

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047

Open to Public

benefit trust or private foundation)

		rue Service	► The organization may have to use a copy of this return to satisfy state	te reporting requi	rements.	Inspection			
A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20  B Check if applicable. C Name of organization Meccawe Club, Inc.  D Employer identification num									
В	Check if	applicable.	D Employ	er identification number					
	Address	change	Doing Business As			03-0141025			
	Name ch	nange	Number and street (or P O. box if mail is not delivered to street address) Room	n/suite	E Telepho	ne number			
	Initial ret	um	16 Ferson Road			603-643-5480			
	Terminat	ted	City or town, state or country, and ZIP + 4	•		<u> </u>			
	Amende	d return	Hanover, New Hampshire 03755		<b>G</b> Gross re	eceipts \$ 72794			
	Applicati	on pending	F Name and address of principal officer:	H(a) Is this	a group return	for affiliates? Yes 🗹 No			
	• •		Terry Boone, 1495 New Boston Road, Norwich, VT 05055			ncluded? Tes No			
ī	Tax-exe	mpt status:	☐ 501(c)(3)			a list. (see instructions)			
J	Website				o exemptio	n number ▶			
K	Form of o	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ▶  L. Year of for	mation: 1901	M State	of legal domicile. VT			
	art I	Summ			_'				
	1		scribe the organization's mission or most significant activities: Tro	out fishing club.					
	`		<u></u>						
့ ဦ	i								
	i								
اللّه اللّه الله كالله المجازلة Activities & Governance	2	Check th	is box ▶ ☐ if the organization discontinued its operations or dispos	edlòt/morè thai	25% of	its net assets			
6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	3		of voting members of the governing body (Part VI, line 1a).	55104 41010	. 3	12			
ે જ	4		of independent voting members of the governing body:(Part VI, line,	16)		0			
tivities	5		nber of individuals employed in calendar year 2011 (Part V, line 2a)	2 3 ZO12 T	SO-S 5	1			
5 <b>⊋</b>					S 6				
Ą	6 7-		nber of volunteers (estimate if necessary)	النستيات شور	=	8-10			
	7a		elated business revenue from Part VIII, column (C), line 12 OGD!	EN:UT:	7a	0			
· —	ь	Net unrei	ated business taxable income from Form 990-T, line 34		7b	0			
· -	١ ـ		tions and grants (Part VIII, line 1h)	Prior Y	·	Current Year			
. 9	8		75350	54717					
<b>E</b>	9	Program							
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		750				
-	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		570	18077			
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	)	76670	72794			
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits (	paid to or for members (Part IX, column (A), line 4)						
9	15	Salanes, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)		13238	14914			
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)						
8	ь		draising expenses (Part IX, column (D), line 25) ▶						
ū	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	72361	53656			
	18	-	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		85599	68570			
	19		less expenses. Subtract line 18 from line 12	·	(8929)	4224			
~ 8				Beginning of Co		End of Year			
\$ E	20	Total ass	ets (Part X, line 16)		913864	918416			
<u>8</u> 8	21		ilities (Part X, line 26)		334838	325094			
Net Assets Fund Balanc	22		s or fund balances. Subtract line 21 from line 20		579026	593322			
	rt II		ure Block		0.0020	333321			
		<del></del>	ry, I declare that I have examined this return, including accompanying schedules and s	tataments and to t	ha hart of r	my knowledge, and heliof it is			
tru	e, correct	t, and comple	ete. Declaration of preparer (other than officer) is based on all information of which prep	parer has any know	edge	ny knowledge and belief, it is			
		<del>1 \ \ \</del>	~ (* <del>\ \ .</del> /	· · ·	<del></del>	1-10			
Sig	n	Sign	tiple electricer	L Da	<u>`````</u>	KIL			
He		J. O.g.							
	. •	Turne	or print hame and title	5 5 6 NO					
		<u> </u>	or print name and title  pe preparer's name Preparer's signature	Date		PTIN			
Pa	id	' ' ' ' ' ' ' '	nopulo i iapara s signature	Jale	Check	_] #			
Pre	epare		<u> </u>	I	self-emp	Dioyed			
Us	e Ont			Firm	n's EIN ▶	<del></del>			
			ddress >	Pho	ne no				
			s this return with the preparer shown above? (see instructions)	<u></u>	· · ·	· · Yes No			
For	Paperv	vork Redu	ction Act Notice, see the separate instructions. Ca	at. No 11282Y		Form <b>990</b> (2011)			

Statement of Program Service Check if Schedule O contains a provide and maintain 700 acre facility and	response to any question in this Part ion:		
Inefly describe the organization's miss	ion:		· · · · · L_
		other groups.	
			<del></del>
			☐ Yes ☐ No
old the organization cease conducting ervices?			☐ Yes ☐ No
		three largest program conject	as measured by
xpenses. Section 501(c)(3) and 501(c	c)(4) organizations and section 4947(a	)(1) trusts are required to repo	rt the amount o
Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
***************************************			
Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
Code: (Expenses \$	including grants of \$	) (Revenue \$	)
		\$ )	*
otal program service expenses ▶	) (Hoveriue	, ,	<del></del>
	rior Form 990 or 990-EZ?	rior Form 990 or 990-EZ?  "Yes," describe these new services on Schedule O. did the organization cease conducting, or make significant changes in hervices?  "Yes," describe these changes on Schedule O. sescribe the organization's program service accomplishments for each of its prepases. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a rants and allocations to others, the total expenses, and revenue, if any, for each ode:    Ode:	"Yes," describe these new services on Schedule O. dt the organization cease conducting, or make significant changes in how it conducts, any program revices?

