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SCANNED NOV 1 5 2013

Form **990-EZ** Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-1150

Open to Public Inspection

Content of Carpary WOMAN'S CLUB Set of Carpary Woman's Carp				<u>AY 3</u>		2013		
Investment charge CARY WOMAN S CLUB Seminor control to the	B	\neg	C Name of organization	D Em	ployeri	identification number		
Namber and Steek (or P.O. Dox, if mail is not delivered to street address) Room/suite Fediphone number POST OFFICE BOX 918	F	Addr		_				
Termination POST OFFICE BOX 918 919 362-9823	Ļ	Name						
Answerded return Carry NC 27512	Ļ	Initia	(Foldish	-	•			
Improarse seeks CARY NC 27512 Number	Ļ	Term			919 362-9823			
According Method:	Ļ	Amer	nded retain			•		
Website: WWW - CARYWOMANSCLUB - ORG Tax-exempt status (check only one) X 501(c)(3) 501(c)((insert no.) 4947(a)(1) or 527 (form 990.9 50-Ez, or 990-PF).	L							
Tax-exempt status (check only one)								
X 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-EZ or Form 990-EZ or Form 990-EZ or Form 990-EZ but in the organization chooses to file a complete return. 1. Add lines 56, 6c, and 76, to line 9 to determine gross: receipts. If gross receipts are second organization chooses to file a complete return. 2. Add lines 56, 6c, and 76, to line 9 to determine gross: receipts. If gross receipts are second organization or form 990-EZ								
SSO,000. A Form 990-F2 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 56, 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 255, column (8) below) are \$500,000 or more, the Form 990-EZ. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to organization used Sche								
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Inter 25, column (B) below) are \$500,000 or more, the Form 990 instead of Form 990-EZ			·					
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1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and-contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventingly Subtract line 5b from line 5a) b Less: cost or other basis and sales expenses C Gain or (loss) from sale of assets other than inventingly Subtract line 5b from line 5a) 5 SEP 27 ZUI3 6 Gaming and fundraising events 6 Gaming and fundraising events 7 Total revenue (loss) from gaming (attach Schedule G if greater litering of some programs (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Cross income from fundraising events (not including \$\frac{1}{2}\$ of contributions from fundraising events (not including \$\frac{1}{2}\$ of contributions schedule \$\frac{1}{2}\$ of some sales of inventory, less returns and allowances 1 Less: cost of goods sold 2 Cross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Cross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Cross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Cross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 8 Cross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 8 Cross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 8 Cross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 8 Cross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 8 Cross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 9 Total revenue (add lines 1, 2, 3, 4, 56, 6d, 7c, and 8	P	art I		structions	s for Par	·		
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	990-EZ (2012) CARY WOMAN'S CLUB			<u> </u>	<u> 13443</u>	194 Page
Pa	Int II Balance Sheets (see the instructions for Part II)		=			
	 Check if the organization used Schedule O to re- 					X
		<u> </u>) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		<u>87,056</u>			90,401
23	Land and buildings			23		
24	Other assets (describe in Schedule O)	<u> </u>		24		
25	Total assets		87,056			90,401
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE () <u> </u>	0			1,285
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		87,056	. 27		89,116
Pa	rt III Statement of Program Service Accomplishme					xpenses
	Check if the organization used Schedule O to re-		<u>n in this Part III</u>	X		for section and 501(c)(4)
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE ()			organizati	ons and section
	ibe the organization's program service accomplishments for each of its three largest program		s in a clear and concise		4947(a)(1 for others	l) trusts; optiona
mann	er, describe the services provided, the number of persons benefited, and other relevant infor	mation for each program title			IOI OTHERS	•/
	TO PROVIDE A FORUM FOR THE ADVANCED		IN			
	BUSINESS BY CONDUCTING MEETINGS AND	CONFERENCES	TO PROMOT	E		
	EDUCATION AND DIALOG AMONG PROFESSI	IONAL WOMEN.				
	(Grants \$) If this amount includes foreign	grants, check here			28a	
29						
	(Grants \$) If this amount includes foreign	grants, check here	•		29a	
30						
	(Grants \$) If this amount includes foreign	grants, check here	>		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign	grants, check here	•		31a	
00						
32	Total program service expenses (add lines 28a through 31a)			▶	32	
Pa	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key I	Employees List each one e			32	
Pa	Total program service expenses (add lines 28a through 31a)	Employees List each one e			32	
Pa	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key I	Employees List each one e spond to any questio (b) Average hours	n in this Part IV	(d) не	nstructions f	for Part IV) (e) Estimated
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Part V

