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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, **and ending** ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
THE WAYNE-DUPAGE HUNT, INC.
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 163
 City or town, state or country, and ZIP + 4
WAYNE IL 60184

D Employer identification number
36-6110020

E Telephone number
(630) 665-5201

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ **N/A**

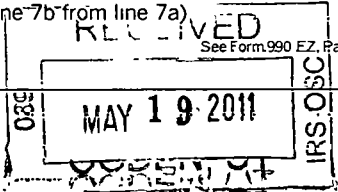
J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (7) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **147,164.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	1,010.
	2 Program service revenue including government fees and contracts	2	1,660.
	3 Membership dues and assessments	3	77,950.
	4 Investment income	4	757.
	5a 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 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	36,419.
	c Less direct expenses from gaming and fundraising events	6c	10,338.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	26,081.
	7a 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 in Schedule O)	8	29,368.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	136,826.
10 Grants and similar amounts paid (list in Schedule O)	10		
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12	21,632.	
13 Professional fees and other payments to independent contractors	13	450.	
14 Occupancy, rent, utilities, and maintenance	14	100.	
15 Printing, publications, postage, and shipping	15	4,942.	
16 Other expenses (describe in Schedule O)	16	62,938.	
17 Total expenses. Add lines 10 through 16	17	90,062.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	46,764.	
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	95,907.	
20 Other changes in net assets or fund balances (explain in Schedule O)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	142,671.	



SCANNED JUN 17 2011

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

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

Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 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 (see instructions)?	N/A	
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9	39a 78,960.	
b Gross receipts, included on line 9, for public use of club facilities	39b 68,204.	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		N/A
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 <input type="checkbox"/>		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		
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		X
41 List the states with which a copy of this return is filed <input type="checkbox"/>		

42a The organization's books are in care of STEPHEN HUBER Telephone no (630) 497-9278
 Located at P.O. BOX 0758 WAYNE IL ZIP + 4 60184

	Yes	No
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 <input type="checkbox"/>		X
See the instructions for exceptions and filing requirements for Form TD F 90-221, Report of a 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. <input type="checkbox"/>		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**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		N/A

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization 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 a section 527 organization?		

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 and 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 each receiving over \$100,000

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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
 Signature of officer: *Stephen J Huber* Date: 5-2-11
 Type or print name and title: STEPHEN J HUBER TREASURER

Paid Preparer Use Only
 Print/Type preparer's name: RICHARD J. HEINZ
 Preparer's signature: *Richard J Heinz* Date: 04/26/11
 Check if self-employed PTIN: P00655701
 Firm's name: HEINZ & ASSOCIATES
 Firm's address: 200 W. BURLINGTON AVENUE CLARENDON HILLS IL 60514-1137
 Firm's EIN: Phone no: (630) 986-0475

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		HOUNDS & HAMMERS (event type)	PUPPY AUCTION PICTU (event type)	2 (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	12,683.	9,220.	14,516.	36,419.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	12,683.	9,220.	14,516.	36,419.
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,457.	5,434.	447.	10,338.
	10	Direct expense summary Add lines 4- through 9 in column (d)				10,338.
	11	Net income summary Combine line 3, column (d), and line 10				26,081.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		REVENUE	1	Gross revenue	
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column (d) and line 7			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain _____

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

INSURANCE REFUND	234.
HORSE SHOW	18,285.
SOCIAL BREAKFASTS	4,825.
SOCIAL DINNERS	1,446.
SOCIAL EVENTS PETTY CASH REVENUE	4,578.
Total	29,368.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

WORKMAN'S COMP INSURANCE	4,762.
INSURANCE	7,343.
DUES	1,725.
EQUIPMENT MAINT.	4,871.
HOUNDS (INCLUDING FEED, SUPPLIES, VET)	21,743.
KENNELS	5,840.
BANK FEES	30.
LANDOWNERS WAYNE	1,752.
MEETING EXPENSE	1,139.
PERMIT FEES	2,475.
TRAILER	236.
TRUCK EXPENSE	523.
HUNT BALL EXPENSES	2,245.
HUNT SOCIAL EVENTS	4,269.
EMPLOYER PAYROLL TAXES	1,837.
REAL ESTATE TAX	2,133.
IL CHARITY BUREAU FUND	15.
Total	62,938.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
2008 CHEVY C1500 MEDIUM DUTY TRUCK	23,561.	19,341.
Total	23,561.	19,341.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
GMAC 5 YEAR FLEXIBLE FINANCE PLAN	23,561.	19,341.
IL STATE WITHHOLDING	180.	343.
Total	23,741.	19,684.

