

# 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 benefit trust or private foundation)

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the 2	2011 calend	lar year, or tax ye					and ending				2012
В	Check if ap	plicable	C Name of organizat	on THE	COLLEGE	WOMEN'S CL	UB OF MO	ONTCLAIR	R, INC	D Employ	er Identific	ation Number
	Addres	ss change	Doing Business As							22-	19149	48
	Name	change	Number and street	(or PO bo	ox if mail is not de	elivered to street ad	dr)	Room/su	ıte	E Telepho	ne number	
	Instial	return	P.O. BOX 30	008						(97)	3) 74	6-0392
	Termir	1	City, town or count				State	ZIP code + 4		,		
	F=-1		MONTCLAIR				ŊJ	07043		<b>G</b> Gross r	eceints S	69,642.
	F=	ation pending	F Name and address	of principa	l officer		110		(a) is this	a group retur		
	[_] Applic	- I	BETTIE AVENIA			MONTOTAT	D N.T	- 1		affiliates incl		Yes No
_	Tay over	mpt status		501(c) (	VICLAIR AV		947(a)(1) or	527	If 'No,'	attach a list	(see instru	
÷	Websi			301(c) (		36(110)   143	747( <u>a)(1) 01</u>		W-> C	exemption nu		
K				<del>.</del> .	·	1 011 -	1. v.	ear of Formatio	• • •			al domicile NJ
		Summan		Trust	Association	Other -	L Ye	ear of Formatio	n 19/0	U JIVI S	tate or lega	al domicile INO
ГС	<del></del>		e the organizatio	n'e mice	ion or most s	ianificant activ	itios Tiri	ition A	i d			
	1 611	ieny descrit	e trie organizatio	11.2 111122	ion or most s	ignincant activ	illes <u>Iu</u> .	TCTOII W	<u> </u>			
a Ce												
Activities & Governance											~ _	
Š	2 Ch	eck this bo	x F I if the org	– – – – nanızatın	n discontinue		s or dispo	sed of mor	 e than 2	5% of its	– – – – net asse	
ŏ			ting members of t					304 07 11101	0 (11011 2	070 01 113	3	8
<b>ა</b> ნ	4 Nu	imber of inc	lependent voting	member	s of the gove	rning body (Pa	rt VI, line	1b)			4	8
ij			of individuals em								5	
÷	6 To	tal number	of volunteers (est	imate if	necessary)						6	0
ď	<b>7a</b> To	tal unrelate	d business reveni	ue from	Part VIII, colu	ımn (C), line 1	2				7 a	0.
	<b>b</b> Ne	t unrelated	business taxable	ıncome	from Form 99	90-T, line 34					7 b	
									Р	rior Year		Current Year
~ of)	<b>8</b> Co	ontributions	and grants (Part	VIII, line	1h)					7,3	78.	12,150.
<b>35</b>			ce revenue (Part									
	10 Inv	vestment in	come (Part VIII, c	olumn (/	4), lines 3, 4,	and 7d)					34.	179.
يتو	11 Ot	her revenue	e (Part VIII, colum	ın (A), lıı	nes 5, 6d, 8c,	, 9c, 10c, and	11e)			56,9		57,313.
<u> </u>	<b>12</b> To	tal revenue	<ul> <li>add lines 8 thread</li> </ul>	ough 11	(must equal	Part VIII, colur	nn (A), line	e 12)	ļ	66,8	74.	<u>69,642.</u>
ج-	<b>13</b> Gr	ants and si	mılar amounts pa	id (Part l	IX, column (A	(), lines 1-3)						
	<b>14</b> Be	enefits paid	to or for member:	s (Part I	X, column (A)	), line 4)						
<b>7</b> 0	<b>15</b> Sa	alaries, othe	r compensation, e	employe	e benefits (Pa	art IX, column	(A), lines 5	5-10)				
OCANNICO SEP Expenses	<b>16a</b> Pro	ofessional t	undraising fees (F	Part IX, ∈	column (A), li	ne 11e)						
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			es (ParPX coun							72,8	331.	67,625.
<i>}</i>	18 To	ital expense	s Add lines 13-1	7 (must	equal Part IX	column (A)	ine 25)			72,8		67,625.
(C)			expenses Subtra				20).			-5,9		2,017.
- b 8		7401100 1033	S. S	<u>eganyej (</u>	192	-			Reginnir	na of Currer		End of Year
	1	ital assets (	Part X, line 16)	n na Las	إعاليين				Segmini	90,3		92,354.
Assets 1 Balanc			s (Part X) line 26)	1 1/1	ĵ∏ i							
Per A	ł		fund balances S	\$	ne 21 from li	ne 20				90,3	137	92,354.
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	<del></del>			ned this reti	urn unchudung acc	omnanving schedul	es and statem	ents and to th	e hest of m	v knowledge	and helief	it is true, correct, and
com	plete Decla	ration of prepa	clare that I have examiner (other than officer) is	s based on	all information of	which preparer has	any knowled	ge	C DCS( OI III	iy momeage	and belief,	it is true, correct, and
		D Sta	rlenes. &	Lux	7				0	lug. 20	0.20	12
Sig	an	Signatui	e of officer		•				Da	ite (	<del></del> _	
He	re	Dar]	ene Griggs									
		Type or	print name and title									
		Print/Type p	reparer's name		Preparer's sign	ature		Date /		Check 2	If P	ΓIN
Pa	id	Edward	Farley		3/1			8/10/	12	self employ	_  _	00183778
	eparer	Firm's name		T. Fa	riey, PC		/					
	e Only	Firm's addre								Firm's FIN	<b>►</b> 22-3	3439373
		i iiii adule	Upper M			NJ	07043			Phone no		890-4114
Ma	v the IDS	discuss th	s return with the		·					1 mone no	(3/3)	X Yes No
_			eduction Act Noti	<del></del>		1	(20112)	T'	10101 07	(05/11		Form 990 (2011)

