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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

OMB No 1545-1150 2009

Open to Public Inspection

Department of the Treasury

SCANNED OCT 2 2 2010

10   Grants and similar amounts paid (attach schedule)   10   115,397	Inter	nal Revenue	Service	<b>•</b>	The organization may have	to use a copy of this retur	n to satisfy state reporti	ng requirements		il.	ispection
Address change   Install or of where the state of the profession	Α	For the	2009 calen	dar year,	or tax year beginning	6/1/20	09 , and	d ending	5/31	/2010	
Addisess change   Install return   Simple   S	В	Check if a	pplicable	Please	C Name of organization				D Employe	r identif	ication number
Name and street for PO tex, final reddening to steet address)   Roomsume   E Telephone number		Address of	hange		Maukaaha Canina C	Yesh Jan				20.60	DED 424
Initiate return   Spec   Sec		Name cha	ange						E Tolophi		
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Application presents   Specific	H	Terminate	ed.		328 W. Sunset Drive	ı				(262) 5	542-8401
Application persong   Number   Salt	H				<del></del>		e 71F	2+4			
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).    Website:	H										_
Website:	Ш			<u> </u>							
Website:	•	Section	501(c)(3) o				sts must attach	1	-		Cash X Accrual
Website: ►   recurred to attach Schedule B (Form 990,   Tax-exempt status (check only one)				a compi	eted Schedule A (Form	1 990 or 990-EZ).					
Tax-exempt status (deck only one)			_					1		•	
K Check	i	Website:	· •							hedule	B (Form 990,
A From 990-EZ or From 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return  Add times 5, to, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file From 990 material of From 990-EZ  Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, gifts, grants, and similar amounts received.  2 Program service revenue including gydernine/freezee/dictribacts.  3 Membership dues and assessments.  4 19,220  4 Investment income.  5 Gross amount from sale of assets other than inventory.  5 Gross amount from sale of assets other than inventory.  5 Gross amount from sale of assets other than inventory.  5 Less: cost or other basis and sales expenses.  6 Special events and activities (organized from 1 f	j	Tax-exem	pt status (che	ck only one)	- [X]501(c)(3)	(insert no ) 4947(	a)(1) or 527	990-EZ, c	or 990-PF).		
Additions \$b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file From 990 missead of From 990.EZ	ĸ	Check ▶	If the	organizati	on is not a section 509(a	a)(3) supporting organi	zation and its gross	receipts are no	rmally not	more th	an \$25,000
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   Contributions, gifts, grants, and similar amounts received		A Form 9	90-EZ or Fo	orm 990 re	turn is not required, but	if the organization cho	oses to file a return,	be sure to file a	complete	return	
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   Contributions, gifts, grants, and similar amounts received		Add lines 5	5b, 6b, and 7b	, to line 9 to	determine gross receipts, if	\$500,000 or more, file Fo	rm 990 instead of Form	990-EZ	<b>&gt;</b>	\$	476,625
