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Form **990-EZ****Short Form
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)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.

**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning June 1, 2012, and ending May 31, 2013

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 8th 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 **▶** \$

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
		2		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)
2	Program service revenue including government fees and contracts	3		20	Other changes in net assets or fund balances (explain in Schedule O)
3	Membership dues and assessments	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
4	Investment income	5a	Gross amount from sale of assets other than inventory		
5a		5b	Less: cost or other basis and sales expenses		
5b		5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6	Gaming and fundraising events	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
6a		6b	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		6c	Less: direct expenses from gaming and fundraising events		
6c		6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	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			
10	Grants and similar amounts paid (list in Schedule O)	10			
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			
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16			
17	Total expenses. Add lines 10 through 16	17			
18		18			
19		19			
20		20			
21		21			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2012)

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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	38,170	22 29,157
23	Land and buildings	184,539	23 188,298
24	Other assets (describe in Schedule O)		24
25	Total assets	222,709	25 217,455
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	222,709	27 217,455

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? **Promote advancement of woman**

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. (\$6,787) Club also makes donations to various charities and student scholarships.		
	(Grants \$ 2,040.00) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	8,827
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	8,827

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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ <u>Pennsylvania</u>		
42a The organization's books are in care of ▶ <u>Clare M. Farrell, Treasurer</u> Telephone no. ▶ <u>814/864-6637</u> Located at ▶ <u>3110 Emerson Avenue, Erie, PA</u> ZIP + 4 ▶ <u>16508</u>		
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		<input checked="" type="checkbox"/>
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: ▶		<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>

- 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 only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

Signature of officer

Clare M. Farrell, Treasurer

Type or print name and title

Clare M. Farrell

Date

8/20/13

Paid Preparer Use Only

Print/Type preparer's name

Kevin M. Monahan

Preparer's signature

Kevin M. Monahan

Date

8/20/13

Check ☒ if self-employed

PTIN

P00581465

Firm's name ▶

Firm's address ▶ 1415 West 33rd Street, Erie, PA 16508

Firm's EIN ▶

Phone no.

814/864-6269

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

2012

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—Non-functionally integrated
 - 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?

Yes	No
11g(i)	
 - (ii) A family member of a person described in (i) above?

Yes	No
11g(ii)	
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

Yes	No
11g(iii)	
 - h Provide the following information about the supported organization(s).

(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 monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. 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 33 1/3% support test—2011. 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—2012. 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—2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,061	11,090	25,094	10,259	9,749	64,253
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	100,140	108,935	105,090	99,336	98,461	511,962
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	108,201	120,025	130,184	109,595	108,210	576,215
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.)						576,215

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	108,201	120,025	130,184	109,595	108,210	576,215
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,540	705	211	134	77	2,667
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,540	705	211	134	77	2,667
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	150	0	0	0	0	150
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.)	109,891	120,730	130,395	109,729	108,287	579,032
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 2012 (line 8, column (f) divided by line 13, column (f))	15	99 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1 %
19a 33⅓% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33⅓% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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

2012

Open to Public
Inspection

Name of the organization

The Woman's Club of Erie, Inc.

Employer identification number

25-889300

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 <u>Script Gift Cards</u> (event type)	(b) Event #2 <u>Bus Trips</u> (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	53,262	18,857		72,119
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	53,262	18,857		72,119
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		7,219		7,219
	7 Food and beverages		5,557		5,557
	8 Entertainment		6,032		6,032
	9 Other direct expenses	51,187	1,434		52,621
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(71,429)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				690

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

SCHEDULE- FORM 990
THE WOMAN'S CLUB OF ERIE, INC.
#25-0889300
May 31, 2013

Page 1

Line 6b – Special Events and Activities

Script	\$ 53,262
Bus Trips	18,857
Xmas Tour	3,496
Golf events	2,750
Raffles	2,700
Chocolate Party	2,520
Petals and Lace	2,135
Christmas Dinner	1,350
World War II Dinner	1,100
Women's Day	1,040
Fruit cakes	999
Miscellaneous events	1,465
	<u>\$ 91,674</u>

Line 6c – Special Events and Activities Direct Expense

Gift cards	\$ 51,187
Bus Trips	20,242
Golf events	1,471
Fruit cakes	834
Chocolate party	574
Food activities	1,465
Miscellaneous events	1,818
	<u>\$ 77,591</u>

Line 16 – Other Expenses

Membership	\$ 2,393
Supplies	480
Web hosting	243
Flowers	75
Safety deposit box	50
Check printing fee	122
	<u>\$ 3,363</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 2012 – 2013 Financial Year 6/1/2012 through 5/31/2013

Co-President

Marci Miller
2906 North Birch Run
Erie, PA 16506

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

Alma Getz
2565 South Tracy Drive
Erie, Pa 16505

Director

Patty Seidel
526 Rondeau Drive
Erie, PA 16505

Co-President

Judy Santone Husted
2520 Kosiorek Drive
Erie, PA 16509

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

Johanna Davis
3824 Myrtle Street
Erie, PA 16508

Director

Dina Reale
8200 Lousia Drive
Fairview, PA 16415



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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

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"MARLENE SHELLITO ACADEMIC SCHOLARSHIP" PROCEDURE

Revised as of January 2013

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 Fund Raiser Savings and or Money Market Account.
(Monies were received from Fund Raiser Tours.)

The "MARLENE SHELLITO ACADEMIC SCHOLARSHIP" shall be awarded to a college student who is pursuing a degree. 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.

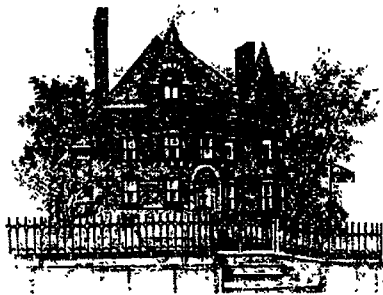
The student should be a junior or be entering his/her senior year in the fall semester.

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 Shellito Scholarship. Inform them that a letter will be sent on or before February 1st giving all the information and criteria for awarding the Schellito 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

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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.