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AMENDED

Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

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)

For the 2007 calendar year or tax year beginning 3/07 2007 and ending 12/31 2007

<b>A</b> For the 2007 calendar year or tax year beginning 3/07 2007 and ending 12/31 2007		<b>B</b> Check if: <input type="checkbox"/> Add ch g <input type="checkbox"/> N m ch g <input checked="" type="checkbox"/> l b l tu <input type="checkbox"/> T m b <input checked="" type="checkbox"/> Am d d tu <input type="checkbox"/> Appl t p d g <b>C</b> Women of Wisdom Inc c/o Sweet Charity 141A Main Street Vergennes VT 05491 § <b>D</b> Empl y rid ntifi ati n number 83-0478689 <b>E</b> T l ph mb 802-877-6200 <b>F</b> Group Exemption Number ▶ <b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ <b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990 990 EZ or 990 PF) <b>I</b> Website ▶ N/A <b>J</b> Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) 4947(a)(1) or 527 <b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25 000 A return is not required but if the organization chooses to file a return be sure to file a complete return <b>L</b> Add lines 5b 6b and 7b to line 9 to determine gross receipts if \$100 000 or more file Form 990 instead of Form 990 EZ ▶ \$ 131,278
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

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

1 Contributions gifts grants and similar amounts received		1	74 190
2 Program service revenue including government fees and contracts		2	
3 Membership dues and assessments		3	
4 Investment income		4	
5a Gross amount from sale of assets other than inventory		5a	
b Less cost or other basis and sales expenses		5b	
c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)		5c	
6 Special events and activities (attach schedule) If any amounts from government check here <input type="checkbox"/>		6	
a Gross revenue (not including \$ of contributions reported on line 1)		6a	
b Less direct expenses other than fundraising expenses		6b	
c Net income or (loss) from special events and activities Subtract line 6b from line 6a		6c	
7a Gross sales of inventory less returns and allowances		7a	57 088
b Less cost of goods sold		7b	57 088
c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a		7c	
8 Other revenue (describe ▶ )		8	
9 Total revenue (add lines 1 2 3 4 5c 6c 7c and 8)		9	74,190
10 Grants and similar amounts paid (attach schedule)		10	960
11 Benefits paid to or for members		11	
12 Salaries other compensation and employee benefits		12	18 513
13 Professional fees and other payments to independent contractors		13	350
14 Occupancy rent utilities and maintenance		14	7 700
15 Printing publications postage and shipping		15	3 107
16 Other expenses (describe ▶ )		16	12,915
17 Total expenses (add lines 10 through 16)		17	43 545
18 Excess or (deficit) for the year Subtract line 17 from line 9		18	30 645
19 Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end of year figure reported on prior year's return)		19	0
20 Other changes in net assets or fund balances (attach explanation)		20	
21 Net assets or fund balances at end of year Combine lines 18 through 20		21	30 645

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

	(A) Beginning of year	(B) End of year
22 Cash savings and investments	22	25 215
23 Land and buildings	23	8 765
24 Other assets (describe ▶ )	24	2 234
25 Total assets	0 25	36 214
26 Total liabilities (describe ▶ )	0 26	5 569
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	30 645

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

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Form 990-EZ (2007)

NO STATUTE ISSUE

NO STATUTE ISSUE

NO STATUTE ISSUE

NO STATUTE ISSUE

NO STATUTE ISSUE

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**Part III Statement of Program Service Accomplishments** (See the instructions)**Expenses**What is the organization's primary exempt purpose? Supporting local charitable needs

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner describe the services provided, the number of persons benefited, or other relevant information for each program title.

28			
(Grants \$ <u>960</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	40,217	
29			
(Grants \$ <u></u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$ <u></u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (attach schedule)			
(Grants \$ <u></u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses. Add lines 28a through 31a	32	40,217	

**Part IV 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
Lizbeth Ryan 190 Rte 66 Waltham, VT 05491	President 0	0	0	0
Liz Markowski 462 Monkton Rd Vergennes, VT 05491	Vice President 0	0	0	0
Ann McGrath 9 First St Vergennes, VT 05491	Vice President 0	0	0	0
Martha Redpath Reed Rd Vergennes, VT 05491	Secretary 0	0	0	0

**Part V Other Information** (Note the statement requirement in the instructions)

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If Yes, attach a detailed statement of each change.	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If Yes, attach a conformed copy of the changes.	34	X
35 If the organization had income from business activities such as those reported on lines 2, 6, and 7 (among others) but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice reporting and proxy tax requirements?	35a	X
b If Yes, has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, attach a statement.	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from or make any loans to any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If Yes, attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	N/A
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a	N/A
b Gross receipts included on line 9 for public use of club facilities.	39b	N/A

**Part V Other Information** (Note the statement requirement in the instructions) (Continued)

**40a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 section 4912 0 section 4955 0

**b** 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes attach an explanation

	Yes	No
<b>40b</b>		X
<b>40c</b>		
<b>40e</b>		X

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955 and 4958 0

**d** Enter amount of tax on line 40c reimbursed by the organization 0

**e** All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

**41** List the states with which a copy of this return is filed None

**42 a** The books are in care of Mary McKinnon

Telephone no 802-877-3791

Located at Thornwood Lane Vergennes VT

ZIP + 4 05491

**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)?

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

If Yes enter the name of the foreign country

See the instructions for exceptions and filing requirements for **Form TD F 90 22 1**

**c** At any time during the calendar year did the organization maintain an office outside of the U.S.?

If Yes enter the name of the foreign country

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ in lieu of **Form 1041** - Check here ☐ N/A

and enter the amount of tax exempt interest received or accrued during the tax year 43 N/A

Please Sign Here

Signature of officer or director Mary McKinnon Date 5-5-12  
 Title MARY MCKINNON TREASURER

Paid Preparer's Use Only

Preparer's name Maureen McLaughlin Date 5/3/12 Preparer's SSN N/A  
 Firm name McLaughlin Accounting Services PC EIN N/A  
 Address PO Box 5 Phone (802) 877-6302  
 ZIP + 4 Vergennes VT 05491

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