

Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

OMB No 1545-1150

2016

Open to Public  
Inspection

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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| <b>A For the 2016 calendar year, or tax year beginning</b> <b>Jul 1</b> , <b>, 2016, and ending</b> <b>Jun 30</b> , <b>, 2017</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <b>B Check if applicable</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Address change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>C Name of organization</b><br><b>Women's Club at Hagerstown, Inc.</b>                                          |                                                                                |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                          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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <input type="checkbox"/> Name change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Number and street (or P O box, if mail is not delivered to street address)</b><br><b>31 S. Prospect Street</b> |                                                                                |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                                            |           |             |                                        |  |  |                                                                                          |           |  |                                                                                                                                                                                                    |  |  |                                                                            |           |               |                                                                                                                       |           |             |           |  |             |                                                                           |           |  |                                            |           |  |                                                                                                   |           |  |                                                           |  |                                                      |                                                                            |          |                |          |  |                |                                                                          |           |  |                                                     |           |  |                                                                         |           |  |                                                                                     |           |               |                                                                 |           |                |                                                                   |           |  |                                                             |  |                                                        |           |  |                |                                                             |           |                |                                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <input type="checkbox"/> Initial return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <input type="checkbox"/> Final return/terminated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>City or town, state or province, country, and ZIP or foreign postal code</b><br><b>Hagerstown MD 21740</b>     |                                                                                |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                          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| <input type="checkbox"/> Amended return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <input type="checkbox"/> Application pending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <b>D Employer identification number</b><br><b>52-0534940</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>E Telephone number</b><br><b>(301) 739-0870</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>F Group Exemption Number</b> . . . . . ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <b>G Accounting Method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <b>Other (specify)</b> ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <b>I Website:</b> ► <b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) <b>-(insert no.)</b> <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>H Check</b> ► <input checked="" type="checkbox"/> <b>if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ <b>84,404.</b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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          |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <table border="1"> <tr> <td><b>1 Contributions, gifts, grants, and similar amounts received.</b> . . . . .</td> <td><b>1</b></td> <td><b>1,400.</b></td> </tr> <tr> <td><b>2 Program service revenue including government fees and contracts</b> . . . . .</td> <td><b>2</b></td> <td><b>50,809.</b></td> </tr> <tr> <td><b>3 Membership dues and assessments</b> . . . . .</td> <td><b>3</b></td> <td><b>17,055.</b></td> </tr> <tr> <td><b>4 Investment income</b> . . . . .</td> <td><b>4</b></td> <td><b>2,118.</b></td> </tr> <tr> <td><b>5a Gross amount from sale of assets other than inventory</b> . . . . .</td> <td><b>5a</b></td> <td><b>0.</b></td> </tr> <tr> <td><b>b Less cost or other basis and sales expenses</b> . . . . .</td> <td><b>5b</b></td> <td><b>65.</b></td> </tr> <tr> <td><b>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</b> . . . . .</td> <td><b>5c</b></td> <td><b>-65.</b></td> </tr> <tr> <td><b>6 Gaming and fundraising events</b></td> <td></td> <td></td> </tr> <tr> <td><b>a Gross income from gaming (attach Schedule G if greater than \$15,000)</b> . . . . .</td> <td><b>6a</b></td> <td></td> </tr> <tr> <td><b>b Gross income from fundraising events (not including \$</b> from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td></td> <td></td> </tr> <tr> <td><b>c Less direct expenses from gaming and fundraising events</b> . . . . .</td> <td><b>6b</b></td> <td><b>1,290.</b></td> </tr> <tr> <td><b>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</b> . . . . .</td> <td><b>6c</b></td> <td><b>664.</b></td> </tr> <tr> <td><b>6d</b></td> <td></td> <td><b>626.</b></td> </tr> <tr> <td><b>7a Gross sales of inventory, less returns and allowances</b> . . . . .</td> <td><b>7a</b></td> <td></td> </tr> <tr> <td><b>b Less cost of goods sold</b> . . . . .</td> <td><b>7b</b></td> <td></td> </tr> <tr> <td><b>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</b> . . . . .</td> <td><b>7c</b></td> <td></td> </tr> <tr> <td><b>8 Other revenue (describe in Schedule O)</b> . . . . .</td> <td></td> <td><b>See Form 990-EZ, Part I, Line 8 Other Revenue</b></td> </tr> <tr> <td><b>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.</b> . . . . .</td> <td><b>8</b></td> <td><b>11,732.</b></td> </tr> <tr> <td><b>9</b></td> <td></td> <td><b>83,675.</b></td> </tr> <tr> <td><b>10 Grants and similar amounts paid (list in Schedule O)</b> . . . . .