter  
Lynn Cabell Parker  
Debra S. Trant  
Corneliana Evans  
Paulina Sancio Turley  
Lois Fender Kraland  
Elaine Magliocco  
Glenda Weatherford  
Dora Barb Nelson  
Sharon Dickson  
Orlene Ayer  
Mary Pearson  
Lisa Bryngelsson  
Michelle Bryngelsson  
Barbara Wojcik  
Peggy Schall  
Gisela Bester  
Edina Buchholz  
Christina Bennett  
Joanna Knapp  
Frances Faldas  
Carolyn Barabie  
Shirley Adams  
Mary Powers  
Linda Stover  
Maguen Anderson  
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Audrey Chelstoft  
Kelly Rucker  
Shelia Reed  
Mertha Lynn Douglas  
Suzi Althaus Boddick  
Ma Mahala-Jones  
Jan Lorey Smith  
Teri Peiler  
Stacy Stevenson Johnson  
Loraine Coffey  
Linda Smith  
Cynthia Rubenstein Hauer  
Beth Felsch  
Misty Blackman  
Barry Abbott Whitcomb  
Lakita Jean Beasch  
Linda Gardner  
Theresa Sherten  
BJ Rodgers  
Sandra Rhine Patrick  
Joni Marie Rodgers  
Maguen Rodgers  
Christina Rodgers  
Trent Edmunds Pys  
Tara Magwood  
Karin Nason, Forrest  
Paula Hopkins Hays  
Teresa Rault  
Patricia Taylor

Margaret Walsh Cotton  
Helen Lindor Little  
Terrie Collins  
Peggy Duffy Lewis  
Karen Powell  
Joni Harvey McLeod  
Janette Kille  
Kim Berkebile-Clyff  
Julie Richards Wood  
Rebecca Shannon Phillips  
Beth Tridick Langston  
Linda Bookbarn  
Patricia Adams  
Cherie Lombard

Debbie Judy Melton  
Kimberly Walters  
Sarah Jo Dempsey  
Andrey Piskand  
Michelle Facci  
Liane Kibbe  
Jacobs Emma Johnson  
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## **Exhibit 34**

# HEATHER HIGGINS: MOVING THE NEEDLE

Conservative warrior reveals the secrets to tipping the scales in the Right's favor at the Freedom Center's Restoration Weekend.

November 30, 2015 Frontpagemag.com



***Below are the video and transcript of Heather Higgins' speech which took place at the David Horowitz Freedom Center's 2015 Restoration Weekend. The event was held November 5-8th at the Belmond Charleston Place Hotel in Charleston, South Carolina.***



## Heather Higgins

from DHFC



37:35



Heather Higgins (<https://vimeo.com/145972410>) from DHFC (<https://vimeo.com/user15333690>) on Vimeo (<https://vimeo.com>).

Heather Higgins: If you think about it, what percentage of the voting population at this point are Independents; whether they are formally Independents in the Independent party or they simply think of themselves that way? What percentage of the electorate – any guesses?

Next Speaker: (inaudible).

Heather Higgins: Correct. So it's actually larger than Republicans. And now to be fair a lot of these people are more conservative than Republicans or more liberal than Democrats.

Next Speaker: What was the number?

Heather Higgins: It's about 40, 45 percent, and it's because they don't self-describe that way, but that's a ballpark number. It used to be about a third. It's now grown because of the disenchantment with both parties.

All right, women. Women are now – would anyone like to guess what percentage of the electorate women are?

Next Speaker: (inaudible)

Higgins: I heard 54, but it's 55. Thank you. You've made my case even better. Women also vote at a higher rate than men do; so for the men in the audience who think that the



last thing they want to do is support a women's group, understand that if you have any interest in winning elections you have to think of this as a market segmentation issue and you can't leave out that part of the market if you want to win. So if you want to win these constituents, you would think that we would be good at going after them, but in fact the Republican Party has had a pretty terrible track record at going after exactly these people.

And so my theory was, well, if you want to get a different result maybe you ought to do something different. And so for the last 5 years I have been working to provide the margin that matters in races that are toss-ups or worse. We have had a string of wins because when we look at these things we try to think, how do you play chess rather than playing checkers? And we approach it much as the way the NRA does. When the NRA decides that they want a particular candidate to be elected because he's good on their issue, sometimes they run ads on guns, but very often they run ads on something entirely different and never even mention guns because their goal is to win the race, not to make themselves feel good about the ads that they've run.

