



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-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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-1150

**2013****Open to Public Inspection****A** For the 2013 calendar year, or tax year beginning June 1, 2013, and ending May 31, 2014**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)

259 West 9th Street

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Erie, PA 15407-1318

**D** Employer identification number

25-0889300

**E** Telephone number

814/452-3844

**F** Group Exemption

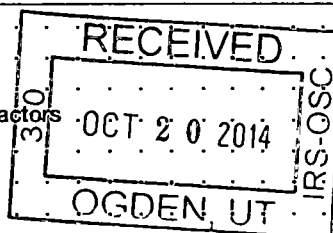
Number ▶

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☒ 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. ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	8,941
	2	Program service revenue including government fees and contracts	2	12,669
	3	Membership dues and assessments	3	7,442
	4	Investment income	4	266
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	106,801	
c	Less: direct expenses from gaming and fundraising events	6c	85,517	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	21,284	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	50,602	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	4,153
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	300
	14	Occupancy, rent, utilities, and maintenance	14	29,151
	15	Printing, publications, postage, and shipping	15	2,773
	16	Other expenses (describe in Schedule O)	16	3,195
	17	<b>Total expenses.</b> Add lines 10 through 16	17	39,572
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,030
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	217,455
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	228,485



For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2013) 11

SCANNED NOV 06 2014



**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
<b>33</b> 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 . . . . .	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b> 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) . . . . .	<b>34</b>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	<input checked="" type="checkbox"/>
<b>36</b> 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 . . . . .	<b>36</b>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> . . . . .	<b>37b</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization file Form 1120-POL for this year? . . . . .	<b>37b</b>	<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .	<b>39a</b>	
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39b</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► . . . . . ; section 4912 ► . . . . . ; section 4955 ► . . . . .		
<b>b</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 . . . . .	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . . ► . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ► Pennsylvania . . . . .		
<b>42a</b> The organization's books are in care of ► Clare M. Farrell, Treasurer . . . . . Telephone no. ► 814/864-6637		
Located at ► 3110 Emerson Avenue, Erie, PA . . . . . ZIP + 4 ► 16508		
<b>b</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)? . . . . .	<b>42b</b>	<input checked="" type="checkbox"/>
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. . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .	<b>42c</b>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► <b>43</b> . . . . .		<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>45b</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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	<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 . . . . . **46** ☐ Yes ☒ No

**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 . . . . . **47** ☐ Yes ☒ No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48** ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a** ☐ Yes ☒ No
- b If "Yes," was the related organization a section 527 organization? . . . . . **49b** ☐ Yes ☒ No
- 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
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 business address of each independent contractor	(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* Date *10/15/14*  
 Clare M. Farrell, Treasurer  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name Kevin M. Monahan Preparer's signature *Kevin M. Monahan* Date *10/15/14* Check ☒ if self-employed PTIN P00581465  
 Firm's name ▶ Firm's EIN ▶  
 Firm's address ▶ 1415 West 33rd Streer, Erie, PA 16508 Phone no. 814/602-2230

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

The Woman's Club of Erie, Inc.

Employer identification number

25-089300

**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)		
11g(ii)		
11g(iii)		
    - (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)									
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,090	25,094	10,259	9,749	16,383	72,575
<b>2</b> 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 . . . .	108,935	105,090	99,336	98,461	119,470	531,292
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	120,025	130,184	109,595	108,210	135,853	603,867
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						603,867

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . .	120,025	130,184	109,595	108,210	135,853	603,867
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	705	211	134	77	266	1,393
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .	705	211	134	77	266	1,393
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .	0	0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	120,730	130,395	109,729	108,287	136,119	605,260
<b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . .	15	99 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .	16	99 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . .	17	1 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . .	18	1 %

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐



**Part IV** **Supplemental Information.** 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).

Area for supplemental information with horizontal dashed lines.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**The Woman's Club of Erie, Inc.**

**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.**

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2014

**Open to Public Inspection**

## 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.

- | (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  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

**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 Script Gift Cards (event type)	(b) Event #2 Bus Trips (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	42,211	40,729		82,940
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	42,211	40,729		82,940
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .		7,355		7,355
	<b>7</b> Food and beverages . . . . .		14,627		14,627
	<b>8</b> Entertainment . . . . .		1,454		1,454
	<b>9</b> Other direct expenses . . . . .	41,770	8,790		50,560
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				73,996
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				8,944

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities:

**a** Is the organization licensed to conduct 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 conduct 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 conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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.** 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 provide any additional information (see instructions).

SCHEDULE- FORM 990  
THE WOMAN'S CLUB OF ERIE, INC.  
#25-0889300  
May 31, 2014

Page 1

Line 6b – Special Events and Activities

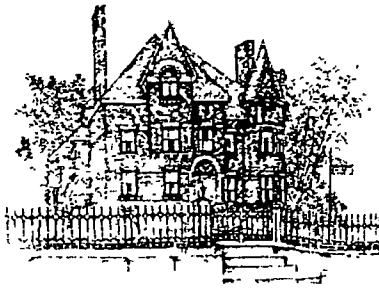
Script	\$ 42,211
Bus Trips	40,729
Xmas Tour	4,538
Golf events	2,950
Raffles	3,222
Chocolate Party	1,307
Art Gallery Show	3,702
Halloween party	510
Women's Day	2,620
Fruit cakes	1,022
Jewelry show	500
Photography class	950
Table items	606
Year book advertisements	125
Miscellaneous events	1,809
	<u>\$ 106,801</u>

