

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 private foundations)

2018

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

ΑI	or the	2018 calend	ar year, or tax year beginning , 2018, a	ınd ending	, 20						
B	Check if ap	oplicable:	C Name of organization		D Employer identification number						
Address change			INDIANA CITIZEN EDUCATION FOUNDATION INC		82-104445						
	Name cha	ınge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number						
	initial retu		3544 CLEARWATER CIR		317-231-7349						
	Finai retun Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption						
=		n pending	Number ▶								
		ing Method:	INDIANAPOLIS, IN 46240  ✓ Cash	Н	Check ▶ ☐ if the organization is not						
	Vebsite	-	indianacitizen.org		required to attach Schedule B						
J T	ax-exen		eck only one) —   501(c)(3) □ 501(c) ( )   (insert no.) □ 4947(a)(1) or	□527	(Form 990, 990-EZ, or 990-PF).						
			✓ Corporation ☐ Trust ☐ Association ☐ Other								
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if tota	lassets						
			5500,000 or more, file Form 990 instead of Form 990-EZ								
	art I		e, Expenses, and Changes in Net Assets or Fund Balance		+ 50)000						
			the organization used Schedule O to respond to any question ir								
	1		ons, gifts, grants, and similar amounts received								
	2		ervice revenue including government fees and contracts		96,000						
	3	_	ip dues and assessments		3						
	4	Investment	•		4						
	-т 5а		unt from sale of assets other than inventory		• • •						
	1		*.								
	b	Less: cost or other basis and sales expenses									
	6 6	-	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c  Gaming and fundraising events:								
	а	_	Gross income from gaming (attach Schedule G if greater than								
ē	a	\$15,000) .									
Revenue	ь		L.22.1	contribution	ne Pie						
ě	-		aising events reported on line 1) (attach Schedule G if the								
<b>CC</b> .			h gross income and contributions exceeds \$15,000)   6b								
	c		t expenses from gaming and fundraising events 6c								
	d		e or (loss) from gaming and fundraising events (add lines 6a and	6b and sui	otract						
	-	line 6c)			· · 6d						
	7a	•	s of inventory, less returns and allowances								
	b		of goods sold								
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c						
	8	•	nue (describe in Schedule O)								
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8								
	10		similar amounts paid (list in Schedule O)		10						
	11		aid to or for members		11						
w	12		ther compensation, and employee benefits		12						
nses	13	•	al fees and other payments to independent contractors		13 31,042						
ĕ	1		/, rent, utilities, and maintenance		14						
Expe	14 15		ublications, postage, and shipping								
	16		enses (describe in Schedule O)								
	17	•	·								
	<del> </del>	Evene expe	enses. Add lines 10 through 16	<u>· · · · · · · · · · · · · · · · · · · </u>							
Net Assets	18 19		or fund balances at beginning of year (from line 27, column (A))								
SS	'3		r figure reported on prior year's return)								
ΪĀ	20	-	inges in net assets or fund balances (explain in Schedule O)		h <del></del>						
Š	21		or fund balances at end of year. Combine lines 18 through 20								
			-,	· · · · ·	, , 34,000						

Form	agn.	.F7	/2018	۸.

Pa	Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	any question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22 23	Cash, savings, and investments			230		64,688
24	Land and buildings				23	
25	Total assets			230	24	04.000
26					26	64,688
27	Net assets or fund balances (line 27 of column		h line 21)	230		64,688
Par	t III Statement of Program Service Accom				=:	04,000
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IIÍ 🔲		Expenses
Wha	t is the organization's primary exempt purpose?	encourage civic eng	agement and particip	oation		quired for section (c)(3) and 501(c)(4)
as n pers	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe th ach program title.	e services provided	d, the number of	org	anizations; optional for ers.)
28	Developing nonpartisan voter registration and educa					
	to the 2020 elections					
	(Grants \$ 0) If this amount	indudes foreign av			00.	
29					288	28,500
LU						
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗆	298	1
30						
		***************************************				
			ants, check here .		308	1
31	Other program services (describe in Schedule O)					
20	(Grants \$ 0) If this amount Total program service expenses (add lines 28a	includes foreign gra	ants, check here .	▶ 📗	312	
	List of Officers, Directors, Trustees, and Key				32	
ı cıı	Check if the organization used Schedule				เอนน	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe	1.3	Estimated amount of other compensation
Willia	ım Moreau, president and director			· -	╅	
		15	o		o	0
Ann i	DeLaney, treasurer and director		·		1	
		2	0		0	0
Jean	ne Kelsay, vice president and director					
		2	0		0	0
Kath	erine Moreau, secretary and director					
		3	0		<u>0</u>	0
Russ	ell Cox, director	-				
		2	0	/ <u> </u>	0	0
					1	
		1				
					4	
		-	1			
					+	
		<u>                                     </u>			+	

