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Internal Revenue Service

# **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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements 2010

OMB No 1545-0047 Open to Public

Inspection

A	or the	2010 calendar year, or tax year beginning MAY 1, 2010 and	enaing A	APR 30, 2011						
В	Check if applicable	C Name of organization		D Employer identific	cation number					
	Addres	NAPLES WOMAN'S CLUB, INC.								
L	Name change	Doing Business As		59-0907298						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•					
	Termin ated	570 PARK STREET	570 PARK STREET							
	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	113,762.						
	Application	NAPLES, FL 34102		H(a) Is this a group re	turn					
	pendin			for affiliates?	Yes X No					
570 PARK STREET, NAPLES, FL 34102 H(b) Are all affiliates included? Yes										
I Tax-exempt status.   X 501(c)(3)   501(c) ( )   (insert no.)   4947(a)(1) or   527   If "No," attach a list. (see instructions)										
		e: ▶ N/A		H(c) Group exemption						
		organization. X Corporation Trust Association Other	L Year		State of legal domicile: FL					
	art I	Summary	, =							
	T	Briefly describe the organization's mission or most significant activities TO El	NHANCI	THE COMMUN	ITY THROUGH					
FE Activities & Bovernance		PHILANTHOPIC ACTIVITIES AND VOLUNTEER SEI			· · · · · · · · · · · · · · · · · · ·					
'n.	2	Check this box   If the organization discontinued its operations or dispos			sets					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	9					
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7					
98	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	2					
Ę	6	Total number of volunteers (estimate if necessary)		6						
<u>Ş</u> .	7.	Total runniber of Volunteers (estimate in riecessary)  Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
Œ	' a	Net unrelated business taxable income from Form 990-  , line 34		7b	0.					
世	D	RECEIVED	)	Prior Year	Current Year					
$\overline{\cap}$		Contributions and grants (Part VIII, line 1h)		50,149.	44,691.					
	8		S-OSC	0.	0.					
3	9	, , , , , , , , , , , , , , , , , , ,	19	409,968.	17,278.					
SCANNIED	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	_ % -	64,031.	48,044.					
Ñ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)		524,148.	110,013.					
<u>U</u>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	West and see	21,930.	24,449.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		21,930.	0.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)	-	40,363.	38,327.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.		<u>0.</u>					
X	1 D	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	93,187.	111,351.					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		155,480.	174,127.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		368,668.						
		Revenue less expenses Subtract line 18 from line 12			<u>&lt;64,114.</u> >					
Net Assets or Find Balances		Total accords (Dark V. Iran 4.0)	B	eginning of Current Year	End of Year					
SSE	20	Total assets (Part X, line 16)	-	966,382.	902,300.					
et	21	Total liabilities (Part X, line 26)	<b>⊢</b>	2,211.	2,243.					
쯥	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	<u> </u>	964,171.	900,057.					
_		<u> </u>	o and atatas	ments, and to the best of m	v knowledge and heliaf it in					
		lties of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of preparer (other than <u>of</u> ficer) is based on all information of wh			y knowledge and belief, it is					
true	, correc	t, and complete: declaration of preparer (obtain than officer) is based on an information of wi	iicii prepare	1 - F	2012					
۵.		Signature of officer		Date	<u> </u>					
Sig		,		-2						
He	re	DONNA PORTER, TREASURER  Type or print name and title								
				Date Check	<b>X</b> PTIN					
Printrype preparer s manie ryapatsy's signature										
TH HATES										
	parer	Firm's name T.M. HAYES, CPA		Firm's EIN						
USE	Only	Firm's address 150 NORTH STREET		D	20 262 6144					
		NAPLES, FL 34108		Phone no. 2	39-262-6144					
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		•	X Yes No					

	990 (2010) NAPLES WOMAN'S CLUB, INC.	<u> 59-09(</u>	<u> 7298</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission:			
	TO ENHANCE THE COMMUNITY THROUGH PHILANTHOPIC ACTIVITIE	S AND Y	OLUNT	EER
	SERVICE.			
2	Did the organization undertake any significant program services during the year which were not listed on			
_	the prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
_	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,	□ voc	X No
3			162	LAST NO
	If "Yes," describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported			
4a		Revenue \$		)
	SCHOLARSHIPS AND AWARDS TO INDIVIDUALS AND ORGANIZATION	S BASEI	ON	
	ESTABLISHED CRITERIA AND STANDARDS.			
	A to the second		-	
				<del></del>
4b	(Code) (Expenses \$ including grants of \$) (F	Revenue \$		)
	(O L ) / [			
4c	(Code <sup>-</sup> ) (Expenses \$ including grants of \$ ) (F	revenue \$	<del></del> -	
		-		
		·	_	
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$			
<u>4e</u>	Total program service expenses ▶ 99,328.		_	
03200	12		Form 9	<b>90</b> (2010)
	•			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X_	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	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	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			۱.,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		<del></del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		Х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide		_	
-	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	]		.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	440		Х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	<del> </del>	X
b	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	שדי	<b> </b>	<del></del>
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note</b> . Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	004.0:
		rorm	<b>JJU</b> (	2010)

Form 990 (2010) NAPLES WOMAN'S CLUB, INC.

