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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2010****Open to Public  
Inspection**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.

**A** For the 2010 calendar year, or tax year beginning **JUNE 1**, 2010, and ending **MAY 31**, 20 **11**

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

**C** Name of organization  
**WOMAN'S CLUB OF CHEVY CHASE, MD. INC**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**7931 CONNECTICUT AVENUE**

City or town, state or country, and ZIP + 4  
**CHEVY CHASE, MD 20815-5922**

**D** Employer identification number  
**52-0534893**

**E** Telephone number  
**301-652-8480**

**F** Group Exemption Number ►

**G** Accounting Method: ☐ Cash ☐ Accrual Other (specify) ► **MODIFIED CASH**

**I** Website: ►

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( 4 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$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 . . . . . ► \$ **\$174893**

**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	\$48505
	2	Program service revenue including government fees and contracts . . . . .	2	\$122489
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	\$1862
	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	
Expenses	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	
	c	Less: direct expenses from gaming and fundraising events . . . . .	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	
	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	\$2037
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	\$174893
	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	\$69459
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	\$58275
	13	Professional fees and other payments to independent contractors . . . . .	13	
14	Occupancy, rent, utilities, and maintenance . . . . .	14	\$42582	
15	Printing, publications, postage, and shipping . . . . .	15	\$3415	
16	Other expenses (describe in Schedule O) . . . . .	16	\$1650	
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	\$175381	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(\$488)
	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	\$337700
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	\$337212

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2010)

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II. ☐

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	\$314695	<b>22</b> \$332891
<b>23</b> Land and buildings . . . . .	\$53745	<b>23</b> \$47518
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> Total assets . . . . .	\$368440	<b>25</b> \$380409
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	\$30740	<b>26</b> \$43197
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	\$337700	<b>27</b> \$337212

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. ☒

What is the organization's primary exempt purpose? **COMMUNITY SERVICES, EDUCATIONAL, PHILANTHROPIC**  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

<b>28</b> COMMUNITY SERVICES . . . . .	\$10524		
HERITAGE PRESERVATION . . . . .	\$2349		
INTERNATIONAL AFFAIRS . . . . .	\$908		
(Grants \$ ) If this amount includes foreign grants, check here . . . . .		<b>28a</b>	\$13781
<b>29</b> SCHOLARSHIPS AND YOUTH ART . . . . .	\$9500		
ENDOWMENT SCHOLARSHIPS . . . . .	\$1000		
DUES TO NATIONAL, STATE, AND COUNTY AFFILIATES . . . . .	\$4340		
(Grants \$ ) If this amount includes foreign grants, check here . . . . .		<b>29a</b>	\$14840
<b>30</b> BUILDING PRESERVATION . . . . .	\$17472		
CLUBHOUSE AND GROUNDS . . . . .	\$23366		
(Grants \$ ) If this amount includes foreign grants, check here . . . . .		<b>30a</b>	\$40838
<b>31</b> Other program services (describe in Schedule O) . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . . .		<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .		<b>32</b>	\$69459

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SALLY KOENIG 6610 BOXBURN DR., BETHESDA, 20817	PRESIDENT	0	0	0
KATHY EWELL 2706 EAST WEST HGHY., CHEVY CHASE, MD 20815	1ST VICE PRESIDENT	0	0	0
ANN TARTAGLIA 9511 E. STANHOPE RD., KENSINGTON, MD. 20895	2ND VICE PRESIDENT	0	0	0
PATRICIA EBBECKE 7600 17TH ST. NW, WASHINGTON, DC 20012	RECORDING SECRETARY	0	0	0
TONI STROTHER 6515 BROXBURN DR., BETHESDA, MD. 20817	ASST. RECORDING SEC.	0	0	0
JEANNE JOHNSON 18512 DENHIGH CIRCLE, OLNEY, MD 20832	CORRESPONDING SEC.	0	0	0
MARIE POWELL 3811 JEFFRY ST, SILVER SPRING, MD. 20906	ASST. CORRESPONDING	0	0	0
LOUISE HARRELL 7110 LONGWOOD DR. BETHESDA, MD. 20817	TREASURER	0	0	0
KATHY FLAXMAN 4113 STANFORD ST. CHEVY CHASE, MD. 20815	ASST, TREASURER	00	0	0
BARBARA PILLOTE 3200 LEISURE WORLD BLVD, SILVER SPRING MD 20906	FINANCE CHAIR	0	0	0
	VARIOUS HOURS FOR ALL			

**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
<b>33</b> 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		✓
<b>34</b> 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)		✓
<b>35</b> 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.		
<b>a</b> 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?		✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		✓
<b>36</b> 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		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		✓
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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		✓
<b>c</b> 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 ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> 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.		✓
<b>41</b> List the states with which a copy of this return is filed. ▶		
<b>42a</b> The organization's books are in care of ▶ <b>TREASURER</b> Telephone no. ▶ <b>301-652-8480</b> Located at ▶ <b>7931 CONNECTICUT AVENUE, CHEVY CHASE, MD.</b> ZIP + 4 ▶ <b>20815-5922</b>		
<b>b</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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		✓
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> 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: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
<b>b</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		✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- 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 instructions).
- 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.