1 Contributions, gifts, grants, and similar amounts-received. 2 Program service revenue including government less advicentacts. 3 Membership dues and assessments. 4 Investment income. 5 Gross amount from sale of assests other than inventory. 5 Less cost or other basis and sales expenses. c Gain or (loss) from sale of assests other than inventory. 5 Special events and activities (compile applicable plans and activities (subtract line 6b). 5 Cost or other basis and sales expenses. c Gain or (loss) from sale of assests other than fundraising expenses. c Retirect expenses other than fundraising expenses. c Net income or (loss) from special events and activities (subtract line 6b). c Net income or (loss) from special events and activities (subtract line 6b). c Retirect expenses other than fundraising expenses. b Less: cost of goods sold. c Gross sproft or (loss) from sales of inventory (subtract line 7b from line 7a). 7 C 8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 10 Grants and similar amounts paid (attach schedule). 10 115.397 11 Benefits paid to or for members. 11 Salaries, other compensation, and employee benefits. 12 Salaries, other compensation, and employee benefits. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 14 Salaries, other compensation, and employee benefits. 15 India (Professional fees and other payments to independent contractors. 16 Other expenses (describe ▶ See Attached Statement.). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at end of year return). 19 (A) Beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 (A) Beginning of year (from line 27, column (B) are \$1,250,000 or more, file Form 990	P	art I	Revenue,	Expens	ses, and Changes	in Net Assets or	Fund Balances	(See the ins	tructions	for Pa	
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10 Grants and similar amounts paid (attach schedule)				•		c 7c and 8				-	476 625
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12   Salaries, other compensation, and employee benefits   13   Professional fees and other payments to independent contractors   13   2,300     14   Occupancy, rent, utilities, and maintenance   14   36,884     15   Printing, publications, postage, and shipping   15   1,252     16   Other expenses (describe ► See Attached Statement   ) 16   302,002     17   Total expenses. Add lines 10 through 16   ► 17   457,835     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   18,790     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   134,071     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   152,861     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											110,007
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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	583									9	134 071
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	بد	20									104,011
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         170,992         22         149,369           23 Land and buildings         11,217         23         7,979           24 Other assets (describe	ž	21									152 861
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22 Cash, savings, and investments       170,992       22       149,369         23 Land and buildings       11,217       23       7,979         24 Other assets (describe ► See Attached Statement Stat	الح						¥1,200,000 01 1110			<u> </u>	
23 Land and buildings       11,217       23       7,979         24 Other assets (describe ► See Attached Statement Statem	22	Cash	savinas a	•		•		(A) Degin	<del></del> _	22	<del>,                                     </del>
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27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 134,071 27 152,861							· · · · · · · · · · · · · · · · · · ·	<b> </b>		_	
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions							ith line 21\	<del> </del>			
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Form **990-EZ** (2009)

