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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 04-01-2013, and ending 03-31-2014

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

C Name of organization: WATERBURY WOMEN'S CLUB INC. Number and street (or P O box, if mail is not delivered to street address): C/O JESSIE GWISDALA PO BOX 3344. City or town, state or province, country, and ZIP or foreign postal code: WATERBURY, CT 06705

D Employer identification number: 06-0582040. E Telephone number. F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

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

I Website: N/A

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

K Form of organization: [X] Corporation [] Trust [] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 193,685

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 [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 7,898 to 260,770.

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	262,727	22 260,770
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	262,727	25 260,770
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	262,727	27 260,770

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

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

What is the organization's primary exempt purpose?
THE WATERBURY WOMEN'S CLUB, INC IS A SOCIAL CLUB OF WOMEN AND IS A MEMBER OF THE FEDERATION OF WOMEN'S CLUBS IN THE STATE THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO SUPPORT THE ADVANCEMENT AND PROMOTION OF LITERARY,SOCIAL AND EDUCATIONAL INTERESTS

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

28 THE WATERBURY WOMEN'S CLUB, INC PROVIDED SUPPORT FOR OVER 20 ORGANIZATIONS IN THE GREATER WATERBURY AREA EITHER DIRECTLY OR INDIRECTLY THROUGH STATE WIDE GROUPS SUPPORTING THE AREA ALL AWARDS WHERE GIVEN TO ADVANCE AND PROMOTE EDUCATION , SOCIAL AND LITERARY INTEREST IN THE COMMUNITY (Grants \$ 25,080) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	30,484
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) <input type="checkbox"/>	32	30,484

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

	Yes	No
46		No

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

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

	Yes	No
47		
48		
49a		
49b		

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 "

(a) Name and title of each employee	(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

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

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

Sign Here *****
 Signature of officer
 Date 2015-02-06
 JESSIE GWISDALA TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name MICHAEL J ALFIERI CPA
 Preparer's signature
 Date 2015-02-13
 Check if self-employed
 PTIN P00176179
 Firm's name BUDWITZ & MEYERJACK PC
 Firm's EIN 06-1218594
 Firm's address 1122 HIGHLAND AVE
 CHESHIRE, CT 064101654
 Phone no (203) 272-1621

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 06-0582040

Name: WATERBURY WOMEN'S CLUB INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BETTY LANGE VICE PRESIDE	000 00	0		
BERMER RIDENHOUR PRESIDENT	000 00	0		
JESSIE GWISDALA TREASURER	000 00	0		
DORTHY REYNOLDS PRESIDENT/CO	000 00	0		
CLAUDETTE ROBERTS RECORDING SE	000 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2013

**Open to Public
Inspection**

Name of the organization
WATERBURY WOMEN'S CLUB INC

Employer identification number

06-0582040

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	OTHER INCOME 1,690 TOTAL 1,690
FORM 990-EZ, PART I, LINE 10	03/31/2014 12,000 0 0
FORM 990-EZ, PART I, LINE 16	EXPENSES INVESTMENT FEES 3,518 INSURANCE 183 PROGRAM SUPPLIES AND EXPN 5,217 CHRISTMAS LUNCHEON 100 TOTAL 9,018
FORM 990-EZ, PART I, LINE 20	UNREALIZED GAIN 19,965
FORM 990-EZ, PART III	THE WATERBURY WOMEN'S CLUB, INC IS A SOCIAL CLUB OF WOMEN AND IS A MEMBER OF THE FEDERATI ON OF WOMEN'S CLUBS IN THE STATE THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO SUPPORT TH E ADVANCEMENT AND PROMOTION OF LITERARY, SOCIAL AND EDUCATIONAL INTERESTS
FORM 990-EZ, PART III, LINE 28	THE WATERBURY WOMEN'S CLUB, INC PROVIDED SUPPORT FOR OVER 20 ORGANIZATIONS IN THE GREATER WATERBURY AREA EITHER DIRECTLY OR INDIRECTLY THROUGH STATE WIDE GROUPS SUPPORTING THE AR EA ALL AWARDS WHERE GIVEN TO ADVANCE AND PROMOTE EDUCATION , SOCIAL AND LITERARY INTEREST IN THE COMMUNITY

TY 2013 Compensation Explanation

Name: WATERBURY WOMEN'S CLUB INC

EIN: 06-0582040

Person Name	Explanation
BETTY LANGE	
BERMER RIDENHOUR	
JESSIE GWISDALA	
DORTHY REYNOLDS	
CLAUDETTE ROBERTS	