Line 6c – Special Events and Activities Direct Expense

Gift cards	\$ 41,770
Bus Trips	32,226
Golf events	1,649
Fruit cakes	844
Chocolate party	256
Food activities	1,237
Art Gallery show	2,502
Xmas Tour	928
Miscellaneous events	4,105
	<u>\$ 85,517</u>

Line 16 – Other Expenses

Membership	\$ 2,504
Supplies	357
Gaming license/notary expense	110
Flowers	50
Safety deposit box	50
Check printing fee	124
	<u>\$ 3,195</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 2013 – 2014 Financial Year 6/1/2013 through 5/31/2014

### 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  
4601 Glenwood Park Ave #407  
Erie, PA 16509

### Director

Johanna Davis  
3824 Myrtle Street  
Erie, Pa 16508

### Director

Dina Reale  
8200 Lousia Drive  
Fairview, PA 16415

### Co-President

Judy Santone Husted  
2520 Kosiorek Drive  
Erie, PA 16509

### Corresponding Secretary

Mary Picardo  
4020 West 26<sup>th</sup> St.  
Erie, PA 16506

### Assistant Treasurer

Marj Inderlied  
1600 Wintergreen Lane  
Fairview, PA 16505

### Membership Secretary

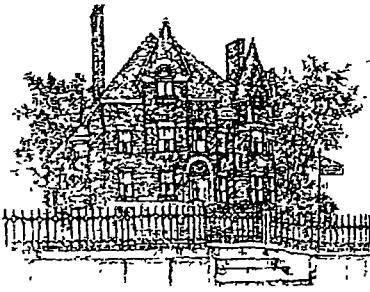
Karen Longnecker  
5351 Somerset Dr.  
Fairview, PA 16415

### Director

Elaine Hirsch  
420 Lincoln Ave.  
Erie, PA 16505

### Director

Dianne Scalzo  
4601 Glenwood Park Ave #407  
Erie, PA 16509



# 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)



---

## 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.

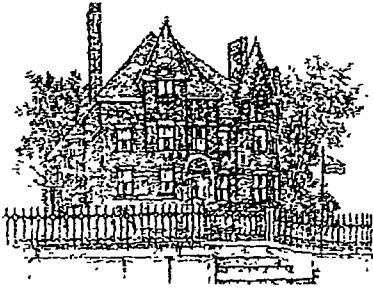
The student should be a junior or be entering his/her senior year in the fall semester.

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 1<sup>st</sup> giving all the information and criteria for awarding the Camphausen scholarship
- February: Send a letter on or before February 1<sup>st</sup> 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 31<sup>st</sup>.)
- March: On or before March 31<sup>st</sup> the college will send a letter to the scholarship chairman, naming the recipient with address, phone number, etc. The college usually informs the recipient. Contact the college if the information has not been received.
- April: Send a letter to the recipient congratulating him/her, and inviting him/her to the May Spring Banquet to receive the award. (The student may bring a guest.) Ask the recipient to present either an instrumental or vocal selection at the banquet. The recipient will also be asked to send a short VITA to use in introducing him/her. Remind the recipient to prepare a short resume to share with the members the night of the banquet.
- May: Contact the recipient as to menu choice and number attending the banquet.
- June: Send a follow-up letter to the college.



# The Woman's Club Of Erie

259 West Sixth Street, Erie, PA 16507

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



---

## "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.

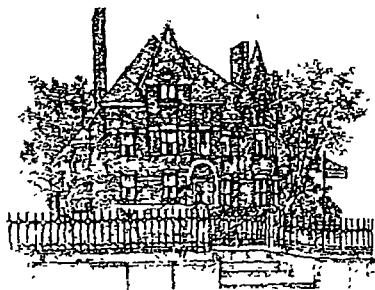
The student should be a graduate of an Erie County High School or be a home-schooled graduate residing in Erie County.

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 1<sup>st</sup> giving all the information and criteria for awarding the Schellito scholarship
- February: Send a letter on or before February 1<sup>st</sup> 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 31<sup>st</sup>.)
- March: On or before March 31<sup>st</sup> the college will send a letter to the scholarship chairman, naming the recipient with address, phone number, etc. The college usually informs the recipient. Contact the college if the information has not been received.
- April: Send a letter to the recipient congratulating him/her, and inviting him/her to the May Spring Banquet to receive the award. (The student may bring a guest.) Ask the recipient to present either an instrumental or vocal selection at the banquet. The recipient will also be asked to send a short VITA to use in introducing him/her. Remind the recipient to prepare a short resume to share with the members the night of the banquet.
- May: Contact the recipient as to menu choice and number attending the banquet.
- June: Send a follow-up letter to the college.





# The Woman's Club Of Erie

259 West Sixth Street, Erie, PA 16507

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



---

## PHILANTHROPY SCHOLARSHIP PROCEDURE

Revised as of January 2010

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

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

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

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

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

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

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

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

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

- January: Contact the chosen college development or financial aid office to tell them of the Woman's Club Philanthropic Scholarship. Inform them that a letter will be sent on or before February 1<sup>st</sup> 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 1<sup>st</sup> 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 31<sup>st</sup>.)
- March: On or before March 31<sup>st</sup> 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.