FOIL	1 990 (2011) THE COLLEGE WOL	MEN'S CLUB OF MONTCLAIR, INC	22-1914948 Page <b>2</b>
Pa		Service Accomplishments	
	Check if Schedule O contains	a response to any question in this Part III.	П
1	Briefly describe the organization's mi		
	Musikian Aid		
	Did the organization undertake any s	significant program services during the year which were not	listed on the prior
	Form 990 or 990-EZ?	significant program services during the year which were not	
		or Cabad Ia O	∐ Yes X No
_	If 'Yes,' describe these new services		2
3		ng, or make significant changes in how it conducts, any pro	gram services? Yes X No
	If 'Yes,' describe these changes on S		
4	Section 501(c)(3) and 501(c)(4) orga	service accomplishments for each of its three largest proginizations and section 4947(a)(1) trusts are required to repo	ram services, as measured by expenses ort the amount of grants and allocations to
	others, the total expenses, and rever	nue, if any, for each program service reported	
	(Code ) (Evenes 6	72 450	0 ) (Deverye 6 66 007 )
40		73,450. including grants of \$	
	Substatisting carcion to	r women attending college.	
41		including grants of \$	\ (D,,,
	(Code) (Expenses \$	including grants of \$	) (Revenue \$)
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THE COLLEGE WOMEN'S CLUB OF MONTCLAIR, INC 22-1914948 Page 3 Form **990** (2011) Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 Х 2 Х 2 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 candidates for public office? If 'Yes,' complete Schedule C, Part I Х 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election 4 in effect during the tax year? If 'Yes,' complete Schedule C, Part II Х 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 98-197/f 'Yes,' complete Schedule C, Part III 5 Х 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, 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 complete Schedule D, Part III Х 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?f 'Yes,' complete Schedule D, Part IV 9 Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Х permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, 11 or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 101f 'Yes,' complete Schedule 11 a Χ D. Part VI b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total 11 b Х assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII c 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 167 If 'Yes,' complete Schedule D, Part VIII 11 c X 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 11 d Х Х e Did the organization report an amount for other liabilities in Part X, line 257f 'Yes,' complete Schedule D, Part X 11 e f 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)3f 'Yes,' complete Schedule D, Part X 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? Yes, complete Schedule D, Parts XI, XII, and XIII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year ff 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Χ Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)?If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х **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 Х 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 Х 15 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 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Х

