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

OMB No 1545-1150

2011Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**
- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 - ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection**A** For the 2011 calendar year, or tax year beginning **Jul 1**, 2011, and ending **Jun 30**, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Women's Club at Hagerstown, Inc. Number and street (or P O box, if mail is not delivered to street address) Room/suite 31 S. Prospect Street City or town, state or country, and ZIP + 4 Hagerstown MD 21740	D Employer identification number 52-0534940 E Telephone number (301) 739-0870 F Group Exemption Number
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G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶ _____

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

I Website: ▶ **N/A****J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527

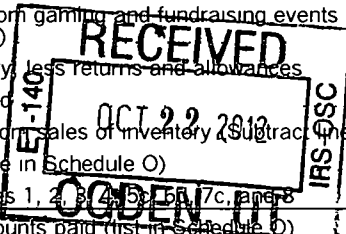
K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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. ▶ \$ **59,206.**

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 ☒

1 Contributions, gifts, grants, and similar amounts received	1	478.
2 Program service revenue including government fees and contracts	2	35,057.
3 Membership dues and assessments	3	11,400.
4 Investment income	4	1,133.
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	2,385.
c Less direct expenses from gaming and fundraising events	6c	1,222.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,163.
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) See Form 990-EZ, Part I, Line 8 Other Revenue	8	8,753.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,984.
10 Grants and similar amounts paid (list in Schedule O)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	1,840.
14 Occupancy, rent, utilities, and maintenance	14	19,352.
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	43,541.
17 Total expenses. Add lines 10 through 16	17	64,733.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,749.
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	327,760.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	321,011.

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**BAA** For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2011)

80

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
22 Cash, savings, and investments	212,073.	211,907.
23 Land and buildings	120,893.	115,593.
24 Other assets (describe in Schedule O) See L-24 Stmt	2,424.	641.
25 Total assets	335,390.	328,141.
26 Total liabilities (describe in Schedule O) See L-26 Stmt	7,630.	7,130.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	327,760.	321,011.

Part III Statement of Program Service Accomplishments (see the instrs 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? **Social club**

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

Expenses

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

28 Promote and provide social activities for members		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	20,170.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	20,170.

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) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Donna Smith 11204 Eastwood Drive Hagerstown MD 21742	President 0.00	0.	0.	0.
Connie Mozingo 933 Kenwood Drive Hagerstown MD 21740	Vice President 0.00	0.	0.	0.
Maria Johns 26 Bittersweet Drive Hagerstown MD 21740	2nd Vice Pres 0.00	0.	0.	0.
Joan Schupp 13307 Fairfax Rd Hagerstown MD 21740	3rd Vice Pres 0.00	0.	0.	0.
Melissa Williams 11 W. Water Street Smithsburg MD 21783	Recording Sec'y 0.00	0.	0.	0.
Roseann Fisher 235 South Fork Drive Hagerstown MD 21740	Corresp Sec'y 0.00	0.	0.	0.
Patricia Fender 19600 Granada Ct Hagerstown MD 21742	Treasurer 0.00	0.	0.	0.
Mary Kalin 803 Oak Hill Ave Hagerstown MD 21742	Asst Treasurer 0.00	0.	0.	0.
Carol Brashears 115 Linden Ave Hagerstown MD 21742	Board of Director 0.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐**33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O

	Yes	No
33		X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34		X
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35a 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	X	
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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	X	
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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		X
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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		X
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.**b** Did the organization file Form 1120-POL for this year?

37b		X
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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		X
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b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38b		
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39 Section 501(c)(7) organizations Enter:**a** Initiation fees and capital contributions included on line 9

39a		
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b Gross receipts, included on line 9, for public use of club facilities

39b		
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40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 **40a** , section 4912 **40a** , section 4955 **40a****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		X
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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 **40c****d** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization **40d****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		X
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41 List the states with which a copy of this return is filed **41** Maryland**42a** The organization's books are in care of **42a** Patricia Fender, TreasurerTelephone no. **42a** (301) 739-8443Located at **42a** 31 S Prospect St, Hagerstown MD ZIP + 4 **42a** 21740**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
42b		X

If 'Yes,' enter the name of the foreign country: **42b**

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c		X
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If 'Yes,' enter the name of the foreign country: **42c****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 during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44a		X

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44b		X
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c Did the organization receive any payments for indoor tanning services during the year?

44c		X
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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		
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45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

45a		X
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b 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		X
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- 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
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

- 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

	Yes	No
47		
48		
49a		
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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

e 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 <i>Patricia Fender</i>	Date <i>10/18/12</i>			
	Type or print name and title <i>Patricia Fender</i>				
Paid Preparer Use Only	Print/Type preparer's name <i>Cynthia Moore, CPA</i>	Preparer's signature <i>Cynthia Moore</i>	Date <i>9-5-12</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P00136513</i>
	Firm's name <i>Sulchek & Moore LLC</i>				
	Firm's address <i>1185 Mt Aetna Rd #101</i>				
	<i>Hagerstown MD 21740</i>	Firm's EIN <i>20-5754009</i>	Phone no <i>(301) 733-1200</i>		

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

☒ Yes ☐ No

Form 990-EZ (2011)

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011



Name of the organization

Women's Club at Hagerstown, Inc.

Employer identification number

52-0534940

Line 8 Rents to non-members

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2011Attachment
Sequence No **179**

Name(s) shown on return

Women's Club at Hagerstown, Inc.

Identifying number

52-0534940

Business or activity to which this form relates

Form 990 / Form 990EZ**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,052.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	2,248.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	7,300.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 05/20/11

Form **4562** (2011)

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

Non member rents 8,753.Total 8,753.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Board discretionary fund 336.Office supplies 2,095.Supplies & misc bldg expense 2,170.Snow removal & Laundry 291.Real estate taxes 1,961.Insurance 7,571.Telephone 1,107.Philanthropy 1,761.Activities exp 18,949.Depreciation 7,300.Total 43,541.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mary Anne Kamas 13116 Hepplewhite Circle Hagerstown MD 21742 Foreign City Foreign Country	Title Board of Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Peggie Roscoe 18811 Dover Drive Hagerstown MD 21742 Foreign City Foreign Country	Title Board of Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Dianne Wiebe 37 S Prospect St Hagerstown MD 21740 Foreign City Foreign Country	Title Board of Director Hours/Week 0.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Karen Harshman 11102 Dolores Court Hagerstown MD 21742 Foreign City Foreign Country	Title Board of Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Myra Poffenberger 17815 Garden View Road Hagerstown MD 21740 Foreign City Foreign Country	Title Board of Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Carolyn Cowden 225 Sunbrook Lane Hagerstown MD 21742 Foreign City Foreign Country	Title Board of Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Patrice Slodysko 10894 Worleytown Road Greencastle PA 17225 Foreign City Foreign Country	Title Board of Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Dolores Vidoni 13410 Arbor Drive Hagerstown MD 21742 Foreign City Foreign Country	Title Board of Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Marilyn Shearer 18909 Waldron Place Hagerstown MD 21742 Foreign City Foreign Country	Title Board of Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Foreign City Foreign Country	Title Board of Director Hours/Week 0.00	0.	0.	0.

Form 990-T, Page 1, Part II, Line 28

Other Deductions Statement

Utilities	4,992.
Insurance	3,030.
Laundry	25.