Part	Checklist of Required Schedules		<b>N</b>	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		✓
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	·	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII. VIII. IX. or X as applicable.	10		•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	i	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	11f 12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		<b>√</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<b>→</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>▼</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>▼</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	_	<u>,</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u></u>
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1
			. 000	(0044)

Part	Checklist of Required Schedules (continued)		¥	
	Division in the control of the contr		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>✓</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>✓</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>→</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		<i>'</i>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>,</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<i>'</i>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u></u>
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," complete Schedule R, Part V, line 2	35b		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		Fort	n <b>99</b> 0	(2011)

Form **990** (2011)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Officer if Octreadile O Contains a response to any question in this tart V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	┪		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
•	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
20	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	,	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		,
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<b>V</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		_
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
<b>.</b>	If "Yes," enter the name of the foreign country: ▶	40		<del>'</del>
Ь	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
Eo	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E		,
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u>		<b>V</b>
b		5b		<del>Ľ,</del>
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>✓</b>
O.	organization solicit any contributions that were not tax deductible?	60		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<b>V</b>
	gifts were not tax deductible?	6		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7.		,
<b>h</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<b>√</b>
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		<u> </u>
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		<b>V</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		,
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?	7e 7f		<b>V</b>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		<b>*</b>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<b>V</b>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<del>/"</del>		•
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1	
10	Section 501(c)(7) organizations. Enter:		•	-
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		l	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.		_	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		ļ	
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O	ee ins	truct	
Secti	Check if Schedule O contains a response to any question in this Part VI	<u></u>	_•	. 🛮
	on the desired ground management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	·		
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 7a	Did the organization have members or stockholders?	6 7a	<b>√</b>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revent	e C		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No /
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		ļ
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		<u>-</u>
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		✓_
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ Vermont  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Kenneth W. Olsen, 16 Ferson Road, Hanover, NH 03755 - 603-643-5480	of the		

ο.	7
rage	- 4

Form	age	(2011)	

		· · · · · · · · · · · · · · · · · · ·	
Part \	/II [	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
		Independent Contractors	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization not	any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	nt officer, directo	r, or trustee.	
(A) Name and Title	(B) Average hours per week	verage box, unless person is both an officer and a director/trustee)					an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Terry Boone											
President	1-2	1		✓				0	0		0
(2) Kenneth W. Olsen											
Treasurer	1-2	<b>✓</b>		✓				0	0		0
(3) Loye Miller											
Secretary	1-2	<b>✓</b>		✓	_			0	0		0
(4)											
(5)				,					·-·		_
(6)										=-	
<u>w</u>											_
(8)											_
(9)	-										_
(10)											
(11)				_							
(12)					-						_
(13)							-				
(14)			-		-						_

•	(A) Name and title	(B)  Average hours per week (describe hours for related organizations in Schedule O)	onal ploy		an	Reportable Reportation compensation		table Estin tion from amore led ott ations compe 9-MISC) from organ and n		mated unt of ther ensation in the initiation related izations	)		
(15)													
(16)													
(17)													
(18)										+			
(19)										+	*		
(23)													
(24)										+			
(25)					 -					+			
1b c d	Sub-total	not limited	 I to th		 		▶ ▶ •) W	ho received mo	ore than \$100	0,000			
3	Did the organization list any former of employee on line 1a? If "Yes," complete S						mp	oloyee, or high	est compens	sated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual										4		<b>√</b>
5	Did any person listed on line 1a receive of for services rendered to the organization?								ation or indiv	idual	5		<b>✓</b>
	n B. Independent Contractors				 								
1	Complete this table for your five highest compensation from the organization. Repyear.											n's ta	ıχ
None	(A) Name and business add	ress						(B) Description of so	ervices	С	(C) Compensa	ation	
None			·							-			
2	Total number of independent contractor received more than \$100,000 of compens						th	ose listed abo	ove) who			000	

