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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2014Department of the Treasury
Internal Revenue Service

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 and its instructions is at www.irs.gov/form990.**Open to Public Inspection**

A For the 2014 calendar year, or tax year beginning JUNE 1 , 2014, and ending MAY 31 , 20 15	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WOMAN'S CLUB OF CHEVY CHASE, MD INC
	Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7931 CONNECTICUT AVENUE
	City or town, state or province, country, and ZIP or foreign postal code CHEVY CHASE, MD 20815-5922
	F Name and address of principal officer:
D Employer identification number 52-0534893	
E Telephone number 301-652-8480	
G Gross receipts \$ 167647	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.WCCCMARYLAND.COM	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: M State of legal domicile	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PHILANTHROPIC, EDUCATIONAL, COMMUNITY SERVICES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	200
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	200
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		37570
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37518
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		968
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		90333
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		167647
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		40780
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		77244
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		87401
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	223386	205425
	19 Revenue less expenses. Subtract line 18 from line 12	(34017)	(37778)
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	456849	422466
	22 Net assets or fund balances. Subtract line 21 from line 20	37781	41176
		419068	381290

Part II Signature Block

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	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ▶	Firm's EIN ▶		PTIN
	Firm's address ▶	Phone no		
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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