</td> <td><b>10</b></td> <td></td> </tr> <tr> <td><b>11 Benefits paid to or for members</b> . . . . .</td> <td><b>11</b></td> <td></td> </tr> <tr> <td><b>12 Salaries, other compensation, and employee benefits</b> . . . . .</td> <td><b>12</b></td> <td></td> </tr> <tr> <td><b>13 Professional fees and other payments to independent contractors</b> . . . . .</td> <td><b>13</b></td> <td><b>2,170.</b></td> </tr> <tr> <td><b>14 Occupancy, rent, utilities, and maintenance</b> . . . . .</td> <td><b>14</b></td> <td><b>30,955.</b></td> </tr> <tr> <td><b>15 Printing, publications, postage, and shipping</b> . . . . .</td> <td><b>15</b></td> <td></td> </tr> <tr> <td><b>16 Other expenses (describe in Schedule O)</b> . . . . .</td> <td></td> <td><b>See Form 990-EZ, Part I, Line 16 Other Expenses</b></td> </tr> <tr> <td><b>16</b></td> <td></td> <td><b>47,881.</b></td> </tr> <tr> <td><b>17 Total expenses. Add lines 10 through 16</b> . . . . .</td> <td><b>17</b></td> <td><b>81,006.</b></td> </tr> <tr> <td><b>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</b> . . . . .</td> <td><b>18</b></td> <td><b>2,669.</b></td> </tr> <tr> <td><b>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)</b> . . . . .</td> <td><b>19</b></td> <td><b>277,287.</b></td> </tr> <tr> <td><b>20 Other changes in net assets or fund balances (explain in Schedule O)</b> . . . . .</td> <td><b>20</b></td> <td><b>-321.</b></td> </tr> <tr> <td><b>21 Net assets or fund balances at end of year Combine lines 18 through 20</b> . . . . .</td> <td><b>21</b></td> <td><b>279,635.</b></td> </tr> </table> |                                                                                                                   | <b>1 Contributions, gifts, grants, and similar amounts received.</b> . . . . . | <b>1</b> | <b>1,400.</b> | <b>2 Program service revenue including government fees and contracts</b> . . . . . | <b>2</b> | <b>50,809.</b> | <b>3 Membership dues and assessments</b> . . . . . | <b>3</b> | <b>17,055.</b> | <b>4 Investment income</b> . . . . . | <b>4</b> | <b>2,118.</b> | <b>5a Gross amount from sale of assets other than inventory</b> . . . . . | <b>5a</b> | <b>0.</b> | <b>b Less cost or other basis and sales expenses</b> . . . . . | <b>5b</b> | <b>65.</b> | <b>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</b> . . . . . | <b>5c</b> | <b>-65.</b> | <b>6 Gaming and fundraising events</b> |  |  | <b>a Gross income from gaming (attach Schedule G if greater than \$15,000)</b> . . . . . | <b>6a</b> |  | <b>b Gross income from fundraising events (not including \$</b> from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) |  |  | <b>c Less direct expenses from gaming and fundraising events</b> . . . . . | <b>6b</b> | <b>1,290.</b> | <b>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</b> . . . . . | <b>6c</b> | <b>664.</b> | <b>6d</b> |  | <b>626.</b> | <b>7a Gross sales of inventory, less returns and allowances</b> . . . . . | <b>7a</b> |  | <b>b Less cost of goods sold</b> . . . . . | <b>7b</b> |  | <b>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</b> . . . . . | <b>7c</b> |  | <b>8 Other revenue (describe in Schedule O)</b> . . . . . |  | <b>See Form 990-EZ, Part I, Line 8 Other Revenue</b> | <b>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.</b> . . . . . | <b>8</b> | <b>11,732.</b> | <b>9</b> |  | <b>83,675.</b> | <b>10 Grants and similar amounts paid (list in Schedule O)</b> . . . . . | <b>10</b> |  | <b>11 Benefits paid to or for members</b> . . . . . | <b>11</b> |  | <b>12 Salaries, other compensation, and employee benefits</b> . . . . . | <b>12</b> |  | <b>13 Professional fees and other payments to independent contractors</b> . . . . . | <b>13</b> | <b>2,170.</b> | <b>14 Occupancy, rent, utilities, and maintenance</b> . . . . . | <b>14</b> | <b>30,955.</b> | <b>15 Printing, publications, postage, and shipping</b> . . . . . | <b>15</b> |  | <b>16 Other expenses (describe in Schedule O)</b> . . . . . |  | <b>See Form 990-EZ, Part I, Line 16 Other Expenses</b> | <b>16</b> |  | <b>47,881.</b> | <b>17 Total expenses. 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                                                                                                                                                                                                                                            | <b>2</b>                                                                                                          | <b>50,809.</b>                                                                 |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                          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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
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                                                                                                                                                                                                                                            | <b>3</b>                                                                                                          | <b>17,055.</b>                                                                 |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                          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| <b>5a Gross amount from sale of assets other than inventory</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>b Less cost or other basis and sales expenses</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>6 Gaming and fundraising events</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>a Gross income from gaming (attach Schedule G if greater than \$15,000)</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>b Gross income from fundraising events (not including \$</b> from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>c Less direct expenses from gaming and fundraising events</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>7a Gross sales of inventory, less returns and allowances</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>b Less cost of goods sold</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>8 Other revenue (describe in Schedule O)</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   | <b>See Form 990-EZ, Part I, Line 8 Other Revenue</b>                           |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                          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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>8</b>                                                                                                          | <b>11,732.</b>                                                                 |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                                            |   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| <b>9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>10 Grants and similar amounts paid (list in Schedule O)</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>11 Benefits paid to or for members</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>12 Salaries, other compensation, and employee benefits</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>13 Professional fees and other payments to independent contractors</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>13</b>                                                                                                         | <b>2,170.