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a% 'Yes,' complete Schedule G, Part III

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? X

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20 b

22-1914948 Form **990** (2011) THE COLLEGE WOMEN'S CLUB OF MONTCLAIR, INC Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Χ 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 X 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, and that was issued after December 31, 20027f 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a 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 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ# 'Yes,' complete 25b Х Schedule L, Part I 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 Х 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 Х 267 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) Х a A current or former officer, director, trustee, or key employee If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Schedule L. Part IV Х 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 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х Did the organization liquidate, terminate, or dissolve and cease operations if 'Yes,' complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets If 'Yes,' complete Schedule N, Part II 32 32 X 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 Х Was the organization related to any tax-exempt or taxable entity If Yes, complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 35 a Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b Х

**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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2011)

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Form 990 (2011) THE COLLEGE WOMEN'S CLUB OF MONTCLAIR, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a		0		
ŀ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b		o		
	Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	's and	reportable gaming	1c		
_		1		10		<u> </u>
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a				
ŀ	olf at least one is reported on line 2a, did the organization file all required federal employmen	it tax i	returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required tœ-file (see ins	tructio	ons)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	r?		3a		<u>X</u>
ı	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			3b		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or otl inanci	ner authority over, a al account)?	4a		х
ŧ	olf 'Yes,' enter the name of the foreign country					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F	inanc	ial Accounts			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year	?	5 a		_X
ı	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	er tra	nsaction?	5b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did	the organization	6a		
	If 'Yes,' did the organization include with every solicitation an express statement that such content tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					-
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artly t	for goods and			
	services provided to the payor?	. د. د. ا	or goods and	7 a		X
ŀ	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	hich if	was required to file	7с		Х
(	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d				]
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benef	it contract?	7e		X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit co	ontract?	7f		X_
Ç	If the organization received a contribution of qualified intellectual property, did the organization as required?	on file	e Form 8899	7 g		
ì	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	orga	nization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng orq ave e	ganizationsDid the xcess business	8		х
9	Sponsoring organizations maintaining donor advised funds.					
	a Did the organization make any taxable distributions under section 4966?			9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
	Section 501(c)(7) organizations.Enter			50	<del>                                     </del>	<del>                                     </del>
	a Initiation fees and capital contributions included on Part VIII, line 12	10 a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		┪		
	Section 501(c)(12) organizations. Enter:	100	<del></del>	-		
	a Gross income from members or shareholders	11 a		[ ,		
		114	<del></del>	-		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	116				
	a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of		1041?	12a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>	<b>_</b>	
•	a is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	ļ
	Note. See the instructions for additional information the organization must report on Schedu	le O				
•	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	13b				
•	Enter the amount of reserves on hand	13c				
14	a Did the organization receive any payments for indoor tanning services during the tax year?		<del></del>	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedu	le O	14b		

Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI x Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 8 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 8 b 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 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed? Х Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Х a The governing body? 8b Х b Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy if 'Yes,' describe in Schedule O how this is done 12c Х 13 13 Did the organization have a written whistleblower policy? 14 Х 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х b Other officers of key employees of the organization 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16<sub>b</sub> organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed New Jersey Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Another's website Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization DARLENE T. GRIGGS UPPER MONTCLAIR, NJ 07043 (973) 746-0392