Joil the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.  Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O, See instructions  35a Did the organization the verificate of the properties of the organization in Comparisation and the organization activities (such as those reported on line 2, 6a, and 7a, among others)?  If "Yes" is line 35a, has the organization flad a Form 990-Te ir the year? If "Yes," provide an explanation in Schedule O was the organization as section \$51(0)(4), \$51(0)(5), or \$501(0)(6) organization subject to section \$603(e) notice, reporting, and proxy tax requirements during the year and situation of the comparisation subject to section \$603(e) notice, reporting, and proxy tax requirements during the year organization undergo a liquidation, dissolution, termination, or eignificant disposition of net assets during the year? If "Yes," complete Schedule P. Form 1120-POL, for this year?  10 bid the organization undergo a liquidation, dissolution, termination, or eignificant disposition of net assets during the year? If "Yes," complete Schedule P., Part II and enter the total amount involved  35a Did the organization flie Form 1120-POL, for this year?  15b Did the organization flie Form 1120-POL, for this year?  16c Section \$51(e)(0) organizations. Enter amount of tax imposed on the organization burst the year undersection \$35 bid \$35	Part		s in th	ne -	
Joil the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.  Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O, See instructions  35a Did the organization the verificate of the properties of the organization in Comparisation and the organization activities (such as those reported on line 2, 6a, and 7a, among others)?  If "Yes" is line 35a, has the organization flad a Form 990-Te ir the year? If "Yes," provide an explanation in Schedule O was the organization as section \$51(0)(4), \$51(0)(5), or \$501(0)(6) organization subject to section \$603(e) notice, reporting, and proxy tax requirements during the year and situation of the comparisation subject to section \$603(e) notice, reporting, and proxy tax requirements during the year organization undergo a liquidation, dissolution, termination, or eignificant disposition of net assets during the year? If "Yes," complete Schedule P. Form 1120-POL, for this year?  10 bid the organization undergo a liquidation, dissolution, termination, or eignificant disposition of net assets during the year? If "Yes," complete Schedule P., Part II and enter the total amount involved  35a Did the organization flie Form 1120-POL, for this year?  15b Did the organization flie Form 1120-POL, for this year?  16c Section \$51(e)(0) organizations. Enter amount of tax imposed on the organization burst the year undersection \$35 bid \$35	<del></del>	instructions for Part v.) Check if the organization used Schedule O to respond to any question in this	s Part		
Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See Instructions   34	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	32	Yes	No
Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  b. If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C and the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete special parts of Schedule N.  Did the organization beform 1120-PCDL for this year?  37a	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	00		
activities (such as those reported on lines 2, 6a, and 7a, among others)?  b If Yee's to line 35a, has the organization lifed a Form 990-7 for the year? If *No, "provide an explanation in Schedule O S5b or Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If *Yes," complete Schedule C, Part III	35a	•	34		✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III .  55c  10c bld the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  17a  17b  17c  17c  18c  17c  17c  18c  17c  18c  17c  18c  17c  18c  17c  18c  18		activities (such as those reported on lines 2, 6a, and 7a, among others)?			✓
during the year? If "Yes," complete applicable parts of Schedule N  17a		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			<b>√</b>
b Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 38c 50c 501 (c)(7) organizations. Enter:  a Initiation flees and capital contributions included on line 9 organization during the year under section 691 (c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 · d  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 · d  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization in 40c reimbursed by the organization with the section of the organization in the organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  List the states with which a copy of this return is filed ▶ Indiana  The organization's books are in care of ▶ Cox, Sargeant & Burns, P.C. Telephone no. ▶ 317-469-412  List the states with which a copy of this return is filed ▶ Indiana  The organization's books are in care of ▶ Cox, Sargeant & Burns, P.C. Telephone no. ▶ 4620  All organizations books are in care of ▶ Cox, Sargeant & Burns, P.C. Telephone no. ▶ 4620  If "Yes," enter the name of the foreign country ▶ See the instruction's provided the cap	36		36		<u> </u>
bild 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 tax year covered by this return?  b   f "Yes," complete Schedule L, Part II and enter the total amount involved    38ab    Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9   39a    b   Gross receipts, included on line 9, for public use of club facilities   39a    Section 501(c)(8) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I    c   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958    d   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line    40c reimbursed by the organization    41 List the states with which a copy of this return is filed ► Indiana    List the states with which a copy of this return is filed ► Indiana    List the states with which a copy of this return is filed ► Indiana    List the states with which a copy of this return is filed ► Indiana    List the states with which a copy of this return is filed ► Indiana    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 ►    Section 504(c)(3), 504(c)					
a Initiation fees and capital contributions included on line 9  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4912 ▶ 0; section 4915 ▶ 0  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ7 if "Yes," complete Schedule L, Part 1  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶ Indiana  11 List the states with which a copy of this return is filed ▶ Indiana  12 The organization's books are in care of ▶ Cox, Sargeant & Burns, P.C.  13 Telephone no. ▶ 317-469-412  14 Located at ▶ 8440 Woodfield Crossing Blvd ₱170, Indianapolis, IN  21P + 4 ▶ 46240  42 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 ⊌ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accoun		Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities					
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4915 ▶ 0 section 4915 ▶ 0; section 4912 ▶ 0; section 4915 ▶ 0 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or idid it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  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  List the states with which a copy of this return is filed ▶ Indiana  12a The organization's books are in care of ▶ Cox, Sargeant & Burns, P.C. Telephone no. ▶ 317.468-412  Located at ▶ 8449 Woodfield Crossing Blvd #170, Indianapolis, IN  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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be comple		and the second s			
b Section 4911 ▶ 0 ; section 4915 ▶ 0 ; section 4955 ▶ 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .		Gross receipts, included on line 9, for public use of club facilities			
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I or Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization .  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.  List the states with which a copy of this return is filed Indiana  The organization's books are in care of Indiana  The organization's books are in care of Indiana  The organization's books are in care of Indiana  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  At a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead o	40a				
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization .	b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40b		<u> </u>
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transaction? If "Yes," complete Form 8886-T	. , <b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
The organization's books are in care of ▶ Cox, Sargeant & Burns, P.C.  Located at ▶ 8440 Woodfield Crossing Blvd #170, Indianapolis, IN  ZIP + 4 ▶ 46240  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  Yes  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	е	transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
Located at ▶ 8440 Woodfield Crossing Blvd #170, Indianapolis, IN  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  Yes  44a  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					
At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	42a	T			<u> </u>
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	b				No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			<del>√</del>
Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					
If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year					
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  Yes  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	С		42c		
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	43		· ·	Yes	► □
completed instead of Form 990-EZ		completed instead of Form 990-EZ	310		<b>√</b>
c Did the organization receive any payments for indoor tanning services during the year?	b		March Control of the		<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)? If "Yes," Form 990 and Schedule R may need to be completed instead of		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		<b>√</b>
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a		45a		<b>√</b>
FORM 990*EZ, 500 INSTRUCTIONS	b		45b		-

