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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 **June 1**, 2011, and ending **May 31**, 20 **12**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
The Woman's Club of Erie, Inc

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
259 West 6th Street

City or town, state or country, and ZIP + 4
Erie, PA 16507-1318

D Employer identification number
25-0889300

E Telephone number
814/452-3844

F Group Exemption Number ►

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: ►

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (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. **\$ 109,729**

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 ☐

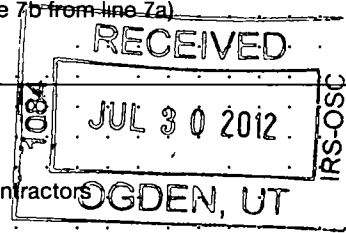
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3,946
	2	Program service revenue including government fees and contracts	2	6,093
	3	Membership dues and assessments	3	6,313
	4	Investment income	4	134
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	93,243	
c	Less: direct expenses from gaming and fundraising events	6c	77,881	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	15,362	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	31,848	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	2,490
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	300
	14	Occupancy, rent, utilities, and maintenance	14	27,574
	15	Printing, publications, postage, and shipping	15	2,038
	16	Other expenses (describe in Schedule O)	16	2,848
	17	Total expenses. Add lines 10 through 16	17	35,250
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,402)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	226,111
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	222,709

For Paperwork Reduction Act Notice, see the separate instructions.

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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	45,786	22 38,170
23	Land and buildings	180,325	23 184,539
24	Other assets (describe in Schedule O)		24
25	Total assets	226,111	25 222,709
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	226,111	27 222,709

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

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	Club holds luncheons/dinners to present educational and civic topics. Club also makes donations to various charities and student scholarships \$2,080		
	(Grants \$ 2,490) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4,570
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	4,570

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 ☐

[illegible]

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		✓
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)		✓
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)?		✓
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		
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		✓
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		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		✓
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?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41 List the states with which a copy of this return is filed ▶ Pennsylvania		
42a The organization's books are in care of ▶ Clare M. Farrell, Treasurer Telephone no. ▶ 814/864-6637 Located at ▶ 3110 Emerson Avenue, Erie, PA ZIP + 4 ▶ 16508		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	Yes	No
42b		✓
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country: ▶		✓
42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓
45b		

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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

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

	Yes	No
48		<input checked="" type="checkbox"/>

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

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b		<input checked="" type="checkbox"/>

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
None				

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
None		

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 **▶** Clare M. Farrell **Signature of officer** **▶** 7-19-12 **Date**
▶ CLARE M. FARRELL - TREASURER **Type or print name and title**

Paid Preparer Use Only **▶** Kevin M. Monahan **Print/Type preparer's name** **▶** Kevin M. Monahan **Preparer's signature** **▶** 7/19/12 **Date**
▶ Kevin M. Monahan **Firm's name** **▶** 1415 West 33rd Street, Erie, PA 16508 **Firm's EIN** **▶** 814/864-6269 **Phone no**
▶ 814/864-6269 **PTIN** **▶** P00581465 **Check ☒ if self-employed**

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

The Woman's Club of Erie, Inc

Employer identification number

25-0889300

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33¹/₃% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,972	8,061	11,090	25,094	10,259	85,476
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	118,925	100,140	108,935	105,090	99,336	532,426
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	149,897	108,201	120,025	130,184	109,595	617,902
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						617,902

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	149,897	108,201	120,025	130,184	109,595	617,902
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,577	1,540	705	211	134	4,167
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,577	1,540	705	211	134	4,167
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	159	150	0	0	0	309
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	151,633	109,891	120,730	130,395	109,729	622,378
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

The Woman's Club of Erie, Inc.

Employer identification number

25-0889300

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Script Gift Cards (event type)	Bus Trips (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	58,217	20,075		78,292
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	58,217	20,075		78,292
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		5,106		5,106
	7 Food and beverages		3,043		3,043
	8 Entertainment				
	9 Other direct expenses	56,056	8,572		64,628
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(72,777)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				5,515

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

- 9** Enter the state(s) in which the organization operates gaming activities: _____
- a** Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No
- b** If "No," explain: _____
- _____
- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No
- b** If "Yes," explain: _____
- _____

- | | | | |
|-----------|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in. | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address of the third party.

