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CITY FR 918V
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)

► 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 \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 5/01/08, and ending 4/30/09

B Check if applicable: <input checked="" 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.	C Name of organization <u>WOMANS DEPARTMENT CLUB OF INDPLS</u> <u>C/O THE NATIONAL BANK OF INDPLS</u>		D Employer identification number <u>35-0766530</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>107 N. PENNSYLVANIA STREET</u> <u>500</u>		E Telephone number <u>317-261-9206</u>
		City or town, state or country, and ZIP + 4 <u>INDIANAPOLIS IN 46204</u>		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) ▶

I Website: ▶ N/A

J Organization type (check only one) ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 189,754

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<u>2,050</u>
	4	Investment income	4	<u>37,561</u>
	5a	Gross amount from sale of assets other than inventory	5a	<u>150,143</u>
	5b	Less: cost or other basis and sales expenses	5b	<u>160,738</u>
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c	<u>-10,595</u>
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	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		
7b	Less: cost of goods sold	7b		
7c	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	<u>29,016</u>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	<u>10,700</u>
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ <u>SEE STATEMENT 3</u>)	16	<u>17,214</u>
	17	Total expenses. Add lines 10 through 16	17	<u>27,914</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>1,102</u>
	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	<u>880,978</u>
	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	<u>882,080</u>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	<u>880,978</u>	<u>882,080</u>
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	<u>880,978</u>	<u>882,080</u>
26	Total liabilities (describe ▶)	<u>0</u>	<u>0</u>
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>880,978</u>	<u>882,080</u>

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form **990-EZ** (2008)

95 The

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

What is the organization's primary exempt purpose?

SEE STATEMENT 4

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.

Expenses

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

28 GRANTS AND SCHOLARSHIPS

(Grants \$ 10,700) If this amount includes foreign grants, check here

28a

10,700

29 MEETING AND SPEAKER EXPENSE FOR PROGRAMS AND TO EDUCATE MEMBERS.

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

29a

4,483

30

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

30a

31 Other program services (attach schedule)

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

31a

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

32

15,183

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

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		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		X
35 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 your reason for not reporting the income on Form 990-T. SEE STATEMENT 5		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr.	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," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 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," complete Schedule L, Part I	40b	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? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	IN	
42a The books are in care of THE NATIONAL BANK OF INDI 107 N. PENNSYLVANIA ST. Located at INDIANAPOLIS, IN ZIP + 4 46204 Telephone no. 317-261-9206		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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	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	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 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	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 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 operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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."

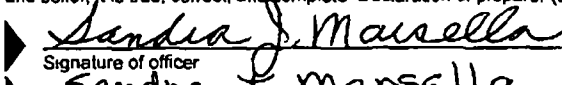
	Yes	No
46		
47		
48		
49a		
49b		

(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 & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

- 51 Complete this table for the 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
Total number of other independent contractors each receiving over \$100,000		

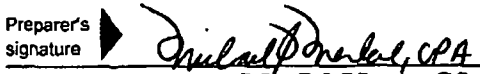
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  **Date** 12/9/09

Signature of officer Sandra J. Marsella, Treasurer

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature  Date 12/2/09 Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 LA ROSA & CO., LLC 320 N MERIDIAN ST, STE 328 INDIANAPOLIS, IN 46204

Preparer's Identifying Number (See Instr.) P00137280

EIN 35-1416669

Phone no 317-634-8777

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

34980 Womans Department Club of Indpls

35-0766530

Federal Statements

FYE: 4/30/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 2,050
TOTAL	\$ 2,050

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

Description		Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
How Received	Whom Sold						
FIFTH THIRD PUBLICLY TRADED SEC. PURCHASE		VARIOUS	VARIOUS	\$ 50,852	\$ 53,282	\$	-2,430
FIFTH THIRD PUBLICLY TRADED SEC. PURCHASE		VARIOUS	VARIOUS	99,291	107,456		-8,165
TOTAL				\$ 150,143	\$ 160,738	\$ 0	\$ -10,595

34980 Womans Department Club of Indpls

35-0766530

Federal Statements

FYE: 4/30/2009

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
BANK SERVICE FEES	8,106
ADMINISTRATIVE EXPENSES	4,293
MISCELLANEOUS EXPENSE	332
MEETING AND SPEAKER EXP.	4,483
TOTAL	\$ <u>17,214</u>

34980 Womans Department Club of Indpls

35-0766530

Federal Statements

FYE: 4/30/2009

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO ENABLE THE WOMEN OF INDIANAPOLIS BY STUDY, PRACTICAL WORK, AND UNITED EFFORT TO DO THEIR PART IN PROMOTING SPIRITUAL, ETHICAL, ARTISTIC, AND EDUCATIONAL GROWTH OF THEIR CITY AND ADVANCING GENERAL WELFARE.

34980 Womans Department Club of Indpls

35-0766530

Federal Statements

FYE: 4/30/2009

Statement 5 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported on Form 990-T

Description

THE ORGANIZATION HAD NO ACTIVITY REPORTABLE ON LINES 2, 6A, OR 7A OF THE
FORM 990-EZ, NOR DID IT HAVE ANY OTHER ACTIVITIES WHICH CONSTITUTE
UNRELATED TRADES OR BUSINESSES REPORTABLE ON FORM 990-T.

Form **8868**(Rev. April 2008)
Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box. ☒ **X**
- 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).**A corporation 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 a corporation 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 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 WOMANS DEPARTMENT CLUB OF INDIANAPOLIS		Employer identification number 35-0766530
	Number, street, and room or suite no. If a P.O. box, see instructions. 107 N PENNSYLVANIA ST, STE 500		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS IN 46204		

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 (sec. 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 NATIONAL BANK OF INDIANAPOLIS, 107 N PENNSYLVANIA ST, STE 500, INDIANAPOLIS, IN 46204

Telephone No. ▶ 317-261-9647

FAX No. ▶ 317-261-9695

- 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 corporation required to file Form 990-T) extension of time until 12/15/2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning 5/1/2009 and ending 4/30/2009

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

3 a 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	\$
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	\$
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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)

(MTA)

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filed 8/26/09