Similarly we try to think about what is it that we need to say to have impact with these people. It's been remarkably successful. In the back of the room there's a two-sided handout for those who are interested. We now have effectively a 90 percent win rate on races that were dubbed toss-up or worse as well as some messaging campaigns, just to see how much we could move the needle. And you would think that this would be a good thing, but in fact Pat Cadell is not the only one who feels like he is racking up people who don't like him. I have been racking up a number of cohorts that basically wish I would go away, and that's political consultants and campaign consultants. And they dislike me because I'm different. I do different things and the comparisons get awkward and it's particularly awkward for them when they get a lot of donors who keep urging them to be more like me or to do what we're doing.

Just some areas of difference – in deployment, they tend to support their friends and we tend to go do what the data tells us to do. Their driver for what they do tends to be commissions, sadly. Money goes where the commissions are greatest, as opposed to what will actually win, and their metric of success (as you can really tell in 2012, but elsewhere as well) is how much they spend, and ours is whether we actually win and the data and the results that we get for where we were able to move the needle.

I'm not complaining. It's good to be wanted to be gotten away with for the right reasons. And there are lots of people who, as a corollary to that, actually like us, including long-shot candidates that others had given up on, donors who want a high return on their investment for their political dollars and Americans who may not be large donors themselves but they want to see things that are strategic that win and that start getting the country back on track.

So here's what I've learned and that I want to encourage you to steal and incorporate. I'm going to break it into three categories. The first is talking about the messenger, the second is about messaging and the third is about the message vehicle. All three components work together if you're going to be persuasive with audiences that normally don't tend to like to hear from Republicans and conservatives.

Let me talk first about the messenger. Branding matters. If you get a piece of mail, or you see an ad, or you get a phone call, and it's from some group that you think you don't like, you never pay attention to what they have to say. You've hung up on it or tuned it out before you ever get a chance to penetrate. So we have worked hard to create a branded organization that does not carry partisan baggage. It's called Independent Women's Voice. Being branded as neutral, but actually having the people who know know that you're actually conservative puts us in a unique position. Either groups are conservative or they tend to be genuinely mushy middle, in which case you have no idea where they're going to come out on a particular policy issue. Our value here (and what is needed in the Republican conservative arsenal) is a group that can talk to those cohorts that wouldn't otherwise listen but can do it in a way that is taking a conservative message and packaging it in a way that will be acceptable and will get a hearing.

And measures of how this plays are indicated by the fact that we've used it in places as diverse as Massachusetts. Our first effort at this strategy was the Scott Brown race in 2010 – redefining that as being about healthcare in the 41st vote when everybody else was talking about the economy and national security issues that had polled well that September, but by January were not the ones that were going to close his 20-point gap.

On the other side of the ledger we went into this Mark Sanford race after the NRCC had pulled out. In that case we needed to be able to talk to evangelicals to get them to frankly hold their nose and vote for Mark in order to be able to hold onto that seat and not have the liberal win it and hold onto it as has happened in other states when liberals pretend to be moderates. Or, most recently in Kentucky where we went into the race right before the end. Everybody was sure that Bevin was going to lose the governorship and we looked at it and said, "This is really close. We think we could make a difference here. It's worth trying." I think only 15,000 of the people we spoke to were Republicans and all the rest were Democrats and liberals and Independents. So, by having this branding you can go places that perhaps if you're the Republican National Committee or the RGA – which play incredibly important roles, but they can't get access the way that we can.

On the message there are four different areas that I want to focus on if you want to be effective with these cohorts.

The first is tone. We've all heard the phrase, "don't ask, don't tell." My variant on that

is don't bash and don't yell. If you want to get a hearing with these audiences you need to be much more polite, much more giving, much more generous, much softer, much more empathetic. You want to lead with concern for people; not things, not money – even though for male Independents economic arguments matter, but you need to frame it in a way that shows that you care.