39-6059421 Form 990-EZ (2009) Waukesha Service Club, Inc.

Pa	rt III Statement of Program Service Acc	complishments (See the i	nstructions for Pa	art III.)		Expenses
Wha	it is the organization's primary exempt purpose?	To serve and aid sick & nee	dy and to promote	civic welfar		ired for section
Des	cribe what was achieved in carrying out the organi	zation's exempt purposes. In	a clear and concis	e		(3) and 501(c)(4) zations and section
man	ner, describe the services provided, the number of	f persons benefited, and othe	er relevant informat	ion for	-	a)(1) trusts, optional
	n program title				for oth	ers)
	Gift Shop and Thrift Shop - sales of merchandise	to general publice visiting the	hospital and			
	thrift shop		· · · · · · · · · · · · · · · · · · ·			
	(Grants \$ ) If this amou	nt includes foreign grants, ch	eck here	<u>.▶                                    </u>	28a	457,835
29						
				·		
	(Grants \$ ) If this amou				29a	
30				· · · · · · · · · · · · · · · · · · ·	1	
	/O	. A to a book and a second		····		
		nt includes foreign grants, ch			30a	
31	Other program services (attach schedule)				۱.,	
		nt includes foreign grants, ch			31a	457.005
	Total program service expenses. (add lines 28a				32	457,835
Рa	rt IV List of Officers, Directors, Trustees, a	ind Key Employees. List each (b) Title and average	one even if not compe (c) Compensation	nsated. (See (d) Contribut		uctions for Part IV)  (e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benef	it plans &	
		devoted to position	enter -0)	deferred comp	ensation	other allowances
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and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A	,			Yes	No
34	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
Sift be cognization 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 6335(9) notice, reporting, and proxy tax requirements?  b If "Yes," has it filled a tax return on Form 990-T for this year?  35 Did the organization did a tax return on Form 990-T for this year?  36 Did the organization flee Form 1120-POL for this year?  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			_33_		X
15 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 motive on Form 990-T.  16 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(s) notice, reporting, and proxy tax requirements?  17 If Yes, ** has if filed a tax return on Form 990-T for this year?  18 If Yes, ** has it filed a tax return on Form 990-T for this year?  18 If Yes, ** the year? If Yes, ** complete appticable parts of Schedule N.  19 Did the organization Indergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, ** complete speciable parts of Schedule N.  18 If Yes, ** complete Schedule L, Part II and enter the total amount involved.  19 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?  18 If Yes, ** complete Schedule L, Part II and enter the total amount involved.  19 Section 501(c)(7) organizations. Enter amount of tax involved.  19 Section 501(c)(7) organizations. Enter amount of tax inposed on the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations with a disqualified person organization managers or disqualified persons during the year or is it aware that it engaged in any excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations with a disqualified person in a prior year, and that the transaction	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	1	}	
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?  b If Yes, has it filed a tax return on Form 990-T for this year?  b If Yes, has it filed a tax return on Form 990-T for this year?  b If Yes, has it filed a tax return on Form 990-T for this year?  35b  Joil the organization directory a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N.  37a  37a  B Did the organization file Form 1120-POL for this year?  b Did the organization file Form 1120-POL for this year?  b Did the organization borrow from, or make any loans to, any officer, director, trustes, 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?  b If "Yes," complete Schedule L, Part II and enter the total amount involved.  b If "Yes," complete Schedule L, Part II and enter the total amount involved.  b Gross receipts, included on line 9, for public use of club facilities.  a Initiation fees and capital contributions included on line 9  b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4915 ▶ section 4915 ▶ 4955. and 4990.  c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 4955. and 4990.  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person in any of the organization any of the organization any of the organization and organization and the transaction with a disqualified person in a prior year, and that the transactions have an interest in or a signature or other authority over a financial account in a foreign country: ▶ 495. And 4960.  All organizations. At any time during the calendar year, did the organization have an inter		·	34		_ X
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6033(e) notice, reporting, and proxy tax requirements?  If "Yes", has it filled a tax return on Form 990-T for this year?  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.  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a    37b    37b			. ^		
b If "Yes," has it field a tax return on Form 990-T for this year?  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.  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a    38 a Did the organization be Form 1120-PCL for this year?  39 a Did the organization be Form 1120-PCL for this year?  39 a Did the organization be Form 1120-PCL for this year?  30 a Did the organization be Form 1120-PCL for this year?  31 a Did the organization be Form 1120-PCL for this year?  32 a Did the organization be Form 1120-PCL for this year?  33 a Did the organization be Form 1120-PCL for this year?  34 a Did the organization be provided and still outstanding at the end of the period covered by this return?  35 a Did the organization be provided and still outstanding at the end of the period covered by this return?  36 a Did the organization be provided on line 9  37 b X  37 a Enter amount of two findings and the provided overed by this return?  38 a Did the organization becomes and specification specification the provided overed by this return?  38 a Did the organization becomes and specification specification the provided overed by the organizations. Enter amount of tax imposed on the organization with a disqualified person in a prior year, and that the transaction bas not been reported on any of the organization with a disqualified person organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  4 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  4 a Did and the properties Form 886-T  4 b Care and 4 b 328 W. SUNSET DRIVE Cry. WAUKESHA T W.  4 Did the organization with the organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  4 any time during the calendar year, did the organization maintain	а		25-		v