46	Did to ca	he organization engage, directly or in Indidates for public office? If "Yes," o	ndirectly, in political c complete Schedule C	ampaign activities or	behalf of or	in opposi	tion	es No
Part		Section 501(c)(3) Organization All section 501(c)(3) organization	s Only					lines
		50 and 51. Check if the organization used Sci	hedule O to respond	to any question in t	his Part VI			$\Box$
<del></del>		Check if the organization used oc	nedule O to respond	to any question in t	ilis i art vi	• • •	· · · · · · · · · · · · · · · · · · ·	es No
47	year?	he organization engage in lobbying P If "Yes," complete Schedule C, Par	t (1				tax 47	<b>√</b>
48 49a b 50	Did to	e organization a school as described in the organization make any transfers to es," was the related organization a se plete this table for the organization's oyees) who each received more than	o an exempt non-cha ection 527 organizatio five highest compens	ritable related organiz n? sated employees (oth	zation?  er than offic	ers, directo	. 49a 49b ors, trustees,	
· <del>*</del>	•	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, a compen	benefits, to employee and deferred	(e) Estimated a other compe	mount of
None								
						-		
			<u> </u>					
		:						
f 51	Com	number of other employees paid ovo plete this table for the organization, 000 of compensation from the orga	s five highest compe	ensated independent	contractors	who each	received m	ore than
	(a)	Name and business address of each independ	lent contractor	<b>(b)</b> Type of serv	ice	(c)	Compensation	
None								
				· · · · · · · · · · · · · · · · · · ·			······································	
	·							
					:			
				,				
d	Total	number of other independent contra	actors each receiving	over \$100,000	<b>▶</b>		0	
52	Did com	the organization complete Schedu pleted Schedule A	ule A? <b>Note:</b> All se	ction 501(c)(3) orga			.▶☑ Yes	
Under p	enalties	of perjury, Declare that I have examined this and complete. Declaration of preparer (ather)than	return, including actompan	ying schedules and statemermation of which preparer i	ents, and to the has any knowled	best of my kr	nowledge and be	elief, it is
	1.00., 2	1/1/1/41 H/M	11 gul			5/13/	19	
Sign Here	6	Signeture of officer William Moreau, President			Date		1 6	
		7 Type or print name and title	U Dropovovio sissestima	, In	+o	<del></del>	I DTIN	
Paid		Print/Type preparer's name	Preparer's signature	along s	/ //	Check Self-emplo	.1	2025
Prep		Charles Russell Cox Firm's name ► Cox, Sargeant & Burn	.1		/ //	's EÍN ►	yed) <u>P022!</u> 35-20779	
Use	Only Firm's name Cox, Sargeant & Burns, F.C.							
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions			► ☑ Yes [	No