Part IV Checklist of Required Schedules (continued)

	<u>, , , , , , , , , , , , , , , , , , , </u>			1
	Did the annual to a second transfer of 000 of annual and other appropriate and exposurations in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	04		x
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22	X	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-22	Λ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		X
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
_	Schedule K. If "No", go to line 25	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
С		24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		x
_	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a	_	
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X_
ne	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			ľ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ĭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ		
	Schedule N, Part II	32_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а				İ
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		١.	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u> (2010)

The Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable the number of Forms W2G included in line 1a. Enter -0- if not applicable to the number of Forms W2G included in line 1a. Enter -0- if not applicable to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to praze without the within the year covered by this return.  22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  32 If it least one is reported on line 2a, did the organization file all required fideral employment tax returns?  33 If it is at least one is reported on line 2a, did the organization file all required fideral employment tax returns?  34 Note. If the sum of lines 1a and 2a is greater than 250, you may be required for effice (see instructions)  35 If vess, has it field a Form 990-T for this year? If *No.** provide an explanation in Schedule O  36 If vess, has it field a Form 990-T for this year? If *No.** provide an explanation in Schedule O  37 If vess, a thin the animal of the foreign country (such as a bank account, securities account, or other financial account)?  38 If vess, in the first of the organization that at was or is a party to a prohibited tax shelter transaction at any time during the tax year?  39 If vess, in line 5a or 5b, did the organization file Form 8880-T?  30 Deas the organization and party to a prohibited tax shelter transaction?  30 If vess, in line 5a or 5b, did the organization file Form 8880-T?  31 If vess, in line 5a or 5b, did the organization file Form 8880-T?  32 If vess, in line 5a or 5b, did the organization file Form 8880-T?  33 If vess, in line 5a or 5b, did the organization file Form 8880-T?  34 If vess, in did the organization shall are year even not tax deductible?  35 If vess, in did the organization shall are year even that the sum of the party to a prohibited tax shelter transa		Check if Schedule O contains a response to any question in this Part V			
be Enter the number of Forms W.SG included in line 1a. Enter 0-if not applicable   1b   0				Yes	No
be Enter the number of Forms W.SG included in line 1a. Enter 0-if not applicable   1b   0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Det the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with owners?  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  1b If at least one is reported on line 20, of the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more dumpt the year?  3b If "Yes," that if filed a Form 9901 for this year? If "No," provide an explanation in Schedule O  3b If "Yes," that if filed a Form 9901 for this year? If "No," provide an explanation in Schedule O  3b If "Yes," that if filed a Form 9901 for this year? If "No," provide an explanation in Schedule O  3c If "Yes," that is the arms of the foreign country (such as a bank account, securities account, or other financial account)?  3c If "Yes," that the man of the foreign country (such as a bank account, securities account, or other financial account)?  3c If "Yes," to line 6a of 5b, did the organization that If was or is a party to a prohibited tax shelter transaction?  3c If "Yes," to line 6a of 5b, did the organization file Form 8898-1?  3c Does the organization approach or that year annual gross receipts that are normally greater than \$100,000, and did the organization solicities any contributions that may receive deductible?  3c Organization share was not tax deductible?  3c Organization share was even to tax deductible?  3c Organization share was even to tax deductible?  4c Organization share was even to tax deductible?  4c Organization share was even to the value of the good or services provided?  4c Organization share was even to the value of the good or services provided?  4c Organization share was even to the value of the good or services provided?  5c Organization share was even		l I l			
gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  2 b if at least one is reported on line 2a, ind the organization field ell required federal employment tax returns?  3 b of the organization have unrelated business gross income of \$1,000 or more during the year?  3 b if Yes, "and it field a Form 900 of 17 for this year? If "No, "provide an explanation of Schedule O  4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; securities account, and other than 18 financial account; and the organization have an interest in, or a signature or other authority over, a financial account; securities account, or other financial account;  5 b if Yes, "enter the name of the foreign country   No.   provide an explanation and Executive Country   No.   provide an explanation of other financial account;  5 c   Vas the organization application from 18 b foreign country   No.   provide an explanation of the tax year?  5 b   If Yes, "enter the name of the foreign country   No.   Provide an explanation of the tax year?  5 c   Vas the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 if Yes, "did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a b dise organization include with every solicitation an express statement that such contributions or girts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a b dise organization should be organization that were yesiolated organization and partly for goods and services provided?  5 b If Yes, "indicate the number of F	_				
22 Enter the number of employees reported on Form W-3, Transmittat of Wage and Tax Statements.  12	Ĭ		1c		
filed for the calendar year ending with or within the year covered by this return  If all least one is reported on line 2a, of the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  Did the organization have unrelated business gross income of \$1,000 on one during the year?  At a tary 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, or other financial accountry over, a financial account in a foreign country (such as a bank account, or other financial accountry.  If "Yes," enter the name of the foreign country line is a bank account, or other financial accountry.  Be if "Yes," enter the name of the foreign country.  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization file Form 888617  Bo best the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  The party of the organization state and tax deductible on the payor?  To granizations that may receive deductible contributions under section 170(c).  Did the organization state, any sample in excess of \$75 made party is a contribution of under the payor?  To granizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made party as a contribution of under the payor and the payor and the organization state and the payor and the organization state and the payor and the payor and the organization state and the payor and the payor and the payor and the payor and the o	2a	1 1			
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b   X		i I			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3	b		2b_	X	
33 Dut the organization have unrelated business gross income of \$1,000 or more during the year?  44 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?)  55 Event from 10 to 10		·			
b if "Yes," has it field a Form 990-T for the year? If "No," proude an explanation in Schedule O 4 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)?  b if "Yes," enter the name of the foreign country   Such as a bank account, securities account, or other financial accounts.  See instructions for filing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts.  See instructions for thing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts.  See instructions for thing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts.  See instructions for thing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts.  See instructions for thing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts.  See instructions for thing requirements for Form B 886-T?  B Dd at maximal party to a prohibited tax shelter transaction at any time during the tax year?  See instructions for the requirements for Form 888-T?  To see the organization has an annual gioss receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c).  B If "Yes," did the organization include with every solicitation an express statement that such contributions or gritts were not tax deductible?  To grainizations that may receive deductible contributions under section 170(c).  B If "Yes," indicate the number of Forms 8282 fleed during the year  D if the organization, diving the year, pay premiums on a personal benefit contract?  To life the organization exceive any funds, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of cars, b	За		3a_		_X_
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g if the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9a  9b  9a  9b  10a  10a  10a  10b  11b  11b  11b  12a  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11c  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax exempt interest received or accrued during the year  13b  15c section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  b (If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  15b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b  14b  14c	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_		4.6		v
					<u> </u>
	<u>b</u>	if tes, has it filed a Form (20 to report these payments) if two, provide an explanation in Schedule O		990	(2010)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

