



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 \$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.

OMB No 1545-1150

2009**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning JUNE 1, 2009, and ending MAY 31, 2010**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		MEQUON WOMAN'S CLUB INC		39-6056482
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number
		PO BOX 196		262-377-5662
City or town, state or country, and ZIP + 4		F Group Exemption Number . . . ▶		
MEQUON, WI 53092				

• **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: ▶

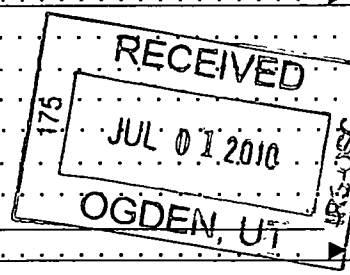
J Tax-exempt status (check only one) - ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527

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 . . . ▶ \$ **18506**

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	1475
	4 Investment income	4	11301
	5 a 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)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	5730
b Less direct expenses other than fundraising expenses	6b	5587	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	143	
7 a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
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	12919	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	9375
	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	850
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ SCHEDULE)	16	2339
	17 Total expenses. Add lines 10 through 16	17	12564
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	355	
Net Assets	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	292046
	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	292401

**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
22 Cash, savings, and investments		292046	292401
23 Land and buildings			
24 Other assets (describe ▶)			
25 Total assets		292046	292401
26 Total liabilities (describe ▶)			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		292046	292401

10

Expenses

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

28DONATIONS TO SOCIAL SERVICES IN AREA

28a

9375

29a

5587

30a

31a

32

14962

(a) Name and address

(c) Compensation
(If not paid,
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

SCHEDULE ATTACHED

2 HOURS /AVG

0

0

0

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

		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? 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 why the organization did not report the income on Form 990-T		
a	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? N/A	35a	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	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	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a NONE	37b	
b	Did the organization file Form 1120-POL for this year?	37b	
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 period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a	39a	
b	Gross receipts, included on line 9, for public use of club facilities 39b	39b	
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 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	40b	X
c	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 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
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 ▶		
42a	The organization's books are in care of ▶ ANN HAUGSTAD Telephone no ▶ 262-377-5662 Located at ▶ PO BOX 196, MEQUON, WI ZIP + 4 ▶ 53092-0196		
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)?	42b	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, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
	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		
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 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.

N/A

- 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 **46** Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** Yes No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No
- b If "Yes," was the related organization a section 527 organization? **49b** Yes No
- 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"

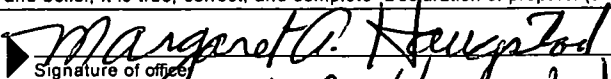
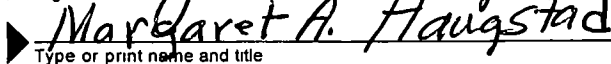
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 receiving over \$100,000 ▶

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		6-28-10 Date	
Paid Preparer's Use Only	 Type or print name and title		Date 6/24/10	
	Preparer's signature		Check if self-employed ☐	Preparer's identifying number (See instructions) P0001902
	Firm's name (or yours if self-employed), address, and ZIP + 4 ANDERSON & ASSOCIATES PO BOX 640-CEDARBURG, WI 53012		EIN 39-1713733	Phone no 262-377-7280
	May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No			

Form 990-EZ (2009)

MEQUON WOMAN'S CLUB, INC.
SUPPLEMENT TO FORM 990-EZ
FOR THE FISCAL YEAR ENDED MAY 31, 2010

PART 1 - LINE 10, DONATIONS & SCHOLARSHIPS

Advocate	\$	250 00
Cope		300.00
Family Sharing		600.00
Helping Hands		150.00
Lasata		100.00
Mequon Historical Society		400.00
Starting Point of Ozaukee/Alcohol		100.00
Ozaukee Jail Literacy		100.00
Portal Industries		1,000.00
WILS		175.00
Police K-9 Project		500.00
Family Fun Before The Fourth		500.00
Ozaukee Humane Society		200.00
Scholarships		5,000.00
	\$	<u>9,375 00</u>

PART 1 - LINE 16, OTHER EXPENSES

Yearbook	\$	280.00
Newsletter, postage and copies		459.00
Programs		759.00
General Hostess		75.00
Courtesy/Sunshine		37.00
Insurance		408.00
Memorials		200 00
M/T Blood Drive		121 00
	\$	<u>2,339.00</u>

MEQUON WOMAN'S CLUB, INC.

OFFICERS

2010

PART V

President	Marie Swietlik 12946 N. Colony Drive Mequon, WI 53097
1st Vice President	Pat Gott 10538 N. Council Hills Drive Mequon, WI 53097
Recording Secretary	Gail Boltz 2626 W. lake Isle Dr. Mequon, WI 53092
Corresponding Secretary	Jeanne Reddemann 7116 Sauk Circle Mequon, WI 53092
Treasurer	Ann Haugstad 2120 Chateau Ct. Grafton, WI 53024
Assistant Treasurer	Miriam Shelstad 138 W. Falls Road Grafton, WI 53024