And that leads us to our second point, which is the style. Humor and facts are incredibly important – facts from trusted sources. One of the examples of humor working well – floating around this conference somewhere is Richard Minter, who runs a new group called American Media Institute, which I would encourage you all to find out about it. It's a non-profit that is also very important in the facts department because he is getting news stories published as news stories in mainstream media rather than just as opinion pieces. So they've got tremendous weight, resonance, and we can then use them in a way that you can't use an opinion piece to have credibility with these cohorts.

But I was working in 2012 on trying to move women who were soft Obama approvers into being Obama-disapproving and I wanted to make an ad that they would like and that they would think was speaking to them from somebody who understood them and that they would then share with their friends. And we in fact – I was talking about this with Rich and he said, "Oh, you mean the women that I'm dating. I've dated tons of women like that." Obviously, this means that all of us ought to go find Rich better dates. But he in about 15 minutes wrote the script for me of all the things that these women complain about in their other boyfriends. And then we pivoted at the very end where you have two women on a couch, talking about this relationship that had not worked for the last 4 years. It had started with such promise but he'd been so disappointing in so many possible ways and at the very end you zoom in on a hope and change poster and Obama winks or smiles. It's incredibly funny and when we showed it we were able to move disapproval 9 points in the right direction and diminish approval by 6 points. And, so, we did a series of these ads and they worked really well.

We found out later that a bunch of people had said to the RNC, "You need to give Heather money to get this more broadly on the air," and instead what happened was the RNC came out with its own version of that ad – same concept of a woman talking about her breakup with her boyfriend who at the end turns out, in their version, to be a cut-out of Obama sitting on the other side of the table. But they took out everything that made it empathetic and funny to these women and turned them into the butt of the joke so that Republican donors would think it was funny, but no swing-voting women would ever think it was funny, and if anything you would kind of harden them in their defensiveness about this position.

So, using humor to get a viewing, using it the right way with the right tone is important. Using facts (which I'll talk about in a little bit) and often as doing it in the form of questions where you assume that the listeners can make up their own mind rather than

being a hammer on an anvil and telling them what to think.

Men in the audience – how many of you have wives who like you to tell them what to think? Oh, there's a dearth on hands. I wonder why. Okay, and for people who think that they are Independents – how many of them want to be told what to think? By definition, male or female, if you self-describe as an Independent you want to believe that you're making up your own mind. So, part of the subtlety of this is to make sure that even though you are leading people to a conclusion, you don't do it in a way where you say, "This is what you need to think." Because all you'll do is create a backlash.

The third piece of effective messaging is the values component. And by values, I would recommend to all of you that a marvelous book to read is by Jonathan Height. It's called, *The Righteous Mind*, and it explained to me why what I was doing instinctively actually had scientific validity and worked. He wrote this as a liberal Democrat trying to explain to the Democratic Party why they were so tone deaf about issues that mattered to conservatives and obtuse about why we would care about the flag and why we would care about family and why we would care about religious freedom (among other things). In the process of writing the book he had an epiphany that he actually agreed with the conservative understanding of human nature.

If you get to Chapter 11 and 12 (which are the most important chapters in the book for his epiphany, which most reviewers did not get to; so if you cheat and just read the reviews you won't get to that); he has since actually moved even further to the right and he's now self-describing as a conservative because he was trying to have a class at NYU showing films about how people reacted to other statements and one of the lesbians in the class decided that he had triggered her and that that was micro-aggression. And he then got embroiled in one of these dramas that you've heard so much about in colleges and it has totally finished the move of him along the philosophical trajectory. But it is where – for those of you who are familiar with Arthur Brooks -- a lot of what he says at AEI about values – Jon is one of his best friends and that has influenced a lot of that. It is a great book to read.

And the reason that I reference it here is that a lot of the values that conservatives talk to are only held by conservatives; whereas if we talk about fairness and harm, they are held by 100 percent of the country. Now on fairness, the hard left will have a definition of fairness that is redistributive and different than everyone else although the words still will work with them. So you're still talking to 80 percent of the country.

If you talk about money, that works with nobody because it's not a value, except for very few people who sort of internally translate what that is.

So, repackaging your arguments in terms of who they help and who they hurt, and whether or not they are fair is incredibly helpful and I will show that in the next example

when I talk about content, which is the fourth piece of messaging.