				$\mathbf{x}$		
	Check if Schedule O contains a response to any question in this Part VI	_		<u> </u>		
Sec	tion A. Governing Body and Management		· 1			
		<del>-  </del>	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year  Finter the number of voting members included in line 1a, above, who are independent  1b  7					
b	Zitto, and marines of terming the marines and the same an					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X		
	officer, director, trustee, or key employee?	2				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		i	<b>X</b> _		
	of officers, directors or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<u>5</u>	X			
6	The state of the s					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			X		
	governing body?	7a 7b		X		
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year	10				
8	-					
	by the following:	8a	X			
a	The governing body?	8b	X			
	,	OD				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X		
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
Jec	tion B. I onotes (this section B requests information about policies not required by the internal nevenue society		Yes	No		
100	Does the organization have local chapters, branches, or affiliates?	10a		X		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,					
J	and branches to ensure their operations are consistent with those of the organization?	10b				
112	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X		
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
~	to conflicts?	12b				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
_	in Schedule O how this is done	12c				
13	Does the organization have a written whistleblower policy?	13		Х		
14	Does the organization have a written document retention and destruction policy?	14		X		
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a		X		
b	Other officers or key employees of the organization	15b		X_		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?	16a		<u> X</u>		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		ĺ			
	exempt status with respect to such arrangements?	16b		<u> </u>		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for				
	public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ıncıal			
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion.	_			
	DONNA PORTER - 239-594-9401					
	570 PARK STREET, NAPLES, FL 34102		000	(2010)		

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

  List paragraphy to following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	institutional frustee	all t		Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
LEE KRAUS	5.00	v		x				0.	0.	0.	
FIRST VP	3.00	Λ		A	-		<del> </del>	<u> </u>	<u> </u>	<u> </u>	
PAMELA ZBIERAJEWSKI PRESIDENT	3.00	x		x				0.	0.	0.	
PAT JOLLY	3.00	122									
SECOND VP	_3.00	x		X				0.	0.	0.	
ANN MARIE O'HARA				**		-					
THIRD VP	3.00	x		x				0.	0.	0.	
PAT TROWBRIDGE				<del>                                     </del>		<del>                                     </del>			<u> </u>		
SECRETARY	3.00	x		х				0.	0.	0.	
DONNA PORTER	3333										
TREASURER	4.00	x		х				0.	0.	0.	
NANCY QUINTER											
THIRD VP	3.00	X		Х				0.	0.	0.	
JACQUELYN PIERCE											
PARLIAMENTARIAN	2.00	X		X				0.	0.	0.	
ANN HOST											
DIRECTOR	2.00	X				L.	_	0.	0.	0.	
ANN COX										1	
CORRESPONDING SECRETARY	2.00	X		X			ļ	0.	0.	0.	
CAROL O'NEIL		i				ļ				_	
DIRECTOR	2.00	X	<u> </u>	ļ			<u> </u>	0.	0.	0.	
MARY BROWN		1			1		ł				
DIRECTOR	2.00	X	<u> </u>	ļ	ļ		<u> </u>	0.	0.	0.	
LOUISE WILMOT									_		
DIRECTOR	2.00	X	ļ	L	ļ			0.	0.	0.	
KATHLEEN ABRAHAM											
DIRECTOR	2.00	X	<u> </u>	<u> </u>	_	<u> </u>		0.	0.	0.	
LINDA LUCKS				ļ							
DIRECTOR	2.00	X	├	┞	├	<del> </del>	┢	0.	0.	0.	
TEDFORD BUSSIE			1				ļ				
DIRECTOR	2.00	Х	_			_	-	0.	0.	0.	
						<u> </u>	<u></u>			Form <b>990</b> (2010)	

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Form **990** (2010)