Part	A IIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 2	1a	Federated campaigns 1a					
E 2	b	Membership dues 1b	54395				
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c					
\$ ₹	C	*					
후 호	d	Related organizations 1d					
ا <u>ة</u> ع	е	Government grants (contributions) 1e					
ᆵ낕	f	All other contributions, gifts, grants,					
日本日		and similar amounts not included above   1f	322				
들의	g	Noncash contributions included in lines 1a-1f: \$					
8 8	h	Total. Add lines 1a-1f	▶	54717			
			Business Code		· · · · · · · · · · · · · · · · · · ·		
Program Service Revenue	2a						
<u>š</u>	_						
	b						
울	С						
8	d						
퇿	е						
- 5	f	All other program service revenue.					
준	g	Total. Add lines 2a-2f	•				
	3	Investment income (including divid	ends, interest,				
		and other similar amounts)	▶				
	4	Income from investment of tax-exempt be	ond proceeds▶				
	5	Royalties					
		(i) Real	(ii) Personal				
1	-	<del>"</del>	(4,4 = 10 = 10 = 10 = 10 = 10 = 10 = 10 = 1				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)	l				
	d	Net rental income or (loss)	<b>▶</b>				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	]				
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> </u>				
	•	ret gain or (loss)					
r Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18 a					
Othe							
ō	b	Less: direct expenses b					
	C	Net income or (loss) from fundraising	events . ►				
	9a	Gross income from gaming activities.	<u> </u>				
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming act	ivities 🕨				
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inv	<del>,</del>				
		Miscellaneous Revenue	Business Code				
	11a	Room Rentals		855			L
	b	Forestry Income		17222			
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	•	18077			
	12	Total revenue. See instructions		72794		· · · · · · · · · · · · · · · · · · ·	

Part IX	Statement of Function	onal Expenses

	· <del>-</del> .
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All ot	ther organizations must complete column (A) but are not
required to complete columns (B), (C), and (D).	

Check if Schedule O contains a response to any question in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and						
	organizations in the United States. See Part IV, line 21						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7 8	Other salaries and wages	14914		14914			
9	Other employee benefits						
10	Payroll taxes	955		955			
11	Fees for services (non-employees):						
а	Management						
b	Legal	3500		3500			
C	Accounting						
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other						
12	Advertising and promotion	42		42			
13	Office expenses	906		906			
14	Information technology						
15	Royalties						
16	Occupancy	6482		6482			
17	Travel				<u>.                                    </u>		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .						
20	Interest	18177		18177			
21	Payments to affiliates	ļ		<u> </u>			
22	Depreciation, depletion, and amortization .						
23	Insurance	3470		3470	<del></del>		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
а	Stocking	3788		3788			
b	Property Taxes	3651		3651			
C	Principal Payments	12335		12335			
d							
е	All other expenses Miscelaneous Supplies	350		350			
25	Total functional expenses. Add lines 1 through 24e	68570		68570			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)						

Р	art X	Balance Sheet			
•			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	704	1	2756
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0	4	2500
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		] ]	
81		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 913160		] ]	
	b	Less: accumulated depreciation 10b	913160	10c	913160
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	913864	16	918416
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
æ	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
림	23	Secured mortgages and notes payable to unrelated third parties	334838	23	325094
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			·
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	334838	26	325094
		Organizations that follow SFAS 117, check here ▶ □ and complete			<del></del>
8		lines 27 through 29, and lines 33 and 34.		l	
Net Assets or Fund Balances	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
듗	29	Permanently restricted net assets		29	
r Fur		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds	12000	30	12000
89	31	Paid-in or capital surplus, or land, building, or equipment fund	913160	31	913160
Ą	32	Retained earnings, endowment, accumulated income, or other funds .	4911		9135
je	33	Total net assets or fund balances	628322		593322
2	34	Total liabilities and net assets/fund balances	901749		915916
					Form <b>990</b> (2011)

Total expenses (must equal Part IX, column (A), line 25)	orm 99	90 (2011)			Pa	ge <b>1</b> 2
1 Total revenue (must equal Part VIII, column (A), line 12)	Part					
Total expenses (must equal Part IX, column (A), line 25)		Check if Schedule O contains a response to any question in this Part XI	<del></del>		• •	
Total expenses (must equal Part IX, column (A), line 25)	1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	279
Accounting method used to prepare the Form 990:	2				e	857
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						422
5 Other changes in net assets or fund balances (explain in Schedule O)	4				62	832
Column (B))	5				(3	9224
Check if Schedule O contains a response to any question in this Part XII	6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			59	332
Check if Schedule O contains a response to any question in this Part XII	Part				-	
Accounting method used to prepare the Form 990:						
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
b Were the organization's financial statements audited by an independent accountant?	1	If the organization changed its method of accounting from a prior year or checked "Other," explain	in			
b Were the organization's financial statements audited by an independent accountant?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. :	2a		✓
of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b			2b		✓
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	Jht 🗌			
Schedule O.  d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		· · · · · · · · · · · · · · · · · · ·		2c		
issued on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			in			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	d	· · · · · · · · · · · · · · · · · · ·	re			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a		in			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b				3a		✓
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	he			
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		✓

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury Internal Revenue Service

Meccawe Club, Inc.

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

Open to Public Inspection

OMB No 1545-0047

▶ Attach to Form 990 or 990-EZ. Name of the organization

**Employer identification number** 03-0141025

We are still working through the long term embezzlement case that led to our long time past treasurer pleading guilty to embezzlement. This
has continued to mean that some information for the accounting of the Club's activities is still being evaluated and revised as more
information is received. This is the continuing problem that was reported on last years Schedule O.
Regarding question V1 11a it should be noted that this years 2011 return will be shared with the entire board of directors, or governing body.
***************************************
***************************************