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► The organization may have to use a copy of this return to satisfy state reporting requirements

F Group Exemption
Number

Form **990-EZ** (2010)

Part II Balance Sheets

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

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	50,613	22	40,406
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	1,867	24	12,750
25	Total assets	52,480	25	53,156
26	Total liabilities (describe in Schedule O)	18,397	26	18,585
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,083	27	34,571

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? IMPROVE THE LEGAL, POLITICAL, ECONOMIC, HEALTH, EDUCATIONAL AND PROFESSIONAL STATUS OF WOMEN THROUGH SERVICE AND ADVOCACY, WORK FOR THE ADVANCEMENT OF UNDERSTANDING, GOODWILL AND PEACE THROUGH A WORLD FELLOWSHIP OF EXECUTIVES IN BUSINESS AND THE PROFESSIONS, PROMOTE JUSTICE AND UNIVERSAL RESPECT FOR HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS, AND BE UNITED INTERNATIONALLY TO FOSTER HIGH ETHICAL STANDARDS, IMPLEMENT SERVICE PROGRAMS, AND PROVIDE MUTUAL SUPPORT AND FELLOWSHIP FOR MEMBERS WHO SERVE THEIR COMMUNITIES, THEIR NATIONS AND THE WORLD		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	GRANTS TO CREATE OPPORTUNITIES FOR WOMEN AND TO PROMOTE STATUS OF WOMEN (Grants \$ 3,479) If this amount includes foreign grants, check here	28a	41,231
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	41,231

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
See Additional Data Table				

Part V

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

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ☐ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ☐ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ <u>LYNDA PUTT</u> Telephone no ☐ <u>(989) 631-3010</u> 409 HEATHERMOOR DR Located at ☐ <u>MIDLAND, MI</u> ZIP + 4 ☐ <u>48642</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ☐ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ☐ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	

		Yes	No
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		No

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.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

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

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

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

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2012-09-26 Date		
	DIANE MOOMEY PRESIDENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	DIANE C MOOMEY	Date 2012-09-26	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	MCMAHAN THOMSON & ASSOCIATES PC 800 CAMBRIDGE SUITE 140 MIDLAND, MI 48642		Preparer's taxpayer identification number (See instructions)
			EIN	Phone no (989) 631-3010

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Open to Public Inspection

**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.**

38-6065623

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations	e ☐ Solicitation of non-government grants
b ☐ Internet and e-mail solicitations	f ☐ Solicitation of government grants
c ☐ Phone solicitations	g ☐ Special fundraising events
d ☐ In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		HOMEWALK			(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	22,529			22,529
2	Less Charitable contributions	5,566			5,566
3	Gross income (line 1 minus line 2)	16,963			16,963
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					16,963

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

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?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

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 retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
ZONTA CLUB OF MIDLAND

Employer identification number

38-6065623

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	WAYS & MEANS 6,704 OTHER 1,786 TOTAL 8,490
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	ZONTA DISTRICT 15 DISTRICT DUES 1,300 ZONTA INTERNATIONAL INTERNATIONAL DUES 5,629 ZONTA INTERNATIONAL EVA MOBRAY FUND 25 ZONTA INTL FOUNDATI DONATION 11,775
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	HOMEWALK SUPPLIES 945 HOMEOWNER GIFTS 497 ADVERTISING 5,593 EXPENSES FALL CONFERENCE 1,127 MEETINGS 18,777 FELLOWSHIP 36 AREA WORKSHOPS 210 DUES & SUBSCRIPTIONS 297 POSTAGE & SUPPLIES 203 PUBLIC RELATIONS 61 OTHER 1,001 TOTAL 28,747
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 1,765 1,825 PREPAID EXPENSES AND DEFERRED CHARGES 102 10,925 TOTAL 1,867 12,750
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 17 0 DEFERRED REVENUE 18,380 18,585
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	IMPROVE THE LEGAL, POLITICAL, ECONOMIC, HEALTH, EDUCATIONAL AND PROFESSIONAL STATUS OF WOMEN THROUGH SERVICE AND ADVOCACY, WORK FOR THE ADVANCEMENT OF UNDERSTANDING, GOODWILL AND PEACE THROUGH A WORLD FELLOWSHIP OF EXECUTIVES IN BUSINESS AND THE PROFESSIONS, PROMOTE JUSTICE AND UNIVERSAL RESPECT FOR HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS, AND BE UNITED INTERNATIONALLY TO FOSTER HIGH ETHICAL STANDARDS, IMPLEMENT SERVICE PROGRAMS, AND PROVIDE MUTUAL SUPPORT AND FELLOWSHIP FOR MEMBERS WHO SERVE THEIR COMMUNITIES, THEIR NATIONS AND THE WORLD

TY 2011 Compensation Explanation**Name:** ZONTA CLUB OF MIDLAND**EIN:** 38-6065623

Person Name	Explanation
SUE MOODY	
CYNTHIA CHILCOTE	
DIANE MOOMEY	
JILL VAN BUSKIRK	
CHANDRA MORSE	
SUSAN PUTNAM	
MAUREEN ACKER	
NAN BLASY	
ESTHER SEAVER	
LYNDA PUTT	
CATHY BUDD	
CARI FRANCIS	
DEBBIE STEPHENS	
TAMMY SWINSON	
KATE MAXWELL	

Additional Data

Software ID:

Software Version:

EIN: 38-6065623

Name: ZONTA CLUB OF MIDLAND

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
SUE MOODY 1719 SANDOW MIDLAND, MI 48640	DIRECTOR 1 00	0		
CYNTHIA CHILCOTE 2450 N TRAIL ROAD MIDLAND, MI 48642	PRESIDENT 2 00	0		
DIANE MOOMEY 1830 S MERIDIAN RD MIDLAND, MI 48640	2ND VP 1 00	0		
JILL VAN BUSKIRK 2615 WALDO AVE MIDLAND, MI 48642	SECRETARY 1 00	0		
CHANDRA MORSE 3104 N STURGEON RD MIDLAND, MI 48642	DIRECTOR 1 00	0		
SUSAN PUTNAM 801 CROOKED TREE LANE MIDLAND, MI 48640	DIRECTOR 1 00	0		
MAUREEN ACKER 75 LEEALAN DRIVE MIDLAND, MI 48640	DIRECTOR 1 00	0		
NAN BLASY 406 RICHARD COURT MIDLAND, MI 48640	DIRECTOR 1 00	0		
ESTHER SEAVER 602 E BROOKS RD MIDLAND, MI 48640	DIRECTOR 1 00	0		
LYNDA PUTT 409 HEATHERMOOR DR MIDLAND, MI 48642	TREASURER 2 00	0		
CATHY BUDD 1511 PEPPERMILL CIRCLE MIDLAND, MI 48642	DIRECTOR 1 00	0		
CARI FRANCIS 3711 N WEST RIVER ROAD SANFORD, MI 48657	1ST VP 1 00	0		
DEBBIE STEPHENS 3919 MOREL COURT MIDLAND, MI 48642	DIRECTOR 1 00	0		
TAMMY SWINSON 880 SUTHERLY DR BEAVERTON, MI 48612	DIRECTOR 1 00	0		
KATE MAXWELL 2012 RAPANOS DRIVE MIDLAND, MI 48642	DIRECTOR 1 00	0		