Part VIII Statement of Revenue (D) Revenue excluded from (C) (B) (A) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue 1a 1 a Federated campaigns 11,830. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and <u>32,861</u> 1f similar amounts not included above 8,787 g Noncash contributions included in lines 1a-1f \$\_ 44,691 h Total. Add lines 1a-1f Business Code f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 17,278. 17,278. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 26,289. 6 a Gross Rents b Less rental expenses 26,289 c Rental income or (loss) 26,289. 26,289. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See 24,682 Part IV. line 18 3,749 b Less direct expenses 20,933. 20,933. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 822. 822. 611710 11 a OTHER d All other revenue 822. e Total. Add lines 11a-11d . 64,500. 110,013. 822 Total revenue See instructions. 032009 Form 990 (2010)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	lete column (A) but are			).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and			-	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	24,449.	24,449.	į	
3	Grants and other assistance to governments,				
·	organizations, and individuals outside the U.S			İ	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,			-	
Э		İ			
^	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	26 002	29,443.	7,360.	<del></del>
7	Other salaries and wages	36,803.	47,443.	1,300.	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits	1 504	1,219.	305.	
10	Payroll taxes	1,524.	1,419.	303.	
11	Fees for services (non-employees).				
а	Management	17 751		17 751	
b	Legal	17,751.		17,751. 18,631.	
С	Accounting	18,631.	· <del>-</del> ·	18,631.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				-
g	Other .		· <del></del>		
12	Advertising and promotion	0.010	F 406	2 604	
13	Office expenses	9,010.	5,406.	3,604.	
14	Information technology				<del></del>
15	Royalties	22 401	00 000	12 202	
16	Occupancy	33,481.	20,089.	13,392.	
17	Travel				<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		<del></del> -		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			6.556	
22	Depreciation, depletion, and amortization	6,568.		6,568.	
23	Insurance	13,851.	8,311.	5,540.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	EDUCATION, NEWSLETTER,	7,338.	7,338.		<del></del>
b	FWCC	3,026.	3,026.		
c	MEETINGS, TRAVEL	1,648.		1,648.	
d	OTHER EXPENSES	47.	47.		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	174,127.	99,328.	74,799.	0.
26	Joint costs Check here III if following SOP	,			
20	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					F 000 (0010)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,200.	1	
	2	Savings and temporary cash investments	890,113.	2	288,079.
	3	Pledges and grants receivable, net .		3	
	4	Accounts receivable, net .		4	
	5	Receivables from current and former officers, directors, trustees, key			
	ļ	employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	<u> </u>
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8_	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 354,000.			
	b	Less accumulated depreciation 10b 288,551.	72,069.	10c	65,449. 548,272.
	11	Investments - publicly traded securities		11	548,272.
	12	Investments - other securities See Part IV, line 11		12_	·
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	500.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	966,382.	16	902,300.
	17	Accounts payable and accrued expenses	1,211.	17	743.
	18	Grants payable		18	······································
	19	Deferred revenue	<del></del>	19	
	20	Tax-exempt bond liabilities		20_	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ħ	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,000.	24	1,500.
	25	Other liabilities Complete Part X of Schedule D	2,211.	25 26	2,243.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here	2,211.	20	<u> </u>
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	878,831.	27	822,176.
<u>la</u>	28	Temporarily restricted net assets	46,213.	28	45,026.
8	29	Permanently restricted net assets	39,127.		32,855.
Š	25	Organizations that do not follow SFAS 117, check here	3371271		32,000.
Net Assets or Fund Balances		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne.	33	Total net assets or fund balances	964,171.	33	900,057.
	34	Total liabilities and net assets/fund balances	966,382.		902,300.
	<u>, , , , , , , , , , , , , , , , , , , </u>	Total national first total appropriation and an arrangement of the second secon	200,000		5 990 (2010)

Form **990** (2010)

Form	990 (2010) NAPLES WOMAN'S CLUB, INC.	59-0907	298	Pag	је <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	110	0,0	<u> 13.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	174	1,1	<u> 27.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<64	1,1	<u> 14.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	964	1,1	<u>71.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	900	0,0	<u>57.</u>
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990.   Cash Accrual X Other SEE SCH	0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form 9	9 <b>90</b> (	2010)

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer iden										dentification	on num	nber	
			NAPLES	WOMAN'S CLUE	, INC					59	-0907	<u> 298</u>	
Part	t I	Reason	for Public Chari	ity Status (All organiz	ations mu	st complet	e this part	) See inst	ructions.				
The or	roan	zation is not a	private foundation I	because it is: (For lines	through 1	11, check o	only one b	ox)					
1	٦		-	s, or association of chur									
2	司	•		<b>0(b)(1)(A)(ii).</b> (Attach Sc									
3	=			tal service organization			170(b)(1)(	A)(m).					
4 [	=			perated in conjunction					(b)(1)(A)(	iii). Enter th	ne hospital'	s name	∍,
		city, and stat		.,						•	•		
5 [	$\neg$			benefit of a college or u	niversity ov	wned or or	erated by	a governr	nental ur	nt describe	ed in		
-		_	(b)(1)(A)(iv). (Comple		,			. 3					
6 C				ent or governmental unr	t described	d in sectio	n 170(b)(1	)(A)(v).					
=	$\mathbf{x}$	-		eives a substantial part					r from th	e general c	ublic desci	ribed in	ı
, ,	•••	•	b)(1)(A)(vi). (Comple		o		90.0			- g			
8 [				ection 170(b)(1)(A)(vi).	(Complete	Part II )							
9 [	T	-		eives (1) more than 33			om contri	butions, m	embersh	no fees, an	d aross rec	eiots fi	rom
•		-	-	nctions - subject to certa									
			•	axable income (less sect									
			509(a)(2). (Complete			.x,	5,,,,,,,,,,		,			-,	
10	$\neg$			perated exclusively to te	st for publi	ic safety S	See sectio	n 509(a)(4	11.				
11	╗	-		perated exclusively for the		-			-	rv out the i	ourooses o	f one o	r
••• -				itions described in secti									
				organization and compl				,		(-/(-/ · · ·			
		a Type			Тур			earated		d 🗆	Type III - C	Other	
e C	x	• •		t the organization is not			•	_	more di	squalified p	ersons oth	er than	1
-				han one or more publicly									
f			-	ten determination from						```		` ' ' '	
•		•	rganization, check th				, , ,,	, ,,					
g			-	rganization accepted ar	nv aift or co	ontribution	from any	of the folio	owing pe	rsons?			
5		-		rectly controls, either al			-		-			Yes	No
				upported organization?	J		•		•	• • • •	11g(i)		
		•	• •	described in (i) above?	ı						11g(ii)		
			•	person described in (i)		e?					11g(iii)		
h				about the supported or									
••			<b>y</b>			. ,							
/i) N	lame	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	notify the		ls the	(vii) Am	nount of	
(1) 11		inization	(11) 2.114	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizat (i) organ	ion in col.		port	
	J. 8-			above or IRC section	governing	document?	(i) of you	support?	(', " "Ü.	S.?	•		
				(see instructions))	Yes	No	Yes	No	Yes	No			
		-											
					ļ								
									<u> </u>	+ +		-	
Total						]			<u></u>	1			

032021 12-21-10

Form 990 or 990-EZ.