136 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.  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a    b Did the organization file Form 1120-PCL for this year?  38 a Did the organization from 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?  b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b    39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 394    40 a 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.  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 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 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 books are in care of ▶ BOB KABITZKE  Telephone no. ▶ (262) 542-8401	_		-		
during the year? If "Yes," complete applicable parts of Schedule N  7 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a    b Did the organization bid bear of indirect, as described in the instructions. ▶ 37a    7 b 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? .  5 b If "Yes," complete Schedule L, Part II and enter the total amount involved .  5 b If "Yes," complete Schedule L, Part II and enter the total amount involved .  5 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ section 4911 ▶ section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ section 4911 ▶ section 4911 ▶ section 4912 ▶ section 4911 ▶		· · · · · · · · · · · · · · · · · · ·	355		
Telter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   37b   38a   37b   38a   37b   38a   37b   37b   38a	30		36		Х
b Did the organization file Form 1120-POL for this year?  38 a 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?  b If "Yes," complete Schedule L, Part II and enter the total amount involved.  38b   38b	37 a			, ,	
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40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	39			44	1
40 a 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-E27 if "Yes," complete Schedule L, Part I  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  List the states with which a copy of this return is filed. ▶ WI  12 a The organization's books are in care of ▶ BOB KABITZKE Telephone no. ▶ (262) 542-8401  Located at ▶ 328 W. SUNSET DRIVE CIV WAUKESHA ST WI ZIP + 4 ▶ 53189  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: ▶  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: ▶  3 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  NA  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ    5  Social Social Social Social Social Social	а		<b>4</b> ≥	λ <sub>±</sub> ,	
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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 99 or 990-EZ7 if "Yes," complete Schedule L, Part I.  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.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  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  41 List the states with which a copy of this return is filed.  W  42 a The organization's books are in care of PBOB KABITZKE.  Located at P328 W, SUNSET DRIVE.  BY 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.  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:  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.  At N/A  Yes No  Yes No  Yes No  The Port 1041—Check here.  Part 1046  Yes No  Yes No  Yes No  Yes No  The Port 1041—Check here.  Part 1046  Yes No  Yes No  Yes No  Yes No  The Port 1041—Check here.  Part 1046  Yes No  Yes No  Yes No  Yes No  The Port 1041—Check here.  Part 1046  Yes No					
person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I  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  40	b				
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transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.    M  The organization's books are in care of    BOB KABITZKE			S. 3	7 . 7 . 4	, .
List the states with which a copy of this return is filed. ► WI  The organization's books are in care of ► BOB KABITZKE Telephone no. ► (262) 542-8401  Located at ► 328 W. SUNSET DRIVE City WAUKESHA ST WI ZIP + 4 ► 53189  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.  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: ►  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  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	е		<u> </u>	1. 1. 1.	·
The organization's books are in care of ► BOB KABITZKE  Located at ► 328 W. SUNSET DRIVE  City WAUKESHA  ST WI  ZIP + 4 ► 53189  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.  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: ►  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  Per No  Yes No  Yes No  Yes No  Yes No  In the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.  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.  At 5 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.			40e		X
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.  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: ▶  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  Yes No  Yes No  Yes No  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					
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.  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: ▶  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  Yes No  Yes No  Yes No  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	42 a			42-84	<u>01</u>
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.  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:  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  Yes No  Yes No  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  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 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			189		
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.  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 N/A  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	b			W	1
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.?			425	Tes	
and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		If "Ves " enter the name of the foreign country:	420		
and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		See the instructions for exceptions and filing requirements for Form TD F 90-22.1 Report of Foreign Bank			]
the triangle of the calendar year, did the organization maintain an office outside of the U.S.?			, ,	ľ	,-
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    Yes   No    44   Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	С		42c	]	X
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		If "Vac " autor the name of the foreign acceptant			
Yes No  Here are the completed instead of Form 990-EZ	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
Yes No  Here are the completed instead of Form 990-EZ		and enter the amount of tax-exempt interest received or accrued during the tax year	<b>A</b>		_
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		· • • • • • • • • • • • • • • • • • • •			
Form 990-EZ				Yes	No
ls 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	44				
"Yes," Form 990 must be completed instead of Form 990-EZ			44	<u> </u>	X
	45			1	
		"Yes," Form 990 must be completed instead of Form 990-EZ		000 5	