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a 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	n nor any	relate	d or	gan	ızat	ion co	mpe	nsated any current of	ficer, director, or trus	tee
(A) Name and title	(B) Average hours per week	(do no unles	t che s per and a	Pos ck mo son is direc	ition ore the both	an one l n an offi ustee)	box, cer	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	ਸ਼ਰੀਆਂਟੀ ਕੀ ਵਿਸ਼ਵਦ or director	mshlukomal kustee	Offi-ei	Key employee	High est conniensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
_(1) Joan_Grevatt Secretary	0.00			Х				0.	0.	0.
(2) Carylmead Eggleston Director	0.00			Х				0.	0.	0.
(3) Clare May Treasurer				Х				0.	0.	0.
	0.00			Х				0.	0.	0.
_(5) Deana_Campion 2nd VP	0.00			Х				0.	0.	0.
_(6) Edith Wright	0.00			X				0.	0.	0.
_(7) Linda_BStark President	0.00			Х				0.	0.	0.
<u>(9)</u>										
(10)										
(11)										
(12)		_								
(13)										
<u>(14)</u>										

Part VII   Section A. Officers, Directors, Trust	ees, k	<b>(</b> ey	Em	ıplo	ye	es, a	anc	Highest Com	pensated Er	npl	oyees (cont)
					C)						
(A) Name and title	(B) Average hours per	box,	, unle cer an	ss pe	rson i Iirecto	than o s both r/trust	an lee)	(D)  Reportable compensation from	(E) Reportable compensation fro	m	(F) Estimated amount of other compensation
	week (describ e	or director	Institu	Officer	Key e	Highest compensate employee	Former	the organization (W-2/1099-MISC)	related organizatio (W-2/1099-MISC	)	from the organization and related
	hours for	dual t	utiona	4	employee	st cor	ēr				organizations
	related organi- zations	rustee	il trusi		yee	npens					
	sch O)		ee			ated					
(15)											
<u>(16)</u>											
(17)				-							
(18)						Ì					
(19)											
(20)											
(21)											
(22)											
(23)									····		
(24)	,										
(25)											
1 b Sub-total							<b>•</b>	0.		0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A						•	0.		0.	0.
Total number of individuals (including but not limited	d to the	ose I	ıste	d ab	ove)	who	o re				
from the organization											
3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust ndividua	tee, ' al	key	emp	loye	e, o	r hiç	ghest compensate	d employee		Yes No 3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the such individual	portabl han \$1	e co 50,0	mpe 00%	ensa f 'Ye	tion es' c	and omp	oth <i>lete</i>	er compensation Schedule J for	from		4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' co.	ompen	satio	on fr hedi	om .	any I for	unre suct	late	ed organization or	ındıvıdual		5 X
Section B. Independent Contractors											
1 Complete this table for your five highest compensation from the organization Report compensation.	ed indensation	epen for	den the	t coi cale	ntrac indai	tors yea	tha ar er	it received more the nding with or with	nan \$100,000 of n the organizat	f ion's	tax year.
(A) Name and business address  (B) Description of services Compensation											
									-		
									_	7.00	201 St. O. W. C. N.
2 Total number of independent contractors (including \$100,000 in compensation from the organization*	but no	t lım	ıted	to t	hose	liste	ed a	above) who receiv	ed more than		