10520120 127645 MADT DOMOMANT

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

59-0907298 Page 2

# Schedule A (Form 990 or 990-EZ) 2010 NAPLES WOMAN'S CLUB, INC. 59-09072 | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	400 040	25 201	40 050	EO 140		227 726
	include any "unusual grants ")	109,343.	35,381.	42,853.	50,149.		237,726.
2	Tax revenues levied for the organ-		1				
	ization's benefit and either paid to						
	or expended on its behalf						<del></del>
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						000 506
4	Total. Add lines 1 through 3	109,343.	35,381.	42,853.	50,149.		237,726.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			1			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				<del>.</del>		
	Public support. Subtract line 5 from line 4						237,726.
<u>Sec</u>	ction B. Total Support		<del></del>			···-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	109,343.	35,381.	42,853.	50,149.		237,726.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	14,565.	17,216.	14,376.	12,829.		58,986.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						1
	assets (Explain in Part IV)		1,724.	970.	3,203.		5,897.
11	Total support. Add lines 7 through 10						302,609.
12	Gross receipts from related activities	etc (see instruction	ons)			12	<u>395,955.</u>
13	First five years. If the Form 990 is fo	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here					<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				_
14	Public support percentage for 2010 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>78.56 %</u>
15	Public support percentage from 2009	Schedule A, Part	ii, line 14			15	<u>82.03 %</u>
16a	33 1/3% support test - 2010.If the c	rganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this b	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright x$
t	33 1/3% support test - 2009.If the c	rganization did not	check a box on lir	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check t	this box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - <b>2010.</b> If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	6 or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						. ▶□
ŀ	10% -facts-and-circumstances tes					7a, and line 15 is	s 10% or
_	more, and if the organization meets t						
	organization meets the "facts-and-cir						ightharpoons
18	Private foundation. If the organization						ons _
	<u> </u>						90 or 990-EZ) 2010

032022 12-21-10

# Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)					
	(=) 2006	(h) 2007	(a) 2009	(d) 2009	(0)	2010	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(a) 2009	(e)	2010	(f) IOIAI
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")					<del> </del>		
2 Gross receipts from admissions, merchandise sold or services per-	İ						
formed, or facilities furnished in							İ
any activity that is related to the							
organization's tax-exempt purpose					<del> </del> -		<del></del>
3 Gross receipts from activities that	]						
are not an unrelated trade or bus-				•			
iness under section 513		<del> </del>			-		
4 Tax revenues levied for the organ-			ļ				
ization's benefit and either paid to							
or expended on its behalf				<del> </del> -	1		
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 through 5	-			1			
7a Amounts included on lines 1, 2, and	1						
3 received from disqualified persons							<del> </del>
b Amounts included on lines 2 and 3 received from other than disqualified persons that							
exceed the greater of \$5,000 or 1% of the							
amount on line 13 for the year					-		
c Add lines 7a and 7b	-				<del> </del>		
8 Public support (Subtract line 7c from line 6) Section B. Total Support	<u> </u>			J			
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e)	2010	(f) Total
9 Amounts from line 6					ļ		
10a Gross income from interest,							
dividends, payments received on securities loans, rents, royalties					1		
and income from similar sources							
<b>b</b> Unrelated business taxable income			]				
(less section 511 taxes) from businesses	5						
acquired after June 30, 1975							
c Add lines 10a and 10b			_				
11 Net income from unrelated business	<b>;</b>						
activities not included in line 10b, whether or not the business is				1			
regularly carried on							
12 Other income. Do not include gain					1		_
or loss from the sale of capital assets (Explain in Part IV)							
13 Total support (Add lines 9, 10c, 11, and 12)			<u> </u>	<u> </u>			
14 First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)	(3) organiz	zation,
check this box and stop here							<b>.</b>
Section C. Computation of Pub	lic Support Pe	ercentage			, ,		
15 Public support percentage for 2010	(line 8, column (f) o	divided by line 13,	column (f))		15		<u>%</u>
16 Public support percentage from 200					16		
Section D. Computation of Inve					1 1		
17 Investment income percentage for 2			ne 13, column (f))		17		%
18 Investment income percentage from					18		%
19a 33 1/3% support tests - 2010. If th						, and line	17 is not
more than 33 1/3%, check this box							
b 33 1/3% support tests - 2009. If th	<u>-</u>						. —
line 18 is not more than 33 1/3%, ch							
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	struction	is	

TNIC

### SCHEDULE D

(Form 990)

**Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Valli	NAPLES WOMAN'S CLUB, INC.		59-0907298
Par		milar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held	I in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any	other purpose confe	rring
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the organization answered "Yes"	to Form 990, Part IV	line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)		
	Preservation of land for public use (e.g , recreation or education)	vation of an historica	lly important land area
	Protection of natural habitat Preser	vation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribut	ion in the form of a co	onservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	historic structure	1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or te	rminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is located	<del></del>	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of	
_	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ear		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	or section 170(1)(4)(	Yes No
^	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its reveni	ue and evnence state	
9	include, if applicable, the text of the footnote to the organization's financial statements		
	conservation easements	and dodding and a	gameanon o accounting to
Pai	rt III Organizations Maintaining Collections of Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	·	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or rese		
	the text of the footnote to its financial statements that describes these items		
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	enue statement and l	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in ful		
	relating to these items.		_
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>s</b>
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to the		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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Schedule D (Form 990) 2010

Sche		WOMAN'S CL					9-09			
Par	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, d	or Othe	er Similar	Asset	S (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following tha	t are a sı	gnificant us	e of its o	collection	ı ıtems	3
	(check all that apply).									
а	Public exhibition	d		hange progra						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organızatı	on's exe	mpt purpos	e ın Part	XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or oth	er sımılar	assets		_		-
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	-	ete if the organization	n answered	"Yes" to	Form 990, F	Part IV, I	ne 9, or		
	reported an amount on Form 990, Par							_		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other as	sets not	ıncluded		,	_	7
	on Form 990, Part X?						L_	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table.							
								Amount		
С	Beginning balance					1c	<u>.</u>			
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		,	<del></del>	<del></del>
	Did the organization include an amount on Fe		21?				L	Yes	L	No
	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete	f the organization an								
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three yea	ars back	(e) Four	years	<u>back</u>
1a	Beginning of year balance	39,127.	37,380,	3	7,380.					
b	Contributions									
С	Net investment earnings, gains, and losses		1,747.							
d	Grants or scholarships	6,272.		<u> </u>						
е	Other expenditures for facilities									
	and programs	· · · · · · · · · · · · · · · · · · ·								
f	Administrative expenses									
g	End of year balance	32,855,	39,127,	3	7,380.					
2	Provide the estimated percentage of the year	r end balance held a								
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
C		%								
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administe	ered for the	he organiza	tion	Г		
	by.								Yes	No
	(i) unrelated organizations							3a(i)	$\dashv$	X
	(ii) related organizations	:						3a(ii)		<u>X</u>
b	If "Yes" to 3a(ii), are the related organizations	· · · · · · · · · · · · · · · · · · ·					•	3b	1	
4	Describe in Part XIV the intended uses of the									—
Pai	t VI Land, Buildings, and Equipm	<del></del>						400		
	Description of investment	(a) Cost or o basis (investr	1 , ,	t or other (other)		ccumulated preciation		(d) Bool	« value	<del></del> -
1a	Land					<u> </u>				
b	Buildings		9	5,007.		95,00	7.			0.
С	Leasehold improvements									
d	Equipment									
	Other			8, <u>993.</u>	:	<u>193,54</u>	4.		$\frac{5}{4}$	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)				6	<u>5,4</u>	<u>49.</u>

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	(b) Book value		) Method of valuation ir end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			<u> </u>
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
tal (Col (b) must equal Form 990, Part X, col (B) line 12.)			
art VIII Investments - Program Related		13.	
(a) Description of investment type	(b) Book value	(c)	) Method of valuation. or end-of-year market value
(1)			
(1)			
(3)			
(4)	-		
•			*** W-1***
(5)	****		
(6)		<del></del>	
(7)			100
(8)			
(9)			
(10)			
otal (Col (b) must equal Form 990, Part X, col (B) line 13.)			
	line 15		(h) Pook volue
tal (Col (b) must equal Form 990, Part X, col (B) line 13.)			(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,  (1)	line 15		(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,	line 15		(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,  (1)	line 15		(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,  (1) (2)	line 15		(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,  (1) (2) (3)	line 15		(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4)	line 15		(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5)	line 15		(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5)	line 15		(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7)	line 15		(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8)	line 15		(b) Book value
	line 15 (a) Description		(b) Book value
Nata   (Col (b) must equal Form 990, Part X, col (B) line 13.)   Part   X   Other Assets. See Form 990, Part X, (1)   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (10)   (1	line 15 (a) Description		(b) Book value
Nata   (Col (b) must equal Form 990, Part X, col (B) line 13.)   Part IX   Other Assets. See Form 990, Part X, (1)   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (10)   (10)   (2)   (2)   (3)   (4)   (2)   (3)   (4)   (4)   (5)   (6)   (7)   (8)   (9)   (10)   (1	line 15 (a) Description	(b) Amount	(b) Book value
Nata   (Col (b) must equal Form 990, Part X, col (B) line 13.)   Part   X   Other Assets. See Form 990, Part X, (1)   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (10)     Other Assets. See Form 990, Part X, col (B)   (9)   (10)     Other Assets. See Form 990, Part X, col (B)   (10)	line 15 (a) Description	(b) Amount	(b) Book value
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tal (Col (b) must equal Form 990, Part X, col (B) line 13.)   Part IX   Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)   Part X   Other Liabilities. See Form 990, Part X, col (B)   Part X   Other Liabilities. See Form 990, Part X (1)   Federal income taxes (2) DEPOSITS	line 15 (a) Description	(b) Amount 1,500.	(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.)   Part IX   Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)   Part X   Other Liabilities. See Form 990, Part X, col (B, Part X   Other Liabilities. See Form 990, Part X, (2) DEPOSITS (3)	line 15 (a) Description		(b) Book value
tal   (Col (b) must equal Form 990, Part X, col (B) line 13.)   Part   X   Other Assets. See Form 990, Part X,	line 15 (a) Description		(b) Book value
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tal (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Datal. (Column (b) must equal Form 990, Part X, col (B, Part X)  (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) (4)	line 15 (a) Description		(b) Book value
tal         (Col (b) must equal Form 990, Part X, col (B) line 13.)           Part IX         Other Assets. See Form 990, Part X,           (1)         (2)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (10)           Part X         Other Liabilities. See Form 990, Part X, col (B)           Part X         Other Liabilities. See Form 990, Part X, col (B)           (a) Description of liability         (1) Federal income taxes           (2) DEPOSITS         (3)           (4)         (5)	line 15 (a) Description		(b) Book value
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tal (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Part X Other Liabilities. See Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability  (1) Federal income taxes (2) DEPOSITS (3) (4) (5) (6) (7)	line 15 (a) Description		(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.)   Part IX   Other Assets. See Form 990, Part X, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)   Part X   Other Liabilities. See Form 990, Part X   Other Liabilities. See Form 990, Part X (1) Federal income taxes (2) DEPOSITS (3) (4) (5) (6) (7) (8) (6) (7) (8) (6) (7) (8) (8) (9) (10)   Part X   Other Liabilities (1) Part X   Other Liabilities (2) DEPOSITS (3) (4) (5) (6) (7) (8)	line 15 (a) Description		(b) Book value
tal (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X (1) Federal income taxes (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9)	line 15 (a) Description  ) line 15.)  rt X, line 25	1,500.	