Name ▶

Address ►

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor

- ## 17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

SCHEDULE- FORM 990
THE WOMAN'S CLUB OF ERIE, INC.
#25-0889300
May 31, 2012

Page 1

Line 6b – Special Events and Activities

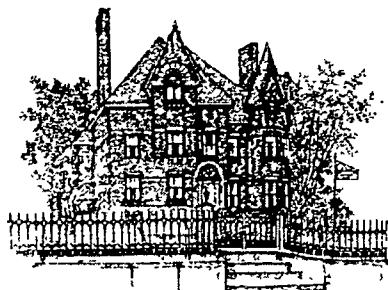
Script	\$ 58,217
Bus Trips	15,766
Xmas Tour	7,040
Food activities	2,337
Raffles	2,515
Erie Famous Foods	2,125
Golf events	1,750
Women's Day	1,185
Fruit cakes	1,033
Outside activities	269
Miscellaneous events	1,006
	<u>\$ 93,243</u>

Line 6c – Special Events and Activities Direct Expense

Gift cards	\$ 56,056
Bus Trips	16,721
Golf events	1,049
Fruit cakes	837
Food activities	2,853
Miscellaneous events	365
	<u>\$ 77,881</u>

Line 16 – Other Expenses

Membership	\$ 2,336
Supplies	219
Web hosting	130
Flowers	75
Safety deposit box	50
PA Sales Tax	38
	<u>\$ 2,848</u>



The Woman's Club Of Erie

259 West Sixth Street, Erie, PA 16507

A Non-Profit Tax Deductible 501(c)(3) Organization
A Member of the General Federation of Women's Clubs
(GFWC)



EXECUTIVE COMMITTEE

For 2011 – 2012 Financial Year 6/1/2011 through 5/31/2012

Co-President

Dina Reale
8200 Lousia Drive
Fairview, PA 16415

Recording Secretary

Marianne Heck
4601 Glenwood Drive
Erie, PA 16505

Treasurer

Clare Farrell
3110 Emerson Ave.
Erie, PA 16508

Registrar

Dianne Scalzo
1403 Brookwood Village Dr.
Erie, PA 16509

Director

Kathy Costello
3850 Trask Avenue
Erie, PA 16508

Director

Nancy Ebinger
5083 Westbury Farms Drive
Erie, PA 16506

Co-President

Marci Miller
2906 North Birch Run
Erie, PA 16506

Corresponding Secretary

Mary Picardo
4020 West 26th St.
Erie, PA 16506

Assistant Treasurer

Marj Inderlied
1600 Wintergreen Lane
Fairview, PA 16505

Membership Secretary

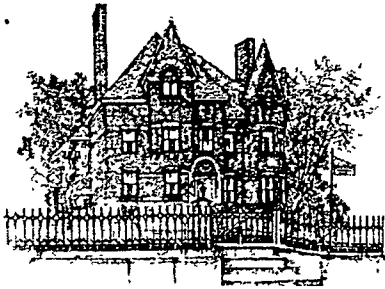
Karen Longnecker
5351 Somerset Dr.
Fairview, PA 16415

Director

Alma Getz
2565 South Tracy Drive
Erie, Pa 16505

Director

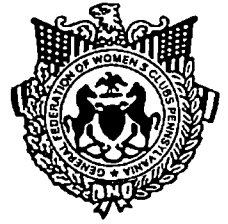
Patty Seidel
526 Rondeau Drive
Erie, PA 16505



The Woman's Club Of Erie

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CAMPHAUSEN SCHOLARSHIP PROCEDURE

Revised as of January 2010

Note: A copy of this procedure is used when filing our 990 form with the Internal Revenue service and any changes in the scholarship procedure, in future years, must be given to the Woman's Club Treasurer.

The scholarship is for \$600.00 and is taken from the Camphausen Scholarship Fund.
(Managed by Erie Community Foundation.)

The Camphausen Scholarship shall be awarded to a college student who is pursuing a degree in music. The rotation will be with the two Erie area colleges that give a music degree (Edinboro and Mercyhurst)

The Criteria for the selection of the recipient is as follows:

The student shall be pursuing a degree in music.

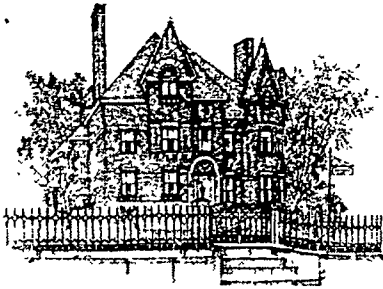
The student should be a junior or be entering his/her senior year in the fall semester.