I have finally figured out, I think, why this is the case that the right always wants to talk about what moves the base. They don't believe that people's minds can be changed and so, therefore, they use a form of, essentially, consumer brand marketing in which (if you are making Cheerios cereal) you go out and you find out people who love Cheerios cereal and you figure out why they love Cheerios cereal and then you do in your ads those arguments that work for them in the hopes that other people who share those values will also then discover Cheerios cereal.

The left does it very differently, and I discovered that I am an instinctual Democrat. The left says, "Hey, the base are going to vote with us anyway. I don't need to worry about them except in a primary. The reach voters I'm never going to get. That's not a good place to spend my money. What I need to worry about are the people who make that incremental difference about whether or not I win or lose. That's the swing. Those are the people I need to talk to."

And, if you have ever wondered why Obama, and Hillary and all the rest talk about, for example, the middle class – and what they want to do and how the rhetoric is a mile away from their policy – it is because they are talking to the middle.

The model of the right is we talk to the base and then compromise on our policy and give up what we should be going for on our policy. Whereas the left talks to the middle, but then implements their policy, as they understand it to be. And I would argue that the left has a far superior model. We should be talking to the middle and then doing the principled thing in our votes, but explaining it in a way that it is appealing to the average American voter.

The thing that I do that goes one step beyond that is, where possible, I look to try to figure out -- and this is because in my youth I was Bob Bartley's first-ever intern at the Wall Street Journal. And, so, when you're writing editorials there and you're trying to be persuasive, one of the things that I tried to think about is, "Why do people disagree with me? What is it that's stopping them from agreeing with us and is there something that I can say that will change that predicate thought that will change how they vote?"

And I have started to implement this as political practice after Wisconsin. You all remember the legislative walk-out. You were probably glued to your television sets as I was watching what was going on. I was distressed to discover that the longer it went on the more Walker's numbers went south on this union fight. I started Googling up the ads that our friends were running to support the Governor and was very concerned.

Full disclosure – I'm from Manhattan. I know that gives me horns. I'm from New York. It's a curse – Sodom and Gomorrah on the east. But, growing up there as a

conservative means that you have a different ear. And I took one look at these ads and I went, "Oh, my gosh. This certainly will not help and it may very well hurt." So, I raised some money and I went into Wisconsin right after this had happened and did survey work and polling work and came away not only with the conclusion, which the Governor reaffirmed, but also it was really clear that our ads had hurt. But, more importantly, I thought I had an insight into why Independents and women had gone upside down on the Governor – which was that the people who were supporting the unions (outside of the hard left, who have their own reasons for being there, for collective everything) were locked in a 1950s understanding of union compensation for public sector workers. And, they believed that they were sacrificing to hold these jobs. That meant that it was already unfair – the situation they were in – and what Walker was proposing would have been even more unfair to these people.

So, I was able, finally, before the Walker recall, to raise some money to do a test and this is where I had my epiphany.

I got a call from my pollster and my political guy telling me that they had done the baseline test because I was going to break the universe of Independents into two cohorts – one that was going to be my control group and the other was going to be my treatment group to see if what I wanted to do actually worked.

And, they said, "We have good news and bad news. The bad news is that there are only two issues that work in Wisconsin. The good news is that they work really well; and so we should do ads on the billion dollars saved and the differences in the teacher outcomes because those are the issues that work. We should put all the money in that." And I said, "Thank you very much, gentlemen, but we're not going to do either." "What do you mean, we're not going to do --" And, I said, "Well, if you look, if there's reportedly \$10 million that's being spent by the Walker campaign and the outside groups, and it's on exactly those issues...so, that's already being done. We're going to do this other thing of trying to see if we can change people's minds about the predicate thought that is leading them to believe that what he's proposing is unfair."

They spent an hour and a half arguing with me on the phone – that they had had 30 years of campaign experience each and what I was going to do was a total disaster and couldn't possibly work. And I'm perfectly happy to be proven wrong. I have just been itching for over a year to try this. And, so, they finally decided they would humor me and were looking forward to explaining to me how wrong this was.

But, to their shock and amazement when we got done, while the control group was right where the rest of the state was with Walker leading Barrett (this was 2 weeks before the election) by 5 points, the people who had gotten our messaging were now at 36 points for Walker – so, a net 31 point gain.