rai	T VIII   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
S, GRANTS	1a Federated campaigns1ab Membership dues1b4,694.c Fundraising events1c		10101100		
ITIONS, GIFTS ER SIMILAR A	d Related organizations e Government grants (contributions)  1 d 1 e				
CONTRIBUT AND OTHE	f All other contributions, gifts, grants, and similar amounts not included above  1f 7,456.  g Noncash contributions included in lns 1a-1f. \$  h Total. Add lines 1a-1f	12,150.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	Business Code  2 a  b  c				
GRAM SERV	de f All other program service revenue				
PR6	g Total. Add lines 2a-2f  3 Investment income (including dividends, interest and other similar amounts)	179.	179.	0.	0.
	4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real  (ii) Personal				
	b Less rental expenses c Rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
ÆNUE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	See Part IV, line 18  b Less direct expenses  c Net income or (loss) from fundraising events	57,313.		0.	57,313.
	9a Gross income from gaming activities See Part IV, line 19  b Less direct expenses  b	31,010.			31,7525
	c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns				
	and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code  11 a  b				
	d All other revenue  e Total. Add lines 11a-11d	69.642.	179.	0.	57,313.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a re	sponse to any question	n this Part IX	<del>_</del>	
	not include amounts reported on lines 7b, 8b, 9b, 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	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	a Management				
	Legal				
	Accounting	1,195.	1,195.	0.	0.
	d Lobbying	•			
	Professional fundraising services See Part IV, line 17				
	Investment management fees		· · · · · ·		
	) Other	· -			
-	Advertising and promotion				
13					
14	Information technology	***		-	
15	Royalties				
16	Occupancy	8,340.	8,340.	0.	0.
17	Travel	0,310.	0,5101		
	Payments of travel or entertainment expenses for any federal, state, or local public officials		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 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)				
	a TELPHONE	851.	851.	0.	0.
	BULLETIN	347.	347.	0.	0.
		3,087.	3,087.	0.	0.
	Dues (AAUW)  d Hospitality	754.	754.	0.	0.
	e All other expenses	53,051.	53,051.	0.	0.
	Total functional expenses. Add lines 1 through 24e	67,625.	67,625.	0.	0.
	•	01,023.	07,025.	<u> </u>	<del></del>
<b>∠</b> 6	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 ► ☐ if following				
	SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (B) End of year (A) Beginning of year 92,354. Cash - non-interest-bearing 90,337 1 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 6 organizations (see instructions) 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10 c b Less accumulated depreciation 11 Investments – publicly traded securities 11 12 Investments – other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 90,337. 16 92,354 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 L-AB-L-T-ES Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 0. 0. 26 Total liabilities. Add lines 17 through 25 F N Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. ASSETS 27 Unrestricted net assets 90,337. 27 92,354. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here> and complete FUZD lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund BALANCES 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 92,354. 33 Total net assets or fund balances 90,337. 33 34 90,337. 34 92,354. Total liabilities and net assets/fund balances

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Form **990** (2011)

Forn	1990 (2011) THE COLLEGE WOMEN'S CLUB OF MONTCLAIR, INC	22-1914948		Pa	ge <b>12</b>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		69 <b>,</b> 6	<u>542.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		67,6	<u> 25.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		90,3	37.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		92,3	<u>854.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
ı	Were the organization's financial statements audited by an independent accountant?		2b		_X
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule $\ensuremath{O}$				
(	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	issued on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		Х
ا	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b		
BAA			Form	990	(2011)

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TEEA0112 07/06/11

#### SCHEDULE A (Form 990 or 990-EZ)

**(E)** 

**Public Charity Status and Public Support** 

and Public Support 201

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number THE COLLEGE WOMEN'S CLUB OF MONTCLAIR, INC 22-1914948 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 insection 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 insection 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described irsection 170(b)(1)(A)(v). 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) 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 exemptions—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 9 X June 30, 1975. See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety Sesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Se**section 509(a)(3).** Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type III - Other Type II c | 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? (i) 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (v) Did you notify the organization in column (i) of your support? (vi) Is the organization in column (i) organized in the (ii) EIN (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) is the organization in column (i) listed in (i) Name of supported organization (vii) Amount of support your governing document? Yes Yes (A) (B) (C) (D)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2011

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# Schedule A (Form 990 or 990-EZ) 2011 THE COLLEGE WOMEN'S CLUB OF MONTCLAIR, INC 22-1914948 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.)