Form 990	-EZ (2009) Waukesha Service Club, Inc	<b>.</b>			39-	605942	21 (	Page 4
Part V	Section 501(c)(3) organizations an	d section 4947(a)(1) none	xempt chari	table t	rusts only. All s	ection		
	501(c)(3) organizations and section 4	• • • • • • • • • • • • • • • • • • • •	itable trusts r	nust ar	nswer questions	46–49	b	
	and complete the tables for lines 50 a							
	Did the organization engage in direct or indirect	· ·		· ·			Yes	No
	andidates for public office? If "Yes," complete	•				46		<u>X</u>
	Did the organization engage in lobbying activiti	•				47		X
	s the organization a school as described in se					48		X
	Did the organization make any transfers to an of f"Yes," was the related organization a section		organization?			49a 49b		x
	Complete this table for the organization a section	_					kev	
	employees) who each received more than \$10						ncy	
	, , , , , , , , , , , , , , , , , , , ,	(b) Title and average	(c) Compens		(d) Contributions to		Expen	se
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position			employee benefit plans & deferred compensation		count a	
Name 1	None Str	Title		ļ				
City	ST ZIP	Hr/WK				<b> </b>		
Name	Str	Title						
City	ST ZIP	Hr/WK			<u> </u>	<u> </u>		
Name _	Str ZIP	Title						
City Name	Str ZIP	Title				<del></del>		
City	ST ZIP	Hr/WK						
Name	Str	Title						
City	ST ZIP	Hr/WK		]				
	6100,000 of compensation from the organizati	on. If there is none, enter "No	one." 				·	
	(a) Name and address of each independent contra	ctor paid more than \$100,000		(b) Type	of service	(c) Cor	npensa	tion
Name I								
City	ST	ZIP			<del></del>			
Name	Str	7in			:			
City Name	ST Str	ZIP			·····			
City	ST	ZIP						
Name	Str							
City	ST	ZIP						
Name	Str							
City_ d 1	ST  Total number of other independent contractors	each receiving over \$100.00	0					
	·							
	Under penalties of perjury, I declare that I have examined behalf, it is true, correct, and complete. Declaration	nined this return, including accompany on of preparer (other than officer) is ba	ing schedules and sed on all informat	statemen	ts, and to the best of my	, knowled owledae	lge	
Sign	Mital Millier	, , , , , ,			10-4-10			
Here	Signature of officer				Date			
	Mary Illrich 1	reasurer	_					
	Type or print name and title							
Paid	Preparer's signature	Date	se	neck if ilf- nployed I	Preparer's ident	ifying num	ber (See	mstructions)
Prepare	TAVILLE CONTRACTOR			.p.5754	EIN ►			
Use On	V I i Seil-Einbioved).	DR, WAUKESHA, WI 53189			Phone no ► (262)	542-8	401	
May th	e IRS discuss this return with the preparer sho	own above? See instructions				V	<u> </u>	] N_

### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer Identification number Name of the organization 39-6059421 Waukesha Service Club, Inc.

Par	t I	Reason	for Public Ch	narity Status (All org	ganizatio	ns must (	complete	this par	t.) See ir	struction	<u>15.</u>		
	orgar		•	ation because it is: (Fo		_		•					
1	닏			rches, or association of			ed in sect	tion 170(	b)(1)(A)(i	).			
2	$\sqcup$			on 170(b)(1)(A)(ii). (At									
3	$\sqcup$	A hospital or	a cooperative h	nospital service organi	zation de	scribed in	section 1	170(b)(1)(	(A)(iii).				
4	$\Box$		-	ation operated in conju	inction wi	th a hospi	tal descrit	oed in <b>se</b> d	ction 170	(b)(1)(A)	(iii). Ente	er the	
		•	me, city, and st										
5				r the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental ur	nit descri	bed	
6		A federal, sta	ate, or local gov	ernment or governmer	ntal unit d	escribed i	in section	170(b)(1	I)(A)(v).				
7	X			ly receives a substanti (1)(A)(vi). (Complete I		its suppor	t from a g	overnme	ntal unit c	or from the	e genera	il publi	ic
8		A community	trust described	d in section 170(b)(1)(	( <b>A)(vi)</b> . (C	omplete F	Part II.)						
9		An organizat	tion that normall	ly receives: (1) more th	nan 33 1/3	3 % of its	support fr	om contri	butions, r	nembersl	nip fees,	and o	ross
	•	support from	gross investme	ed to its exempt function ent income and unrelated after June 30, 1975.	ted busine	ess taxabl	e income	(less sec	tion 511 t				s
10		An organizat	tion organized a	and operated exclusive	ly to test	for public	safety. Se	e sectio	n 509(a)(	4).			
11	Ħ	_	_	and operated exclusive	~	•	•			•	rv out th	е	
	_	purposes of 509(a)(3). Cla	one or more pul heck the box that I b	blicly supported organ at describes the type o Type II c	izations do of support Type	lescribed i ing organi e III–Func	in section ization an ctionally in	509(a)(1 d comple itegrated	) or section te lines 1	on 509(a) 1e throug d	(2). See h 11h. ype III-	section	
е		persons other	er than foundation	fy that the organizatior on managers and othe									on
			section 509(a)(	•	- <b>f</b> Ab -	1D0 45 - 4	·· · · · · · · · · · · · · · · · · · ·			- 441			
f		_	zation received : , check this box	a written determination					il, or Typ	e III supp	orting		
g		•		the organization acce					of the				لـــا
3		following per		<b>-</b>	<b>,</b>	<b>3</b>							
		• •		or indirectly controls,		_		•		. ,		Yes	No
				verning body of the su							11g(i)		
				person described in (i ty of a person describe							11g(ii)		<b></b>
h				ation about the suppor						• •	11g(iii)		L
	Nome	of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization		ou notify	(vi)	s the	(vii)	Amoun	of
(1)		anization	(11) 2.114	(described on lines 1–9 above or IRC section		sted in your document?		nization in		tion in col	1	support	
				(see Instructions))	governing	document,	supp	of your oort?		zed in the S ?	_		
					Yes	No	Yes	No	Yes	No	<u> </u>		
					<del> </del>	<del> </del>			<u> </u>	<del>                                     </del>	<del> </del>		
Гotа	 		,					. ~~	-				

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . 505,498 501,666 504,244 487,020 476,243 2,474,671 Tax revenues levied for the organization's 2 benefit and either paid to or expended on its behalf . . . . . . . . . . . . . . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . . Total. Add lines 1 through 3 . . . . . 505,498 501,666 504,244 2,474,671 4 487,020 476,243 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) 47 E included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . Public support. Subtract line 5 from line 4 2,474,671 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 . . . . . 505,498 501,666 504,244 487,020 476,243 2,474,671 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2.022 sources . . . . . . . . . . . . 1.467 3,679 1,775 382 9,325 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . . . 能够多数。 分面的高粱品 一碗。 了对方是四条管理 经禁止 Total support. Add lines 7 through 10. 11 2,483,996 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 99.62% 15 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% 17a or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

