

## 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





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## 990-EZ

Department of the Treasury Internal Revenue Service

# 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 \$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

Α	For ti	ne 2009 calend	ar year,	or tax year beginnii	ng ,	April 1	, 2009,	and ending	· M	arch 3	51	, 20 10	
В		ck if applicable Pla		C Name of organization					D Empl	-		ation number	
님		s change	label or							65-1079029			
H	name Initial r	change	print or type.	Number and street (or	PO box, if mail is n	ot delivered to str	eet address)	Room/suite	E Telep	ephone number			
Ħ	Termir		See	P.O. Box 3055				<u> </u>		23	9-732	2-7919	
V	Amend	ded return	Specific Instruc-	City or town, state or o	country, and ZIP + 4				F Grou	р Ехе	mptio	'n	
	Applic	ation pending	tions.	Naples, FL 34106					Num	ber I	<u> </u>		
	• Se	ection 501(c)(3)	organiz	zations and 4947(a)(	1) nonexempt ch	aritable trusts	must attach	G Acco	ounting Me	ethod	<b>(</b>	Cash   Accrual	
			a coi	npleted Schedule A	(Form 990 or 990	)- <i>EZ</i> ).		Othe	r (specify)	<b>&gt;</b>			
								H Chec	ck ▶ 🔲	f the organization is <b>not</b>			
1	Web	site:▶ <u>www</u>	.naples	quiltersguild.com				requ	red to att	ach S	ch Schedule B (Form 990,		
J Tax-exempt status (check only one) — ✓ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF).												<u></u>	
Κ	Check	< ▶ 🔲 if the	e organı	zation is not a section	1 509(a)(3) support	ng organization	and its gros	s receipts are	normally	not m	ore tha	an \$25,000. A	
				turn is not required,						ete re	turn.	·	
<u>L</u>	Add lii	nes 5b, 6b, and 7	b, to line	e 9 to determine gross	receipts; if \$500,00	0 or more, file Fo	orm 990 inste	ad of Form 99	0-EZ ▶	\$			
	art l	Revenu	e, Exp	enses, and Cha	nges in Net A	ssets or Fur	nd Balanc	es (See th	e instruc	ction	s for	Part I.)	
	1	Contribution	ons, gif	ts, grants, and simi	lar amounts rec	eived				1		0	
	2	Program s	ervice i	evenue including g	jovernment fees	and contracts	3			2		0	
	3	Membersh	ip dues	s and assessments						3		6958	
	4	Investment	t incom	ne						4		2	
	5	a Gross amo	ount fro	m sale of assets of	ther than invento	ory	. 5a						
		b Less: cost	or othe	er basis and sales e	expenses		. 5b						
		c Gain or (los	ss) fron	n sale of assets oth	er than inventor	y (Subtract lin	e 5b from l	ıne 5a)		5c		0	
ne	6	Special event	s and act	tivities (complete applica	able parts of Schedul	e G). If any amour	nt is from <b>gam</b>	iing, check her	e▶ 🔲	-			
le'		Gross revenue (not including \$ of contributions											
Revenue				) <u></u>			l -		41106				
	1 .	•		, nses other than fun					30408				
				ss) from special eve				line 6a)		6c		10698	
	7			entory, less returns									
		<b>b</b> Less: cost		*			. 7b						
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)										0	
	8	Other revenue (describe ►								8		0	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8								9		17658	
	10						Veni		101	10		0	
	11		Grants and similar amounts paid (attach schedule)							11		0	
v.		Salaries, other compensation, and employee benefits							121	12		0	
Se	13	Professional fees and other payments to independent contractors							1821	13		1200	
Expenses	14	1631								14		6107	
Щ	15	Occupancy, rent, utilities, and maintenance								15		344	
	16	0.1	Other expenses (describe ► Judging Expense )									1457	
	17			Add lines 10 through					. ▶	17		9108	
Net Assets	18			for the year (Subtr						18		8550	
	19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with										
Ą			end-of-year figure reported on prior year's return)							19		37427	
e e	20	Other char	naes in	net assets or fund	balances (attacl	n explanation)			[	20		1644	
Z	21			d balances at end						21	-	47621	
	art									nstea	d of	Form 990-EZ.	
		(See the instructions for Part II.)  (A) Beginning of											
2	2	Cash, savings, and investments							7027	22	47221		
2		Land and buildings							0	0 23 0			
				e Security Dep						400 2		400	
	•								3	7427	25	47621	
2	_							, [		0	26	0	
_	7	Not accate as	fund b	alances (line 27 o	f column (R) mu	et agree with	ine 21)		7	7/27	27	47621	