58-1344394

instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V \mathbf{X} Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 Х activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended 34 X 34 documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a 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 35b N/Ac 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 X requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, X complete applicable parts of Schedule N 36 ► 37a 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions Х b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? X 38a 38b N/A b If "Yes," complete Schedule L. Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: 39a N/A a Initiation fees and capital contributions included on line 9 39Ь N/A b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **0** • ; section 4955 ► **0** • ; section 4912 ► 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? 40b X If "Yes," complete Schedule L. Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Х List the states with which a copy of this return is filed \rightarrow NC 42a The organization's books are in care of ▶ MARYANNE OLSEN Telephone no. $\triangleright 919-465-1509$ Located at ▶ POST OFFICE BOX 918, CARY, NC ZIP+4 ► 27511 b At any time during the calendar year, did the organization have an interest in or a signature or other authority No Yes over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? Х 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. X c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х Form 990-EZ 44a 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 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation ın Schedule O 44d Х 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

FUITII 990-EZ (2012) CARY WOMAN'S CLUB				58-1344	394		aye 4
46 D.J.II.	do alto a servicio de la companya del companya de la companya del companya de la						Yes	NO
	rganization engage, directly or indirectly, in political campaign activitie	es on benait of or in opp	osition to cand	idates for pi	IDIIC OTICE?	40		х
	complete Schedule C, Part I Section 501(c)(3) organizations only		··	- <u></u>		46	L	
r art vi	All section 501(c)(3) organizations must answer questions 47	A0b and 52, and cor	nnlata tha tal	aloe for line	c 50 and 51			
	Check if the organization used Schedule O to respond to any		•	Jies IOI IIIIe	S 30 and 31			
	Officer if the diganization used Schedule O to respond to any	question in this rare	. •1				Yes	No
47 Did the o	rganization engage in lobbying activities or have a section 501(h) elec	rtion in effect during the	tax vear? If "V	es " complete	Sch C Part II	47	.00	X
	panization a school as described in section 170(b)(1)(A)(ii)? If "Yes," o		tux your ii ii	o, complet	, 0011. 0, 1 art 11	48		X
-	rganization make any transfers to an exempt non-charitable related or					49a		X
	vas the related organization a section 527 organization?	gamzanon				49b		
•	e this table for the organization's five highest compensated employees	s (other than officers, dir	ectors, trustee	s and kev er	nplovees) who		ceived i	nore
•	0,000 of compensation from the organization. If there is none, enter "	•		,	,			
	(a) Name and title of each employee	(b) Average hours	S (C) F	eportable	(d) Health benefi) Estim	ated
	paid more than \$100,000	per week devoted	to compen	sation (Forms 099-MISC)	contributions to employee benef	am	ount of	
	NONE	position	"-"	000 MCO,	plans, and deferr compensation	ed CC	mpens	ation
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·]	- 1					
(a) Name an	d address of each independent contractor paid more than \$100,000	(b)	Type of service		(c)	Compe	<u>ensatioi</u>	<u>1</u>
				-				
						-		
							·····	
- Total								
	nber of other independent contractors each receiving over \$100,000 rganization complete Schedule A? Note : All section 501(c)(3) organiz	ations and 4047(a)(1) n	onevernt			•		
_	e trusts must attach a completed Schedule A	ations and 4347 (a)(1) in	onexempt		▶ [<u>v</u>] v	, _–	□ No
Under penalties of	f perjury, I declare that I have examined this return, including accompanying sche-	dules and statements, and to	o the best of my k	nowledge and	belief, it is true, co	prrect, ar	d compl	ete
	parer (other than officer) sbased on all information of which preparer has any kno	wiedge			0/28/	7 01	3	
Sign	Signature of officer				Date/ 20/	<u>~V</u>	<u> </u>	
Here	Donothy J. Schmelveiz Pre	Sidont						
	Type or print name and title	719011				_		
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Preparer	TODD A. RODENISER TODD A. R	ODENISER 07	/16/13			641	953	
Use Only		CH LLP	, _ , , _ ,	Firm's FIN	► 56-17			
	Firm's address P. O. BOX 30819			Phone no.	(919)		13	233
	RALEIGH, NC 27622			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()1)	, 0	, 5	
May the IRS di	scuss this return with the preparer shown above? See instructions			-	<u> </u>	X Y	es T	No
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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2011 2011

Open to Public Inspection

Name of the organization

CARY WOMAN'S CLUB

Employer identification number 58-1344394

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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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. 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). 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) 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 d ____ Type III - Non-functionally integrated b Type II c Type III - Functionally integrated a Type I 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization in col. (i) listed in your organization in col. (described on lines 1-9 organization organized in the support governing document? (i) of your support? above or IRC section (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2012