39-6059421

Par	(Complete only if you checked t			iion sus(a)(2)			
Sect	tion A. Public Support	He box off life	5 5 01 Part 1.)		<del></del>	<del></del>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	• • •		(1)/2000	107-337	15/ 255	(5/2555	<u> </u>
1	Gifts, grants, contributions, and membership fees received. (Do not					1	
	include any "unusual grants.")	1				ľ	
_							
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished	Į į		ļ		į	
	in any activity that is related to the					j	
3	organization's tax-exempt purpose	<u> </u>					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						1
4	Tax revenues levied for the organization's					<del> </del>	<del> </del>
7	benefit and either paid to or expended on		1				
	its behalf						
5	The value of services or facilities	ļ				<u> </u>	
-	furnished by a governmental unit to the	i		}			-
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
ь	Amounts included on lines 2 and 3 received		1	1			
D	from other than disqualified persons that	į	Į				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		1				
С	Add lines 7a and 7b	<u> </u>		<del> </del>			<del>                                     </del>
8	Public support (Subtract line 7c from	<b>新 会認期</b>	Sept Markette Co.	CONT. NO.	PARTY PROTECT	333340 4	<del> </del>
	line 6.)	<b>NOT 3</b>					
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				_		}
10a						<del> </del>	
	payments received on securities loans,					Ì	
	rents, royalties and income from similar						
	sources						
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ļ		}	ļ	ļ	
	acquired after June 30, 1975						<u> </u>
C	Add lines 10a and 10b			ļ	ļ		ļ
11	Net income from unrelated business				ļ		
	activities not included in line 10b,		1		}		}
	whether or not the business is regularly carried on					1	1
12	Other income. Do not include gain or		<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
•	loss from the sale of capital assets				ļ		İ
	(Explain in Part IV.)		<u> </u>		1		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here .			<u></u>			▶ 🛴
Sec	tion C. Computation of Public Support	t Percentage					
15	Public support percentage for 2009 (line 8, c	column (f) divide	ed by line 13, d	column (f))		15	
<u> 16</u>	Public support percentage from 2008 Sched	ule A, Part III, I	ine 15			16	
<u>Sec</u>	tion D. Computation of Investment Inc	ome Percent	tage				
17	Investment income percentage for 2009 (line					17	
18	Investment income percentage from 2008 Sc	chedule A, Par	t III, line 17 .			18	
19a	33 1/3% support tests-2009. If the organization	ation did not ch	eck the box or	n line 14, and li	ne 15 is more	than 33 1/3%	and line 17 is
	not more than 33 1/3%, check this box and s	stop here. The	organization of	jualifies as a pi	ublicly support	ed organizatio	n <b>⊳</b> [
þ	33 1/3% support tests-2008. If the organization of	did not check a b	ox on line 14 or	line 19a, and line	e 16 is more thai	n 33 1/3% and	
	line 18 is not more than 33 1/3%, check this box a						. ▶
20	Private foundation. If the organization did n	ot check a box	on line 14, 19	a, or 19b, chec	k this box and	see instructio	ns ▶ [

Schedule A (Form 9	990 or 990-EZ) 2009	Waukesha Service Club, Inc	39-6059421	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations required	by Part II, line 1	0;
`		or 17b; and Part III, line 12. Provide any other additional information		
			••••••	
				<b></b>
				- <b></b>
		\		
			· • • • • • • • • • • • • • • • • • • •	
				·
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	
				· • • • • • • • • • • • • • • • • • • •
			*	· - <b>· · · · ·</b> · ·

# WAUKESHA SERVICE CLUB Board of Directors

President Jean Levihn

**Past President** Mary Almasi

First Vice President Mary Sue Eichstaedt

Second Vice President Jane Weber

Recording Secretary
Mary Gray

Corresponding Secretary
Andrea Leih

Treasurer Carol McLean

Assistant Treasurer Mary Ullrich

**Members-at-Large** Jean Coshun and Mary Fortier

Pa	rt I, Line 16 (990-EZ) - Other Expenses		302,002
1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	
5	Conferences, conventions, and meetings	5	
6	Depreciation	6 —	3,238
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	12,161
11	Telephone	11	675
12	Unrelated business income taxes	12	,
13	Advertising	13	693
	Buying Expense	14	1,914
	Charity Ball Expense	15	7,815
16	Credit Card Fees	16	6,506
17	Utilities	17	5,636
18	Common fees	18	1,776
19	Insurance	19	1,376
20	June Luncheon Expense	20	1,698
21	Memorials	21	300
22	Miscellaneous	22	607
23	Outside Labor Service	23	31,730
24	Merchandise	24	225,211
25	Web Page	25	666
26		26	
<b>2</b> 7		27	
28		28	
29		29	

Pai	t II, Line 24 (990-EZ) - Other Assets	82,657	72,009
	Description	Beginning	End
	INVENTORIES	82,657	63,936
2	PREPAID EXPENSES		8,073
3			
4			
5			
6			
7			
8	,		
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II. L	ine 26	(990-EZ)	- Liabil	ities
------------	--------	----------	----------	-------

ra	rt II, Line 26 (990-EZ) - Liabilities	130,/95	/6,496
	Description	Beginning	End
1	ACCOUNTS PAYABLE	23,282	17,128
2	GRANTS PAYABLE	107,513	59,208
3	DEFERRED REVENUE		160
4			
5			
6			
7			
8			
9			
10			······································