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AMENDED

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

2007**Open to Public
Inspection**D p_r_m t f th T r_y
I t - IR S r_v
18/2012POSTMARK DATE MAY 05/2012
NO STATUTE ISSUE 0436847/0/0
REVENUE

EXPENSES

ASSETS

SCANNED

► Sp g g b d tr ll g g z t d f d t 512(b)(13) m t fil F rm 990 All oth
g t wth g pt l th \$100 000 dt t l t l th \$250 000 t th d f th y m y th f rm
► Th g t my h t py fth t to t fy tt p rt g q m ts

A For the 2007 calendar year or tax year beginning 3/07

2007 and ending 12/31

2007

B Ch k f ppl bl

Add ch g	IRS
N m ch g	l b l o r
X l t l t u	p t r
T m b	Sp iff
X Am d d t u	in tru
Appl t p d g	

Pl a
IRS
l b l o r
p t r
Sp iff
in tru

C Women of Wisdom Inc
c/o Sweet Charity
141A Main Street
Vergennes VT 05491

D Empl y rid ntfi ati n number

83-0478689

E T l ph mb

802-877-6200

F Group Exemption
Number

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

G Accounting method Cash Accrual
Other (specify) ►

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

I Website ► N/A

J Organization type (check only one) — 501(c) (3) ► (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25 000 A return is not required but if the organization chooses to file a return be sure to file a complete returnL 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**Part I Revenue Expenses and Changes in Net Assets or Fund Balances** (See the instructions)

1 Contributions gifts grants and similar amounts received
2 Program service revenue including government fees and contracts
3 Membership dues and assessments
4 Investment income

5a Gross amount from sale of assets other than inventory

b Less cost or other basis and sales expenses

c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)

6 Special events and activities (attach schedule) If any amounts from line 6a are from grants check here ►

a Gross revenue (not including \$ _____ of contributions reported on line 1)

b Less direct expenses other than fundraising expenses

c Net income or (loss) from special events and activities Subtract line 6b from line 6a

7a Gross sales of inventory less returns and allowances

b Less cost of goods sold

c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a

8 Other revenue (describe ► _____)

9 Total revenue (add lines 1 2 3 4 5c 6c 7c and 8) ► \$ 74,190

10 Grants and similar amounts paid (attach schedule)

11 Benefits paid to or for members

12 Salaries other compensation and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy rent utilities and maintenance

15 Printing publications postage and shipping

16 Other expenses (describe ► _____)

17 Total expenses (add lines 10 through 16) ► \$ 18,513

18 Excess or (deficit) for the year Subtract line 17 from line 9

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)

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year Combine lines 18 through 20 ► \$ 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)

22 Cash savings and investments

23 Land and buildings

24 Other assets (describe ► _____)

25 Total assets

26 Total liabilities (describe ► _____)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year (B) End of year

	22	25 215
	23	8 765
	24	2 234
0	25	36 214
0	26	5 569
0	27	30 645

Part III Statement of Program Service Accomplishments (See the instructions)**Expenses**

28				
	(Grants \$ 960)	If this amount includes foreign grants check here	► <input type="checkbox"/>	28a 40,217
29				
	(Grants \$)	If this amount includes foreign grants check here	► <input type="checkbox"/>	29a
30				
	(Grants \$)	If this amount includes foreign grants check here	► <input type="checkbox"/>	30a
31	Other program services (attach schedule)		► <input type="checkbox"/>	31a
	(Grants \$)	If this amount includes foreign grants check here	► <input type="checkbox"/>	
32	Total program service expenses Add lines 28a through 31a		► <input type="checkbox"/>	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	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts included on line 9 for public use of club facilities		

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

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?

Yes	No
40b	X
40e	X

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

42a 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)?
If Yes enter the name of the foreign country ►

42b

c 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 ►

42c

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** □ N/A
N/A

u d p lb f p y l d l t h t l h v m d th tu l d g i mp y g h d l d t h b t f m y k n w l d g d b l f t tr u t d f m p l t D l b f p p (th th ff y b d ll f m t f w h c p p h y k w l d g
Please Sign Here ► <u>Mary McKinnon</u> D t <u>5-5-12</u>
► <u>Mary McKinnon</u> TREASURER
Paid Pre parers Use Only ► <u>Maureen McLaughlin</u> D te <u>5/3/12</u> Ch k f P p r SSN PTIN (S g p tu If G R II tru t X) y m f l f m l Accounting Services PC y m p l y d d ► PO Box 5 EIN ► N/A ZIP + 4 Vergennes VT 05491 Ph ► (802) 877-6302

BAA

TEEA0812L 12/27/07

Form 990 EZ (2007)