Sec	tion A. Public Support				·					
Cale	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 2011	(f) Total			
_										
	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	<del></del> ,								
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	<b>Public support.</b> Subtract line 5 from line 4									
Sec	tion B. Total Support				· r	1				
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 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		1 1							
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 activ	rities, etc (see in:	structions)			12	<u> </u>			
13	First five years. If the Form 990 organization, check this box and	ıs for the organız stop here	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3)			
	tion C. Computation of Pu									
	Public support percentage for 20			ne 11, column (f)	)	14	<u>%</u>			
15	Public support percentage from	2010 Schedule A	, Part II, line 14			15	%			
16 a	a 33-1/3% support test – 2011. If to and stop here. The organization	he organization o qualifies as a pu	did not check the blicly supported o	box on line 13, ai irganization	nd the line 14 is 3	3-1/3% or more,	check this box			
t	b 33-1/3% 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									
17 a	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 top here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	0 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test The organiz	s' test, check this ation qualifies as	s box an <b>stop here</b> a publicly support	. Explain in Part ted organization	IV how the ▶			
18	Private foundation. If the organi	zation did not ch	eck a box on line	13, 16a, 16b, 17a						
BAA					S	chedule A (Form	990 or 990-EZ) 2011			

#### 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 )

_ <b>⊃e</b> c	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants ')	6,379.	6,031.	12,217.	7,378.		32,005.
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	48,933.	57,474.	63,065.	56,962.	47,500.	273,934.
	Gross receipts from activities that are not an unrelated trade or business under section 513	40,955.	37,474.	03,003.	30,302.	41,500.	213,334.
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	55,312.	63,505.	75,282.	64,340.	47,500.	305,939.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
	Public support (Subtract line 7c from line 6)						305,939.
	tion B. Total Support		<del></del>	4 . 2	4,0010		
	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	55,312.	63,505.	75,282.	64,340.	47,500.	305,939.
	income (less section 511					1	
	taxes) from businesses acquired after June 30, 1975			_			
	taxes) from businesses						
11	taxes) from businesses acquired after June 30, 1975 : Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is						
11	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in						305,939.
11 12 13	taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990	is for the organiza	ation's first, second	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	
11 12 13 14	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add Ins. 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	r fifth tax year as	a section 501(c)(3)	
11 12 13 14 Sec	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop here blic Support P	ercentage		r fifth tax year as a	· · · · · · · · · · · · · · · · · · ·	<u>►</u> □
11 12 13 14 Sec 15	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	blic Support P	ercentage n (f) divided by line		r fifth tax year as	15	100.00 %
11 12 13 14 Sec 15 16	taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage from	blic Support P 011 (line 8, column 2010 Schedule A,	ercentage n (f) divided by line Part III, line 15		r fifth tax year as	· · · · · · · · · · · · · · · · · · ·	<u>►</u> □
11 12 13 14 Sec 15 16 Sec	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage from the support	blic Support P 011 (line 8, column 2010 Schedule A, restment Incon	ercentage n (f) divided by line Part III, line 15 ne Percentage	e 13, column (f))		15	100.00 % %
11 12 13 14 Sec 15 16 Sec 17	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage from the support percentage from the support percentage from the support income percentage for 20 public support percentage from the support percentage for 20 public support percentage from the support percentage for 20 public support percentage from the support percentage from the support percentage for 20 public support percentage from the support percentage for 20 public support percentage from the support percentage from the support percentage for 20 public support percentage from the support percentage for 20 public support percentage from the support percentage from the support percentage for 20 public support percentage from the support percentage from the support percentage for 20 public support percentage from the support percentage from the support percentage from the support percentage for 20 public support percentage from the support percentage for 20 public support percentage for 20 pub	blic Support P Old (line 8, column 2010 Schedule A, restment Incon or2011 (line 10c, c	ercentage  n (f) divided by line Part III, line 15 ne Percentage column (f) divided	e 13, column (f)) by line 13, colum		15 16	100.00 % %
11 12 13 14 Sec 15 16 Sec 17 18	taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage for 20  Public support percentage from Investment income percentage for Investment income percentage for 100  Investment income percentage for 100  Total support percentage for 200  Public support percentage from 100  Investment income percentage for 100  Investment Income 100	blic Support P Old (line 8, column 2010 Schedule A, restment Incon or2011 (line 10c, c	ercentage  (f) divided by line Part III, line 15  ne Percentage column (f) divided e A, Part III, line 1	by line 13, column (f))	nn (f))	15 16 17 18	100.00 % % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage for 20  Public support percentage from tion D. Computation of Investment income percentage for 33-1/3% support tests — 2011. If is not more than 33-1/3%, check	blic Support P Old (line 8, column 2010 Schedule A, restment Incomor2011 (line 10c, com 2010 Schedule the organization of this box and stop	ercentage  (f) divided by line Part III, line 15  ne Percentage column (f) divided e A, Part III, line 1 did not check the there. The organiz	by line 13, column by line 13, colum 7 box on line 14, ar ation qualifies as	nn (f)) nd line 15 is more a publicly suppor	15 16 17 18 than 33-1/3%, and ted organization	100.00 % % % % % % % X
11 12 13 14 Sec 15 16 Sec 17 18 19a	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage for 20  Public support percentage from thousand investment income percentage for 10 and 11 and 12 an	blic Support P  11 (line 8, column 2010 Schedule A, restment Incon or2011 (line 10c, c rom2010 Schedule the organization of this box andstop the organization of	ercentage  n (f) divided by line Part III, line 15  ne Percentage column (f) divided e A, Part III, line 1 did not check the there. The organization of check a bo	by line 13, column (f)) by line 13, column  oox on line 14, and ation qualifies as x on line 14 or line	nn (f)) nd line 15 is more a publicly suppor ne 19a, and line 1	15 16 17 18 than 33-1/3%, and ted organization 6 is more than 33-	100.00 % % % % % % % X 1/3%, and