Schedule D (Form 990) 2010

_	dule D	(Form 990) 2010	NAPLES WOMAN f Change in Net Ass	'S CLUB,	INC.	Audit	ed Finar	ocial S	State	59-(	907298	Page 4
<u> </u>				ets iroin rom	11 330 to F	Tuait	<u>ca i iliai</u>					
1		•	t VIII, column (A), line 12)				•	1				
2			art IX, column (A), line 25)	4				2				<del></del>
3		· · · · · · · · · · · · · · · · · · ·	r. Subtract line 2 from line	ı				3			·	
4		nrealized gains (losses)						4				
5		ted services and use of	tacilities					6				
6		tment expenses						7				
7		period adjustments						8				
8		(Describe in Part XIV.)	Imaa Adhaayah O					9				
9		adjustments (net). Add	<del>-</del>	omente Combine	lines 2 and	۵		10				
10 Par			r per audited financial stat f Revenue per Audit				ith Reve		er Re	eturn		
1			er support per audited fin							1		
2			out not on Form 990, Part									
a		nrealized gains on inves		<b>,</b>		2a						
b		ted services and use of				2b						
c		veries of prior year gran				2c				l		
d		(Describe in Part XIV.)	-			2d				İ		
e		ines 2a through 2d								2e		
3		ract line 2e from line 1							ľ	3		
4			90, Part VIII, line 12, but r	ot on line 1:					ľ			
a			luded on Form 990, Part \			4a						
b		(Describe in Part XIV.)		,		4b						
c		ines 4a and 4b			'					4c		
5			nd <b>4c.</b> (This must equal For	m 990. Part I. line	12)				Ī	5		
Pai	rt XIII	Reconciliation o	f Expenses per Aud	ited Financial	Stateme	nts W	Vith Exp	enses	per	Retu	rn	
1			er audited financial statem	•						1		
2		•	out not on Form 990, Part									
а	Dona	ted services and use of	facilities			2a						
b	Prior	year adjustments				2b						
c		losses				2c	· · ·					
d	Other	r (Describe in Part XIV)				2d						
e		ines 2a through 2d								2e		
3	Subtr	ract line 2e from line 1								3		-
4	Amou	unts included on Form 9	90, Part IX, line 25, but no	t on line 1								
а	Inves	tment expenses not inc	luded on Form 990, Part \	/III, line 7b		4a						
b		r (Describe in Part XIV.)				4b						
С		ines 4a and 4b								4c		
_5_			and <b>4c.</b> (This must equal F	orm 990, Part I, lin	e 18)					5		
		Supplemental In								_		
			lescriptions required for P es 2d and 4b; and Part XII									4, Part
		· · · · · · · · · · · · · · · · · · ·										
												_
					-					<u> </u>		
	<del></del>		<del></del>									
	_	· · · · · · · · · · · · · · · · · · ·										

Schedule D (Form 990) 2010

10520120 1276/5 NINDI DEMOMINI

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization	OMAN'S CLUB, INC.					59-0907	ntification number 298
	Complete if the organization answ		'es" to	Form 990, Part IV, I	ne 1		
Indicate whether the organization raised a Mail solicitations     Internet and email solicitations     Phone solicitations     In-person solicitations     In-person solicitations      a Did the organization have a written or key employees listed in Form 990, Par b if "Yes," list the ten highest paid individual compensated at least \$5,000 by the organization have a written or key employees listed in Form 990, Par b if "Yes," list the ten highest paid individual compensated at least \$5,000 by the organization raised.	e Solicita f Solicita g Special  oral agreement with any individual t VII) or entity in connection with p duals or entities (fundraisers) purs	tion of tion of fundra (includation	non-govern govern using o ding or ional f	overnment grants nment grants events fficers, directors, trus undraising services?		Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Actıvıty	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				-
					±*** ,,	·	
	A-71						
		1					
Total  3 List all states in which the organization or licensing	is registered or licensed to solicit	contrib	oution	s or has been notified	d It IS	exempt from re	egistration
							-
				<u> </u>			

