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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

A For the 2011 calendar year, or tax year beginning 04/01/11, and ending 03/31/12

<p>B Check if applicable</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization WATERBURY WOMEN'S CLUB, INC.</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite C/O MARJORIE SODEN 7 LINDSLEY DRIVE</p> <p>City or town, state or country, and ZIP + 4 WOLCOTT CT 06716</p>	<p>D Employer identification number 06-0582040</p> <p>E Telephone number 203-879-9235</p> <p>F Group Exemption Number ▶</p>
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G Accounting Method Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ N/A

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

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **46,647**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

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

SCANNED FEB 07 2013

	Description		Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received	7,764
	2	Program service revenue including government fees and contracts	1,232
	3	Membership dues and assessments	201
	4	Investment income	6,100
	5a	Gross amount from sale of assets other than inventory	31,350
	b	Less cost or other basis and sales expenses	30,113
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	1,237
	6	Gaming and fundraising events	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
c	Less direct expenses from gaming and fundraising events		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a	Gross sales of inventory, less returns and allowances		
b	Less cost of goods sold		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe in Schedule O)		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	16,534	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	15,730
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	875
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	
	16	Other expenses (describe in Schedule O)	7,818
	17	Total expenses. Add lines 10 through 16	24,423
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-7,889
	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)	271,776
	20	Other changes in net assets or fund balances (explain in Schedule O)	3,008
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	266,895

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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	271,776	22	266,895
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	271,776	25	266,895
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	271,776	27	266,895

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?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 SEE SCHEDULE O

(Grants \$ 15,730) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	19,419
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	19,419

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (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
BETTY LANGE 298 EAST MOUNTAIN ROAD WATERBURY CT 06708	PRESIDENT 0.00	0	0	0
BERMER RIDENHOUR 796 FROST ROAD WATERBURY CT 06705	VICE PRESIDE 0.00	0	0	0
GLORIA ST PIERRE 10 WALLER AVENUE WOLCOTT CT 06716	RECORD. SEC. 0.00	0	0	0
MILLIE KAERCHER 2221 EAST MAIN STREET APT 1A WATERBURY CT 06705	CORRES. SEC. 0.00	0	0	0
MARJORIE SODEN 7 LINDSLEY DRIVE WOLCOTT CT 06716	TREASURER 0.00	0	0	0
MARY JACQUES 955 SPINDLE HILL ROAD WOLCOTT CT 06717	ASSIS. TREAS 0.00	0	0	0

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? If "Yes," provide a detailed description of each activity in Schedule O		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)		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)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	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		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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	Did the organization file Form 1120-POL for this year?		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?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	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		X
41	List the states with which a copy of this return is filed	NONE	
42a	The organization's books are in care of	MARJORIE SODEN Telephone no 203-879-9235	
	7 LINDSLEY DRIVE Located at	WOLCOTT CT ZIP + 4 06716	
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country:		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
 Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

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

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

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

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

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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

Sign Here	Signature of officer: <i>Margorie W. Soden</i> Type or print name and title: MARJORIE SODEN	Date: 1/15/13
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Paid Preparer Use Only	Print/Type preparer's name: MICHAEL J. ALFIERI CPA Firm's name: BUDWITZ & MEYERJACK, P.C. Firm's address: 1122 HIGHLAND AVE CHESHIRE, CT 06410-1654	Preparer's signature: <i>[Signature]</i> Date: 01/14/13	Check <input type="checkbox"/> if self-employed	PTIN: P00176179 Firm's EIN: 06-1218594 Phone no: 203-272-1621
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May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011**Open to Public
Inspection**

Employer identification number

06-0582040

WATERBURY WOMEN'S CLUB , INC.**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
EXPENSES	
POSTAGE	\$ 50
INVESTMENT FEES	\$ 3,899
INSURANCE	\$ 180
PROGRAM SPPLIES AND EXPEN	\$ 3,639
SECRETARY OF STATE FILING	\$ 50
TOTAL	\$ 7,818

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAIN	\$ 1,938
MISCELLANEOUS INCOME	\$ 1,070

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE WATERBURY WOMEN'S CLUB, INC. IS A SOCIAL CLUB OF WOMEN AND IS A MEMBER OF THE FEDERATION OF WOMEN'S CLUBS IN THE STATE. THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO SUPPORT THE ADVANCEMENT AND PROMOTION OF LITERARY, SOCIAL AND EDUCATIONAL INTERESTS.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

THE WATERBURY WOMEN'S CLUB, INC. PROVIDED SUPPORT FOR OVER 20 ORGANIZATIONS IN THE GREATER WATERBURY AREA.

Name of the organization

WATERBURY WOMEN'S CLUB , INC.

Employer identification number

06-0582040

EITHER DIRECTLY OR INDIRECTLY THROUGH STATE WIDE GROUPS
SUPPORTING THE AREA. ALL AWARDS WHERE GIVEN TO
ADVANCE AND PROMOTE EDUCATION , SOCIAL AND LITERARY
INTEREST IN THE COMMUNITY.