You're not going to repeat that all the time. The state of Wisconsin was unbelievable fixated on this issue so there was a staggeringly high listen rate to the phone calls that we drove into people's houses with quizzes and so-forth. We had four different calls, two minutes long each. Seventy-five percent of households listened all the way through to all four calls. Ninety-five percent of households listened all the way through at least one call.

But the point was proven, and we have since done that on healthcare and we've done it on economics. And I think there are other opportunities to do that. And it's part of what we did in Kentucky.

The third piece of messaging after the messenger and the message itself is the message vehicle. And, obviously, this can take an awful lot of forms. TV ads are the first things that people think about, but there's also phone and radio and mail. There's grassroots. There's social media. In this I would encourage you all to focus on what is effective, not just what brings in the biggest commissions. And there are wrinkles to this that I think that our team really needs to work on and one of the biggest is in the gray area of grassroots.

Charlie Kirk is sitting in the back. I would encourage all of you to – you're talking the last day, aren't you? So change your planes and stay for the very last panel. Charlie runs Turning Point USA, which is a wonderful new organization which is trying to round up college kids and now high school kids (in fact, he's captivated my son, who's going to start a chapter at Stuyvesant High School in New York) and turn them into basically Moveon.org for the right. And he's doing a wonderful job with it.

And the reason that I want to flag this as particularly important is one of my frustrations with the Republican Party and conservative efforts generally is that so much of our grassroots effort is wasted money. We go in, we parachute – either we have single-issue groups or we have groups that are so top-down that they don't have indigenous buy-in (although some of them are now starting to change that for the good). Or, most often, you will find that political campaigns will parachute into an area, pay top dollar to consultants and staffers to round up people from other groups (and often people – so a lot of your volunteers are not from that area and sometimes not even from that state) and then they go and dismantle what little organization they've created after the election is done and have to go do it all over again.

And part of that is because they believe that the secret to all this is data. But if you look at the left, the left understands human psychology far better than the right does and they know that data is just a tool. And, what really grassroots is about is relationships. That's why Organize for America is in on the ground and stays on the ground. And once they're there, they don't leave. They're there in off years. They're there in on years. It's the same person who's there for 3, 4, 5, 6 years. When you get a call on the left that

you should vote for somebody or turn out for something, it's from somebody that you've met. It's from somebody that you have a relationship with. And yes, the left has great data, but they do it to advance the relationship.

We have dismantled a lot of our infrastructure for relationships on the right and it is tremendously important to build them back. When I was playing in a lot of the closely contested senate races in '14, one of the things I was given money to do was to see if we could – we're trying to build out something called Independent Women's Network, which is a grassroots effort for this genuinely indigenous, for women who are not yet (and men) part of (because it's interesting – men want to go where there are a lot of women – don't blame them) and create these groups that are not for people who are already members of grassroots groups (because why waste the money getting them twice), but to encourage and persuade.

Basically the small evangelical group model for getting people to feel that there's a community that actually agrees with them and they will do what they do because that's what their friends do. We forget how incredibly hard it is if you're, say, a 25-year-old female; you don't even know any Republicans. All of your friends are Democrats. How difficult it is to even say that you might be a conservative on some issue or other? We're talking about identifying with social pariahs. What 25-year-old wants to do that, or even 20-year-old? So, creating communities where people can find others that they like and then slowly absorb their views is important.

On New Hampshire we didn't have time to build that kind of an infrastructure, so I had always wanted to test the efficacy of issues messaging versus standard political messaging. And so we created two groups against the test groups and I will tell you this – with Republicans it really doesn't matter what you send them because they're going to vote anyway. But if you're talking with swing voters and independents, it's incredibly important. We gained an additional 6 points for talking in an issues-only non-partisan way.

But if you look at the data overall, it actually cost Scott Brown 3 to 4 points to have a household be visited by somebody from out of the state and out of the area. It creates a backlash. It's basically not too different from Chicago where if you're going and knocking on doors and you're not from that ward, it matters. It's part of why the effort by Moveon.org to turn Texas blue backfired, because they were importing people to tell people from Texas how to vote.

So, building indigenous infrastructure – the social relations of grassroots – is going to be incredibly important to a successful effort to reach out to these cohorts.

So, I have given you my observations built over the last several years and I ask that you join me in taking back our country, winning races that we are not supposed to win, and



building a majority that will do the hard work that we need to do in order to stop the metastasizing march of the ideas of the left.

Thank you.