## **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

ame of the organization Employer identification number								
IDIANA CITIZEN EDUCATION FOUNDATION INC  Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
						ons.		
The organization is not a private for a high A church, convention of a A school described in sec	hurches, or associati	on of churches descri	ibed in <b>s</b> e	ection 17	O(b)(1)(A)(i).			
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> </ul>								
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
<ul> <li>A federal, state, or local g</li> <li>An organization that norn described in section 170</li> </ul>	nally receives a subs	tantial part of its sup				n the general public		
8	oed in <b>section 170(b</b> )	<b>(1)(A)(vi).</b> (Complete I	Part II.)					
9 An agricultural research o or university or a non-land university:	I-grant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or		
An organization that norm receipts from activities rel support from gross invest acquired by the organization.	ated to its exempt fu ment income and uni ion after June 30, 197	nctions—subject to c related business taxal 75. See <b>section 509(</b> a	ertain exc ble incom a)(2). (Cor	ceptions, le (less se nplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its		
<ul><li>11  An organization organized</li><li>12  An organization organized</li></ul>	•		_			was as it the name		
of one or more publicly s Check the box in lines 12a	upported organizatio	ns described in secti	on 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).		
a Type I. A supporting of the supported organiz- supporting organization	ation(s) the power to	regularly appoint or e	lect a ma	jority of t				
b Type II. A supporting control or management organization(s). You m	nt of the supporting o	rganization vested in	the same					
c Type III functionally in its supported organiza						ally integrated with,		
d Type III non-function that is not functionally requirement (see instru	integrated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an			
e						e II, Type III		
f Enter the number of suppor g Provide the following inform		oorted organization(s).			• • • • • • • • • • • • • • • • • • •			
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No				
A)								
В)								
C)								
D)								
E)								
			953533333					