</b>                                                                  |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                                            |           |             |                                        |  |  |                                                                                          |           |  |                                                                                                                                                                                                    |  |  |                                                                            |           |               |                                                                                                                       |           |             |           |  |             |                                                                           |           |  |                                            |           |  |                                                                                                   |           |  |                                                      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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>14 Occupancy, rent, utilities, and maintenance</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>14</b>                                                                                                         | <b>30,955.</b>                                                                 |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                                            |           |             |                                        |  |  |                                                                                          |           |  |                                                                                                                                                                                                    |  |  |                                                                            |           |               |                                                                                                                       |           |             |           |  |             |                                                                           |           |  |                                            |           |  |                                                                                                   |           |  |                                                      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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>15 Printing, publications, postage, and shipping</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>15</b>                                                                                                         |                                                                                |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                          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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>16 Other expenses (describe in Schedule O)</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | <b>See Form 990-EZ, Part I, Line 16 Other Expenses</b>                         |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                                            |           |             |                                        |  |  |                                                                                          |           |  |                                                                                                                                                                                                    |  |  |                                                                            |           |               |                                                                                                                       |           |             |           |  |             |                                                                           |           |  |                                            |           |  |                                                                                                   |           |  |                                                      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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>16</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   | <b>47,881.</b>                                                                 |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                                            |           |             |                                        |  |  |                                                                                          |           |  |                                                                                                                                                                                                    |  |  |                                                                            |           |               |                                                                                                                       |           |             |           |  |             |                                                                           |           |  |                                            |           |  |                                                                                                   |           |  |                                                      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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>17 Total expenses. Add lines 10 through 16</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>17</b>                                                                                                         | <b>81,006.</b>                                                                 |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                                            |           |             |                                        |  |  |                                                                                          |           |  |                                                                                                                                                                                                    |  |  |                                                                            |           |               |                                                                                                                       |           |             |           |  |             |                                                                           |           |  |                                            |           |  |                                                                                                   |           |  |                                                           |  |               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                                             |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>18</b>                                                                                                         | <b>2,669.