Schedule A	(Form 990 or 990	-EZ) 2011 THI	E COLLEGE !	WOMEN'S	<u>CLUB OF M</u>	ONTCLAIR,	INC 22-1914	948 <u>Page 4</u>
Partiv	Supplemental Part II, line 17 (See instruction	Information. a or 17b: and	Complete th Part III, line	part to 12. Also	provide the complete tl	e explanations his part for ai	s required by Pa ny additional inf	art II, line 10; ormation.
						<b></b>		
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						<b></b>		

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

• 9	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III			
	of organization	<u> </u>		Employer identific	ation number
THE	E COLLEGE WOMEN'S C	CLUB OF MONTCLAIR, INC		22-191494	8
Pai	rt I-A Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1	Provide a description of the	organization's direct and indirect political of	ampaign activities in	Part IV	,
2	Political expenditures			<b>►</b> \$	
3	Volunteer hours				
Pai	rt I-B   Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	<b>►</b> \$	
3	If the organization incurred a		Yes No		
4 8	a Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV	· ·			
Pa		rganization is exempt under secti			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities. >\$	<del></del>
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt ► \$	
3	Total exempt function expen line 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	▶\$	:
4	Did the filing organization file	eForm 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification number (EIN) s For each organization listed, enter the ai ions received that were promptly and direc al action committee (PAC) If additional spa	mount paid from the f	iling organization's fund	ds. Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0-
(1)				<u> </u>	
(2)					
(3)					
(4)					
(5)					
(6)	<del>-</del>				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