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 fails to qualify under the tests I 				on railed to qualify	under Part III If the	e organization	
ection A. Public Support	<u></u>						
endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
Gifts, grants, contributions, and							
membership fees received (Do not							
include any "unusual grants ")							
Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
The value of services or facilities							
furnished by a governmental unit to		}					
the organization without charge							
Total. Add lines 1 through 3							
The portion of total contributions							
by each person (other than a							
governmental unit or publicly			1		1		
supported organization) included		1					
on line 1 that exceeds 2% of the			1		ł		
amount shown on line 11,							
column (f)		ł	ł	}	1	}	
Public support. Subtract line 5 from line 4							
ction B. Total Support				<u> </u>	<u> </u>	<u></u>	
ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
Amounts from line 4							
Gross income from interest,							
dividends, payments received on							
securities loans, rents, royalties							
and income from similar sources			1		1		
Net income from unrelated business							
activities, whether or not the							
business is regularly carried on							
Other income. Do not include gain							
or loss from the sale of capital		Ì					
assets (Explain in Part IV)							
Total support. Add lines 7 through 10							
Gross receipts from related activities, e	tc. (see instruct	ons)	<u> </u>		12		
First five years. If the Form 990 is for t	•	•	rd, fourth, or fifth t	ax vear as a sectio			
organization, check this box and stop I	•	, ,	•	•	(// /	▶[
ction C. Computation of Public		rcentage				•	
Public support percentage for 2012 (lin	e 6, column (f) c	livided by line 11,	column (f))		14		
Public support percentage from 2011 S	Schedule A, Parl	II, line 14			15		
33 1/3% support test - 2012. If the org	ganization did ni	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and	
stop here. The organization qualifies as	s a publicly supp	orted organization	า			▶[
33 1/3% support test - 2011. If the or		=		l line 15 is 33 1/3%	6 or more, check th	ns box	
and stop here. The organization qualifi	=				-	▶[
0% -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							
meets the "facts-and-circumstances" to			•	-		▶[
10% -facts-and-circumstances test	-	•		-	17a, and line 15 is	10% or	
more, and if the organization meets the							
organization meets the "facts-and-circu						_ [

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

Schedule A (Form 990 or 990-EZ) 2012 CARY WOMAN'S CLUB 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

600	qualify under the tests listed by	elow, please compl	ete Part II)				
		(-) 0000	(h) 0000	(=) 2010	(4) 2011	(a) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants.")	3,250.	3,774.	2,945.	3,305.	2,870.	16,144.
_	· · · · · · · · · · · · · · · · · · ·	3,250.	3,114.	2,343.	3,303.	2,070.	10,133.
	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	15,263.	16,191.	14,204.	16,550.	13,474.	75,682.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513				<u>_</u>		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities	1					
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	18,513.	19,965.	17,149.	19,855.	16,344.	91,826.
7a	Amounts included on lines 1, 2, and	,					_
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
_	Public support (Subtract line 7c from line 6)						91,826.
	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	18,513.	19,965.	17,149.	19,855.	16,344.	91,826.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	<31,465.	3,525.	3,758.	4,081.	4,310.	<15,791.>
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	<31,465.	3,525.	3,758.	4,081.	4,310.	<15,791.>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)	<12,952.		20,907.	23,936.	20,654.	76,035.
14	First five years. If the Form 990 is for	the organization's	first, second, third	I, fourth, or fifth ta	x year as a section	501(c)(3) organiz	ation,
	check this box and stop here						
	ction C. Computation of Publ						
15	Public support percentage for 2012 (I	ine 8, column (f) div	rided by line 13, co	olumn (f))			120.77 %
	Public support percentage from 2011					16	<u>111.33 %</u>
Sec	ction D. Computation of Inves						
17	Investment income percentage for 20	112 (line 10c, colum	n (f) divided by line	e 13, column (f))	Ļ	17	.00 %
18	Investment income percentage from 2				į	18	%
19a	33 1/3% support tests - 2012. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 1	
	more than 33 1/3%, check this box a		_				▶ LX
b	33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che		-				P
20	Private foundation. If the organization	<u>in did not check a b</u>	ox on line 14, 19a	i, or 19b, check th	is box and see inst	ructions	

SCHEDULĘ O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CARY WOMAN'S CLUB

Employer identification number 58-1344394

CARY WOMAN'S CLUB	58-1344394
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	4,310.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CONFERENCES AND MEETINGS	826.
MISCELLANEOUS	130.
INSURANCE	320.
DUES	1,565.
PROPERTY TAXES	1,277.
SUPPLIES	202.
TOTAL TO FORM 990-EZ, LINE 16	4,320.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:	
DESCRIPTION BEG. OF	YEAR END OF YEAR
OTHER LIABILITIES	0. 1,285.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVID	DE A FORUM FOR THE
ADVANCEMENT OF WOMEN IN BUSINESS.	2 11 1011011 1011 1111
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	TIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	'RACT.
LHA For Panerwork Reduction Act Notice see the Instructions for Form 990 or 990-F7 School	fule () (Form 990 or 990-F7) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization CARY WOMAN'S CLUB 58-1344394 THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.