</b>                                                                  |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                                            |           |             |                                        |  |  |                                                                                          |           |  |                                                                                                                                                                                                    |  |  |                                                                            |           |               |                                                                                                                       |           |             |           |  |             |                                                                           |           |  |                                            |           |  |                                                                                                   |           |  |                                                      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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>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)</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>19</b>                                                                                                         | <b>277,287.</b>                                                                |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                                            |           |             |                                        |  |  |                                                                                          |           |  |                                                                                                                                                                                                    |  |  |                                                                            |           |               |                                                                                                                       |           |             |           |  |             |                                                                           |           |  |                                            |           |  |                                                                                                   |           |  |                                                      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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>20 Other changes in net assets or fund balances (explain in Schedule O)</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>20</b>                                                                                                         | <b>-321.</b>                                                                   |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                                            |           |             |                                        |  |  |                                                                                          |           |  |                                                                                                                                                                                                    |  |  |                                                                            |           |               |                                                                                                                       |           |             |           |  |             |                                                                           |           |  |                                            |           |  |                                                                                                   |           |  |                                                      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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>21 Net assets or fund balances at end of year Combine lines 18 through 20</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>21</b>                                                                                                         | <b>279,635.</b>                                                                |          |               |                                                                                    |          |                |                                                    |          |                |                                      |          |               |                                                                           |           |           |                                                                |           |            |                                                                                                            |           |             |                                        |  |  |                                                                                          |           |  |                                                                                                                                                                                                    |  |  |                                                                            |           |               |                                                                                                                       |           |             |           |  |             |                                                                           |           |  |                                            |           |  |                                                                                                   |           |  |                                                      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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |
| <b>BAA For Paperwork Reduction Act Notice, see the separate instructions.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                     |           |               |                                                                                                                                                                      |           |                 |                                                                                          |           |              |                                                                                            |           |                 |