Schedule <b>C</b> (Form 990 or 990-EZ) 20	11 THE COLLEGE	WOMEN'S CLUB O	F MONTCLAIR, IN	IC 22-1914	1948 Page <b>2</b>
	the organizatio	n is exempt under so			ection under
A Check ► I If the fill	ng organization belo	ongs to an affiliated group	(and list in Part IV eac	h affiliated group membe	r's name,
address,	EIN, expenses, an	d share of excess lobbyin	g expenditures)		
B Check ► If the filli	ng organization che	cked box A and 'limited c	ontrol' provisions apply		
(The term		/ing Expenditures ans amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pu	iblic opinion (grass roots	lobbying)		
<b>b</b> Total lobbying expendit	ures to influence a	legislative body (direct lot	obying)		
c Total lobbying expendit	•	and 1b)			
<b>d</b> Other exempt purpose	•				
e Total exempt purpose e	expenditures (add lii	nes 1c and 1d)			
f Lobbying nontaxable ar both columns	mount Enter the am	nount from the following to	able in		
If the amount on line 1e, col	lumn (a) or (b) ıs	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the exces			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		andies of the second of the second of
Over \$17,000,000		\$1,000,000			1996年1
g Grassroots nontaxable	· ·	·			
h Subtract line 1g from lin					
i Subtract line 1f from lin				<u> </u>	
j If there is an amount of section 4911 tax for this	ther than zero on ei s year?	ther line 1h or line 1i, did	the organization file For	m 4720 reporting	Yes No
(Son	ne organizations th colum	4-Year Averaging Period at made a section 501(h) ns below. See the instruc	election do not have to	complete all of the five gh 2f.)	
	Lob	bying Expenditures Durir	ng 4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))			7		
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				Calcal la O /5	- 000 er 000 F7 0011
				Schedule C (Forr	n 990 or 990-EZ) 2011

Part II-B	B Complete if the organization is exempt under section 501(c)(3) and has	<b>NOT filed Form 5768</b>
	(election under section 501(h)).	

		a)	(0)		
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amou	ınt	
During the year, did the filing organization attempt to influence foreign, national, state or local					
legislation, including any attempt to influence public opinion on a legislative matter or reference through the use of	lum,				
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i).	?				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A   Complete if the organization is exempt under section 501(c)(4), section 501(	on 501(c)(5)	, or			
section 501(c)(6).					
			\	res	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year	?		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered 'Yes.'	l 'No' OR (b)	Part II	I-A, line 3	3, is	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditure (do not include amounts of poexpenses for which the section 527(f) tax was paid).	olitical				
a Current year		2a			
<b>b</b> Carryover from last year		2b			
<b>c</b> Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do	ues	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	the excess and political				
expenditure next year?	•	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV   Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, Also, complete this part for any additional information	line 5, Part II-A	A, and Pa	art II-B, line	<del>)</del> 1	
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				· — —	
RΔΔ	Schedule	C (Form	990 or 990	).F7)	2011

Schedule C (Form 990 or 990-EZ) 2011 THE COLLEGE WOMEN'S CLUB OF MONTCLAIR, INC	22-1914948 Page <b>4</b>
Schedule C (Form 990 or 990-EZ) 2011 THE COLLEGE WOMEN'S CLUB OF MONTCLAIR, INC  Part IV Supplemental Information (continued)	

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 22-1914948 THE COLLEGE WOMEN'S CLUB OF MONTCLAIR, INC Pt\_VI, Line 8a income from fundrasising Pt\_VI, Line 8b none Pt\_VI, Line 11a \_ none PT\_XI, line 5 \_ \_ Reconcile cash asjustment for CD NUMBER 6527

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
OTHER FEES	30.	30.		
NJ Filing Fee	25.	25.		
PO BOX RENTAL	96.	96.		
Supplies	832.	832.		
REPAIRS	950.	950.		
Insurance	515.	515.		
POSTAGE	724.	724.		
Miscellaneous	3,029.	3,029.		
LUNCHEON EXPENSES	2,653.	2,653.		
SCHOLARSHIPS	41,968.	41,968.		
Adversising/Printing	1,334.	1,334.		
State Dues	670.	670.		
May in Montclair	225.	225.		

## **Supporting Statement of:**

All Other Expenses/Line 24e col (B) -4

THE COLLEGE WOMEN'S CLUB OF MONTCLAIR, INC

Description	Amount
	145.
	687.
Total	832.