Schedule G (Form 990 or 990-EZ) 2010

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

59-0907298 Page 2 Schedule G (Form 990 or 990-EZ) 2010 NAPLES WOMAN'S CLUB, 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 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events DINING FOR NONE (add col. (a) through PHILANTHROPY col. (c)) (event type) (total number) (event type) 24,682. 24,682 Gross receipts 2 Less Charitable contributions 24,682. 24,682. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages 8 Entertainment 3,749. Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 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. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 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? b If "No," explain. Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain Schedule G (Form 990 or 990-EZ) 2010 032082 01-13-11

Sch	nedule G (Form 990 or 990-EZ) 2010 NAPLES WOMAN'S CLUB, INC.	<u>59-0</u>	<u>9072</u>	<u>98</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Ye	es l	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?		,Ye	es l	No
13	Indicate the percentage of gaming activity operated in.		İ		
á	The organization's facility		13a		<u>%</u>
t	An outside facility	l	13b_		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds.			
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	es l	No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party > \$				
ď	c If "Yes," enter name and address of the third party:				
	Name ►				
	Address ►				
16	Gaming manager information				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions.				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
١	retain the state gaming license?		Ye	es	No
Ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the			
	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column 151 and 1				
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inf	ornation	(see ins	truct	ions)
				_	_

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. (d) Amount of cash grant (c) IRC section if applicable INC NAPLES WOMAN'S CLUB, Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part II

2 |

X Yes

(h) Purpose of grant or assistance

Employer identification number

Open to Public

Inspection

OMB No 1545-0047 2010 59-0907298

Schedule I (Form 990) (2010) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

space is needed	Ary Misself of	A American A (a)	20 40 10 10 W (1)	To the state of th	Occupancy described of
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					•
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	te the information	required in Part I,	line 2, and any other	additional information	
SCHEDULE 1, PART 1, LINE 2: GRANTS, WH AWARDED AFTER EVALUATION OF CANDIDATES	<b>⊣</b>	COMMITTE	BY A COMMITTEE BASED ON ESTABLI	CH CONSIST OF SCHOLARSHIPS, ARE BY A COMMITTEE BASED ON ESTABLISHED	
CRITERIA AND CONSIDERING AVAILABLE FUNDS	FUNDS.				

Schedule I (Form 990) (2010)

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-F7

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990 or 990-EZ.

**Employer identification number** NAPLES WOMAN'S CLUB, INC. 59-0907298 FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS THAT ATTEND EDUCATIONAL AND SPECIAL EVENT ACTIVITIES AND PROVIDE VOLUNTEER SERVICES IN THE LOCAL COMMUNITY. FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER AND PRESIDENT REVIEW THE 990 IN DETAIL AND PROVIDE A COPY TO THE GOVERNING BOARD FOR THEIR REVIEW AND INFORMATION. FORM 990, PART VI, SECTION B, LINE 12: OFFICERS AND DIRECTORS ARE INFORMED ABOUT THE CONFLICT OF INTEREST POLICY AND POTENTIAL CONFLICTS ARE ADDRESSED IF AND WHEN THEY ARISE. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. PART XI, LINE 1, ACCOUNTING METHOD MODIFIED CASH BASIS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check this bo	×		► X
Note. Only complete Part II if you have already been granted a				3868	
If you are filing for an Automatic 3-Month Extension, comp					
Part II Additional (Not Automatic) 3-Month			opies n	eeded).	
Name of exempt organization	-		Empl	oyer identificati	on number
Type or					
print NAPLES WOMAN'S CLUB, INC.			5	<u>9-090729</u> 1	<u>3</u>
File by the extended Number, street, and room or suite no. If a P.O. box	, see instruc	tions			
due date for filing your 570 PARK STREET					
return See City, town or post office, state, and ZIP code. For a	a foreign add	Iress, see instructions			
NAPLES, FL 34102			<u> </u>		
Enter the Return code for the return that this application is for (	file a separa	te application for each return)			0 1
		T		·	
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A Form 4720			08
Form 990-EZ		10			
Form 990-PF 04 Form 5227					
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069					
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grant	ed an autor	natic 3-month extension on a previou	sly file	d Form 8868.	
DONNA PORTER	D. 1.1	ADIEG EI 24102			
• The books are in the care of   570 PARK STRE	E.L. – W				· · · · · · · · · · · · · · · · · · ·
Telephone No ► 239-594-9401		FAX No.			
If the organization does not have an office or place of busing				r tha whala araw	abook this
<ul> <li>If this is for a Group Return, enter the organization's four dig box</li> <li>If it is for part of the group, check this box</li> </ul>	_				
		H 15, 2012 .	memo	ers the exterision	1 15 101
<ul> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> </ul>			λDD	30 201	1
			Final r		<u> </u>
6 If the tax year entered in line 5 is for less than 12 months  Change in accounting period	, CHECK IEAS	on	ıııaıı	etain	
7 State in detail why you need the extension					
ADDITIONAL INFORMATION IS NE	EDED T	N ORDER TO FILE A CO	MPT.	ETE AND	<del></del>
ACCURATE RETURN.	<u> </u>	., 0112211 10 1222 11 00			-
110001111111111111111111111111111111111					
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	0. or 6069. e	enter the tentative tax, less any		-	
nonrefundable credits See instructions	-, -, -,, -	<b>.</b>	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 606	9. enter anv	refundable credits and estimated		<del></del>	
tax payments made include any prior year overpayment					
previously with Form 8868		, .	8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include your	payment wit	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System) See ins	structions		8c_	\$	0.
Sig	nature ar	nd Verification			
Under penalties of perjury, I declare that I have examined this form, incit is true, correct, and complete, and that I am authorized to prepare this		panying schedules and statements, and to the	e best o	f my knowledge an	d belief,
Signature Title	- CPA		Date	<b>&gt;</b>	

Form 8868 (Rev 1-2011)