Wayne Dupage Hunt & Wayne Area Conservancy
2010 Board of Directors

Average
Hrs/Wk

OFFICERS	NAME	ADDRESS	HOME PHONE	WORKPHONE	FAX	EMAIL
President	Carol P. Hancock	P. O. Box 543 Wayne, IL 60184	630/584-5171	---	630/584-4819	plumriver@sbcglobal.net
Vice President & Treasurer	James E. Bramsen	26 Ridge Rd. Barrington, IL 60010	847/381-1299	630/513-1122	847/381-0512	jbramsen@spray.com
Vice President & Assistant Treasurer	Stephen J. Huber	P. O. Box 0758 Wayne, IL 60184	630/497-9278	---	630/497-9277	shuber@mchutchison.com
Secretary	Patricia L. Spiroff	P. O. Box 127 Wayne, IL 60184	630/513-1452	630/580-7121	---	patriciaspiroff@att.net
DIRECTORS						
Social	Elizabeth C. Bramsen	26 Ridge Rd. Barrington, IL 60010	847/381-1299	---	847/381-0512	bbramsen@spray.com
Joint Master & Forest Preserve	James A. Brown	34W675 Army Trail Rd. Wayne, IL 60184	630/377-7141	847/717-3700	847/717-3710	jim@setfast.net
Country	John Carlisle	P. O. Box 1201 Wayne, IL 60184	630/762-0796	cell 630/605-7939	630/529-3626	cowboycarlisle@gmail.com
Community	Kathie Connolly	P. O. Box 143 Wayne, IL 60184	630/513-5570	630/875-1037 cell 630/661-7383	630/647-2437	k.connolly@Henricksen.com
Social	Laurel Hendrickson	P. O. Box 267 Wayne, IL 60184	630/377-9140	---	---	vixen6n@aol.com
Master	Fred Iozzo	P. O. Box 354 Wayne, IL 60184	630/584-6515	---	630/762-9131	fredogden@sbcglobal.net
Membership (WDH) Park Board Liaison (WACF) Horse Show	Marie Iozzo Ann Marx*	P. O. Box 354 Wayne, IL 60184 33W241 Shagbark Lane Wayne, IL 60184	630/584-6515 630/584-6808	---	630/762-9131	fredogden@sbcglobal.net Apmix@aol.com
Village Liaison	Howard Levine	P. O. Box 754 Wayne, IL 60184	630/584-4563	630/482-3633 xt. 120 cell 630/632-3708	630/584-3774	tonilvine@hotmail.com
Pony Club & Country	Kenneth Malm	6N419 Dunham Road Wayne, IL 60184	630/584-9410	---	---	tvra.malm@att.net
Grounds & Buildings	Michele Muenzenmay*	11N575 Rohrsen Road Eglin, IL 60120	847/695-9846	630-377-9895	847-289-4896	wmmuenz@aol.com
Joint Master	Nikki Reed	P. O. Box 452 Wayne, IL 60184	630/584-9997	---	---	kckon23@sbcglobal.net
At Large/Fundraising	Pam Ruminski	4N781 Honey Hill Rd. Wayne, IL 60184	630/513-6990	630/377-3131 cell 630/740-1447	same as home	rumrun58@aol.com
Events & Website & Volunteers	Patricia Wheaton*	3N434 Maple Court West Chicago, IL 60185	630/231-8764	cell 630/240-3228	---	foalsofanjella@aol.com

* Ex Officiu

FOR ALL OF THE OFFICERS SHOWN ABOVE:

- COMPENSATION
- EMPLOYEE BENEFIT PLAN CONTRIBUTIONS
- EXPENSE ACCOUNT

PART III

ORGANIZATIONS PRIMARY EXEMPT PURPOSE -
ALL ACTIVITIES CARRIED OUT BY THE CLUB ARE
SOCIAL IN NATURE AND BENEFIT ALL OF THE MEMBERS.

ATTACHMENT
TO 990-EZ
#36-6110020
PAGE 2, PART III
PAGE 2, PART IV