SCANNED JUL 27 2010

Form 990-EZ (2009)

Part III 'Statement of Program Service Accomplishments (See the instructions for Part III.)									
Wha		ired for section							
Desc		)(3) and 501(c)(4)							
	rmation for		a)(1) trusts, optional						
each	program title.				for ot	hers)			
28									
	(Grants \$ ) If this amount	28a							
29									
	(Grants \$ ) If this amount	includes foreign grants, chi	eck here	. ▶ ∐	29a				
30									
	(Grants \$ ) If this amount				30a				
31	Other program services (attach schedule)				04-				
	(Grants \$ ) If this amount Total program service expenses (add lines 28a t	includes foreign grants, che	eck nere	<u>. ₽ Џ</u>	31a 32				
						tions for Part IV )			
Feir	t IV List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compen	plans &				
Man	cy Jutras		enter -oj	deletted compet	Sation	Other anowanees			
	cy Jutras ) LaCosta Cr. #204, Naples FL 34105	President	o		0	0			
	. Dauakham								
	3 Sussex Ct., Naples FL 34113	Vice President	o		0	0			
	de Van der Herden								
	Deerfield Cr., Naples FL 34109	2nd Vice President	o		0	0			
	la Diandina								
	Sabal Lake Dr., Naples FL 34104	Treasurer	اه		0	0			
	Gaertner								
	Troon Lakes Dr., Naples FL 34109	Rec Secretary	o		0	0			
	ny MacFarland								
	Barefoot Williams Rd. @182, Naples FL 34113	Corres Secretary	0		0	0			
					1				
					-				
						_			
		_							
						<u> </u>			
		1		l					

Part	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	33		~
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34_		١
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.			
а	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?	35a		V
ъ	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		١
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		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
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 <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
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 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		
С	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			
е	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		
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
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		Yes	
	account)?	42b		~
	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.		-	-
_		42c		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	, 1	<b>▶</b> □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			لـِـــا
	Form 990-EZ	44	<u> </u>	~
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 m 990	L	(0000)
	For	m 3531	,/	COUNTY

Part \	VI ·	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1 17(a)(1) nonexem nd 51.	l) nonexer ot charitab	npt charit le trusts m	able trusts only. A	all sec ons 4	tion 6-49I	<u> </u>
46		the organization engage in direct or indirect						Yes	No
		didates for public office? If "Yes," complete s					46		٧
47		the organization engage in lobbying activities					47		~
48		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					48		~
49a		the organization make any transfers to an ex					49a		~
		es," was the related organization a section 5					49b		/
50		nplete this table for the organization's five his ployees) who each received more than \$100,0							
	emp	noyees) who each received more than \$100,0	(b) Title and aver		Compensation			Expen	
	(a) N	ame and address of each employee paid more	hours per wee	k   ' '	, , , , , , , , , , , , , , , , , , , ,	employee benefit plans & deferred compensation	ac	count a	nd
		than \$100,000	devoted to posit	ion		deterred compensation	othe	allowa	nces
							<del> </del>		
			•				1		
							<del>                                     </del>		
					-				
				ŀ					
	\$100	(a) Name and address of each independent contractor i				Type of service	(c) Cod	mpensa	ition
d	Tota	I number of other independent contractors e	each receiving over	\$100,000					
	$\langle$	Under penalties of perjury, I declare that I have examine and belief it is true, correct, and complete Declaration	ed this return, including a of preparer (other than o	eccompanying sofficer) is based	schedules and on all informa	statements, and to the bestion of which preparer has	any kno	knowle	edge e. ————
Sign									
Here		Signature of officer Date							
	Patricia Walrath, Treasurer								
		Type or print name and title				<del></del>			
D=1:1	_	Preparer's		Date	Check if	Preparer's identifying nur	nber (Se	 e instruc	tions)
Paid		signature	İ		self- employed ▶				
Prepare		Firm's name (or				EIN ▶		-	
Use On	iiy	yours if self-employed), address, and ZIP + 4				Phone no. ▶			
May th	e IRS	discuss this return with the preparer shown	above? See instru	ctions .		<u></u> . ▶ [	Yes		<b>lo</b> (2009)

#### ATTACHMENT TO AMENDED NAPLES QUILTER'S GUILD 990-EZ

This form is being amended to reflect an error in recording of revenue and expenditures for the fiscal year ended March 31, 2010.

Check number 2632 for \$1,644 dated 1/19/2007 was voided which caused a change in the fund balance.