Pari	Support Schedule for Organize	ations Desci	ribed in Sect	ions 170(b)(1	1)(A)(iv) and 1	70(b)(1)(A)(vi	) age 2
	(Complete only if you checked to	he box on lin	e 5, 7, or 8 of	Part I or if th	ie organizatio	n failed to qua	, alify under
	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	lease comple	te Part III.)	
	on A. Public Support		<b>-</b>				
•	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				250	96000	96250
2	Tax revenues levied for the	,					
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
_ ,	organization without charge						
4	Total. Add lines 1 through 3				250	96000	96250
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
· ·.	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	••				5		85625
6 Sooti	Public support. Subtract line 5 from line 4 on B. Total Support						10625
		(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 0017	(=) 0010	(A Total
	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2014	(b) 2015	(C) 2016	(d) 2017	(e) 2018	(f) Total
7					250	96000	96250
8	Gross income from interest, dividends, payments received on securities loans,	,		].			
	rents, royalties, and income from	,					•
	similar sources						
9	Net income from unrelated business						
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or	<del></del>					····
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10			garage and a second			96250
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	0
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	i, or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he	re			· · · · ·		▶ ☑
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line					14	%
15	Public support percentage from 2017 Sci					15	<u>%</u>
16a	331/3% support test-2018. If the organ						
	box and stop here. The organization qua						
b	331/3% support test-2017. If the organi						
	this box and stop here. The organization					and the second s	
17a	10%-facts-and-circumstances test-2	<b>018.</b> If the org	anization did r	ot check a bo	x on line 13, 10	6a, or 16b, and	l line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumst	ances" test, cl	heck this box a	ind stop here.	Explain in
	Part VI how the organization meets the '	Tacts-and-circ	umstances" te	est. The organi	zation qualifies	as a publicly	
	organization						▶ 📋
b	10%-facts-and-circumstances test—2	<b>017.</b> If the org	anization did r	not check a bo	x on line 13, 1	6a, 16b, or 17a	a, and line
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r					on qualifies as	a publicly
٠.	supported organization					thin how and	🗆
18	Private foundation. If the organization di	o not check a	DOX ON TIME 13	, 108, 100, 1/8	a, or 1710, check	viriis box and s	,

# Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

INDIANA CITIZEN EDUCATION FOUNDATION INC 82-104445 Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

	rganization		Employer identification number						
NDIANA (	CITIZEN EDUCATION FOUNDATION INC		82-104445						
Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	William and Ann Moreau		Person ✓ Payroll ☐						
	3544 Clearwater Circle	\$2000	0 Noncash  (Complete Part II for						
	Indianapolis, IN 46240		noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
2	Ann and William Moreau Family Charitable Foundation		Person ☑ Payroll ☐						
	3544 Clearwater Circle	\$1000	0 Noncash						
į	Indianapolis, IN 46240		(Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
3	Marianne Glick 4111 Wythe Lane	\$1000	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a)	Indianapolis, IN 46250 (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
No.	Name, address, and zir + 4	Total Contributions	Type of Contribution						
4	Cynthia Simon Skjodt 9910 Towne Road	\$5000	Person  Payroll  Noncash  (Complete Part II for						
	Carmel, IN 46032		noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
5	Ann and Ed DeLaney  4445 Washington Blvd.  Indianapolis, IN 46205	\$500	Person Payroli Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person						
		<u></u>	I.,						

# **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

> ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
INDIANA CITIZEN EDUCATION FOUNDATION INC	82-104445
Part I Line 16 Other expenses: \$500 for expenses of board of directors meeting on 5/17/2018	
	·
······································	
·	
·	
	······································
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