The student should be a graduate of an Erie County High School or be a home-schooled graduate residing in Erie County.

The student should have a good academic record. (At least 3.0 GPA)

The student does not have to be in need of financial assistance.

- January: Contact the Music Department of the chosen college to tell them of the Woman's Club Camphausen Scholarship. Inform them that a letter will be sent on or before February 1st giving all the information and criteria for awarding the Camphausen scholarship
- February: Send a letter on or before February 1st giving all of the information and criteria. Give a deadline as to when you need the name of the recipient, address, and a short resume that includes the information as it applies to the criteria. (A reply will be needed by March 31st.)
- March: On or before March 31st the college will send a letter to the scholarship chairman, naming the recipient with address, phone number, etc. The college usually informs the recipient. Contact the college if the information has not been received.
- April: Send a letter to the recipient congratulating him/her, and inviting him/her to the May Spring Banquet to receive the award. (The student may bring a guest.) Ask the recipient to present either an instrumental or vocal selection at the banquet. The recipient will also be asked to send a short VITA to use in introducing him/her. Remind the recipient to prepare a short resume to share with the members the night of the banquet.
- May: Contact the recipient as to menu choice and number attending the banquet.
- June: Send a follow-up letter to the college.



The Woman's Club Of Erie

259 West Sixth Street, Erie, PA 16507

A Non-Profit Tax Deductible 501(c)(3) Organization
A Member of the General Federation of Women's Clubs (GFWC)



PHILANTHROPY SCHOLARSHIP PROCEDURE

Revised as of January 2010

Note: A copy of this procedure is used when filing our 990 form with the Internal Revenue service and any changes in the scholarship procedure, in future years, must be given to the Woman's Club Treasurer.

The scholarship is for \$600.00 and is taken from the Philanthropy Fund.

The Woman's Club Scholarship shall be given to a student attending an Erie area college.

The college will rotate alphabetically each year - Edinboro, Gannon, Mercyhurst, and Penn State – The Behrend College.

The Criteria for the selection of the recipient is as follows:

The student will be in his/her sophomore or junior year of undergraduate study, majoring in any field except music. (The Woman's club gives a separate scholarship for music to a college student pursuing a degree in music)

The student should be a graduate of an Erie County High School.

The student should have a good academic record. (At least 3.0 GPA)

The student does not have to be in need of financial assistance.

- January:** Contact the chosen college development or financial aid office to tell them of the Woman's Club Philanthropic Scholarship. Inform them that a letter will be sent on or before February 1st giving all the information and criteria for awarding the scholarship. Ask for the appropriate person and department to send the letter to.
- February:** Send a letter on or before February 1st giving all of the information and criteria. Give a deadline as to when you need the name of the recipient, address, and a short resume that includes the information as it applies to the criteria. (A reply will be needed by March 31st.)
- March:** On or before March 31st the college will send a letter to the scholarship chairman, naming the recipient with address, phone number, etc. The college usually informs the recipient. Contact the college if the information has not been received.
- April:** The scholarship Chairman will send a letter to the student, congratulating him/her, and invites him/her to the May Spring Banquet to receive the award. (The student may bring a guest.) Ask the student to send a short VITA (used to introduce the person) to the Chairman.
- May** Contact the recipient as to menu choice and number attending the banquet.
- June** Send a follow-up letter to the college.

PHILANTHROPY

2011 - 2012

Distributions From Philanthropy Fund

Marlene Shellito Scholarship (Christianne Reynolds)-	\$ 600.00
*Eda Camphausen Scholarship (William Steadman)--	\$ 600.00
Pleasant Ridge Birthday Party -----	\$ 20.00
Visiting Nurses Association -----	\$ 450.00
Kind News (Subscriptions for Students) -----	\$ 50.00

Distributions From Other Activities

Asbury Woods (Woman's Day 2012)-----	\$ 500.00
Wolves Club of Erie (Sponsor Ad)-----	\$ 150.00
GFWC – Student Art Awards -----	\$ 30.00
GFWC – PA (Arts Fund) -----	\$ 60.00

Total Money Distributed	\$2460.00
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Additional Gifts Were Given To:

Upper Room
Second Harvest Food Bank
TKE Fraternity Gannon University
Erie Inner City Fourth of July Picnic
PHI Sigma Sigma Gannon University
The First Church of The Covenant

*Eda Camphausen Music Scholarship Money Managed By The
Erie Community Foundation Is Given Annually
By The Woman's Club Of Erie.