Form 990-EZ (2016)

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23

**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                                              | 198,711.              | 22 193,311.        |
| 23 Land and buildings                                                          | 93,620.               | 23 100,830.        |
| 24 Other assets (describe in Schedule O)                                       | See L-24 Stmt.        | 136. 24 384.       |
| 25 Total assets                                                                | 292,467.              | 25 294,525.        |
| 26 Total liabilities (describe in Schedule O)                                  | See L-26 Stmt.        | 15,180. 26 14,890. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 277,287.              | 27 279,635.        |

**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? 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, 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 | 22,672. |
| 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  | 22,672. |

**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 title                                              | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms 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 Wells                                                     |                                                |                                                                            |                                                                                         |                                            |
| President                                                       | 2.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| Melissa Williams                                                |                                                |                                                                            |                                                                                         |                                            |
| 1st Vice President                                              | 2.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| Karen Harshman                                                  |                                                |                                                                            |                                                                                         |                                            |
| 2nd Vice Pres                                                   | 2.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| Joan Schupp                                                     |                                                |                                                                            |                                                                                         |                                            |
| 3rd Vice Pres                                                   | 2.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| Barbara Schwab                                                  |                                                |                                                                            |                                                                                         |                                            |
| Recording Sec'y                                                 | 2.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| Georgia Reeser                                                  |                                                |                                                                            |                                                                                         |                                            |
| Corresp Sec'y                                                   | 2.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| Sharon Poland                                                   |                                                |                                                                            |                                                                                         |                                            |
| Treasurer                                                       | 5.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| Patricia Fender                                                 |                                                |                                                                            |                                                                                         |                                            |
| Asst Treasurer                                                  | 2.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| Carol Brashears                                                 |                                                |                                                                            |                                                                                         |                                            |
| Board of Director                                               | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| Sondra Crumbacker                                               |                                                |                                                                            |                                                                                         |                                            |
| Board of Director                                               | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| Connie Lenhart                                                  |                                                |                                                                            |                                                                                         |                                            |
| Board of Director                                               | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| Barbara McKee                                                   |                                                |                                                                            |                                                                                         |                                            |
| Board of Director                                               | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| Cindy McKoin                                                    |                                                |                                                                            |                                                                                         |                                            |
| Board of Director                                               | 1.00                                           | 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 . . . . .

|                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS?<br>If 'Yes,' provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                            | 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  |
| 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  |
| 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  |
| 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  |
| 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  |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . ► 37a 0 .                                                                                                                                                                                                                           | 37a | 0  |
| b Did the organization file Form 1120-POL for this year? . . . . .                                                                                                                                                                                                                                                                             | 37b | X  |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .                                                                                                     | 38a | X  |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                         | 38b |    |
| 39 Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                                       | 39a |    |
| a Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                       | 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 ►                                                                                                                                                                                     | 40a |    |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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  |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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  |
| 41 List the states with which a copy of this return is filed ► Maryland                                                                                                                                                                                                                                                                        |     |    |

|                                                                                                                                                                                                                                                                                                           | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 42a The organization's books are in care of ► <u>Sharon Poland, Treasurer</u> Telephone no ► <u>(301) 739-0870</u><br>Located at ► <u>39 S Prospect St</u> <u>Hagerstown</u> <u>MD</u> ZIP + 4 ► <u>21740</u>                                                                                             | 42a | X  |
| 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)? . . . . .<br>If 'Yes,' enter the name of the foreign country ► | 42b |    |

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

|                                                                                                                                                                           |     |   |
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| c At any time during the calendar year, did the organization maintain an office outside the United States? . . . . .<br>If 'Yes,' enter the name of the foreign country ► | 42c | X |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|

|                                                                                                                                                                                                                                                                | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here . . . . . ► 43<br>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 . . . . .                                                                                                               | 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  |
| c Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                             | 44c | X  |
| d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?<br>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 | X  |
| 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  |

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

**Part VI** Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 . . . . .

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 title of each employee | (b) 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 |
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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 business address of each independent contractor | (b) Type of service | (c) Compensation |
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**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 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<br/>Here</b>                     | ► <u>Signature of officer</u>  | 08/15/17                                                                            |              |                                           |           |
|                                          | ► <u>Sharon Poland</u><br>Type or print name and title                                                            | Date<br>Treasurer                                                                   |              |                                           |           |
| <b>Paid<br/>Preparer<br/>Use Only</b>    | Print/Type preparer's name                                                                                        | Preparer's signature                                                                | Date         | <input type="checkbox"/> if self-employed | PTIN      |
|                                          | Cynthia M Moore, CPA                                                                                              |  | 08/01/17     |                                           | P00136513 |
|                                          | Firm's name ► Sulcuk and Moore LLC                                                                                |                                                                                     |              |                                           |           |
| Firm's address ► 1185 Mt Aetna Road #101 |                                                                                                                   |                                                                                     | Firm's EIN ► | 20-5754009                                |           |
|                                          | Hagerstown                                                                                                        | MD 21740-6832                                                                       | Phone no     | (301) 733-1200                            |           |

**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.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

Women's Club at Hagerstown, Inc.

Employer identification number

52-0534940