	Yes	No
<b>45</b>		<input checked="" type="checkbox"/>
<b>45a</b>		<input checked="" type="checkbox"/>
<b>46</b>		<input checked="" type="checkbox"/>

**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 ☐

- 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."

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

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

**f** Total number of other employees paid over \$100,000

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors 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.

<b>Sign Here</b>	<i>Louise O. Harrell, Treas.</i>	<i>9-22-11</i>
	Signature of officer	Date
	LOUISE O. HARRELL, TREAS.	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

Department of the Treasury  
Internal Revenue Service

**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-EZ.**

OMB No. 1545-0047

2010

### Open to Public Inspection

Name of the organization

**WOMAN'S CLUB OF CHEVY CHASE, MD. INC**

Employer Identification number

**52-0534893**

**PART II (b) DESCRIPTION OF TOTAL LIABILITIES**    **LINE 26**    **TOTAL \$43197**

PAYROLL TAXES WITHHELD AND ACCRUED	\$822
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## TAX DEDUCTED TO BE PAID IN THE NEXT PAY PERIOD

RENTAL DEPOSITS	\$42375
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**PREPAID DEPOSITS FOR RENTALS TO TAKE PLACE AFTER THE CLOSE OF THE CLUB'S FISCAL YEAR**

PART I LINE 10 PROGRAM SERVICE ACCOMPLISHMENTS GRANTS AND SIMILAR AMOUNTS PAID PART III LINES 28-30

**MONETARY CONTRIBUTION MADE : ALL 501-c-3 s COMMUNITY SERVICES**

AMERICAN RED CROSS, BETHESDA CARES, DOMESTIC VIOLENCE, BCC RESCUE SQUAD, CHESAPEAKE FOUNDATION,

**CHEVY CHASE FIRE DEPT., CHRIST HOUSE, CROSSWAY COMMUNITY, ELDERWELL PROGRAM (SUBURBAN HOSPITAL)**

**GREENTREE SHELTER, HEARTS AND HOMES FOR YOUTHS, MERCY HEALTH CENTER, HOUSE OF MERCY ROSEMONT CENTER,**

**MONTGOMERY HOSPICE PROGRAM, SHEPHERD'S TABLE, ST. JOSEPH'S HOUSE, ST. LUKE'S HOUSE, STEPPING STONES SHELTER,**

**WARRIOR TRANSITION BRIGADE AT WALTER REED MEDICAL CENTER, TREMENDOUS TREES**

**INTERNATIONAL AFFAIRS MADE A DONATION TO AN ORGANIZATION OF THEIR CHOICE**

**OTHER CONTRIBUTIONS WERE MADE BY HERITAGE PRESERVATION TO THE CHEVY CHASE AND MONTGOMERY COUNTY**

**HISTORICAL SOCIETIES. BUS TRIPS WERE SPONSERED TO HISTORICAL SITES**

## WORK TOGETHER WITH GIRL SCOUTS AND BOY SCOUTS

**DUES PAID TO NATIONAL, STATE, AND LOCAL AFFILIATES.**

## SCHOLARSHIPS

**LAURA PATRICK ENDOWMENT SCHOLARSHIP TO MONTGOMERY COLLEGE FOUNDATION**

ART SCHOLARSHIP TO MONTGOMERY COLLEGE FOUNDATION

MUSIC SCHOLARSHIP TO UNIVERSITY OF MARYLAND SCHOOL OF MUSIC

### DONATIONS TO YOUTH ART IN MONTGOMERY COUNTY AND MARYLAND FEDERATION OF WOMEN'S CLUBS

**WCCC SCHOLARSHIP EACH YEAR TO A STUDENT SELECTED TO A COLLEGE OF THEIR CHOICE**

**BUILDING PRESERVATION MAKES WCCC CLUBHOUSE AVAILABLE FREE OF CHARGE OR FOR A NOMINAL FEE TO NUMEROUS**

**NON-PROFIT AND COMMUNITY ORGANIATIONS FOR ACTIVITIES CONNECTED WITH IT'S NON PROFIT PURPOSE.**

Name of the organization

Employer identification number

WOMAN'S CLUB OF CHEVY CHASE

52-0534893

## PART 1 LINE 8 OTHER REVENUE \$2037

CLUB LUNCHEONS \$1275 MONTHLY GENERAL CLUB MEETINGS ARE HELD AND LUNCH IS SERVED FOR A NOMINAL CHARGE

THIS INCOME IS THE AMOUNT OVER THE CHARGE AND IS USED TO PAY FOR GUESTS SUCH AS SPEAKERS AND OUR SCHOLARSHIP  
WINNERS.

MISC. INCOME \$762 CAME FROM A CANCELED CHECK \$300, AN INSURANCE REFUND \$370, AND MISC. DONATIONS \$92

## PART 1 LINE 16 MISCELLANEOUS EXPENSE TOTAL \$1650

OFFICE SUPPLIES \$252

OFFICER AND COMMITTEE EXPENSES FOR CONVENTION AND OTHER SMALL EXPENDITURES \$536

EXTRA CLEANING AT THE WOMAN'S CLUB \$850

BANK CHARGE FOR CANCELED CHECK \$12