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Paid **Preparer**

Use Only

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service			▶ Do not enter social security numbers on this form as it may be ma	Open to Public Inspection	
			► Information about Form 990 and its instructions is at www.irs.gov	WAY 30	, 20 16
			ndar year, or tax year beginning JUNE 1 , 2015, and ending		yer identification number
$\overline{}$		''	C Name of organization WOMAN'S CLUB OF ST MATTHEWS, INC.	D Emplo	61-0435659
	Address	change	Doing business as		<u> </u>
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E lelepho	one number
	Initial ref	turn	P.O. BOX 7406		
	Final retu	ım/terminated	City or town, state or province, country, and ZIP or foreign postal code		
	Amende		LOUISVILLE, KY 40257		receipts \$
	Applicat	tion pending	F Name and address of principal officer	H(a) Is this a group return fo	r subordinates? 🔲 Yes 🔲 No
				H(b) Are all subordinate	es included? 🔲 Yes 🔲 No
<u> </u>	Tax-exe	mpt status	☐ 501(c)(3)	If "No," attach	a list. (see instructions)
J	Website	e: >		H(c) Group exemption	n number 🟲
K	Form of	organization [✓ Corporation Trust Association Other ► L Year of formation:	M State	e of legal domicile KY
Р	art !	Summa	ary		
	1	Briefly de	scribe the organization's mission or most significant activities: TO PROMO	OTE CHARITABLE	E, EDUCATIONAL,
æ		CULTURA	AL, AND SOCIAL WORK A ONG WOMAN ALONG PRACTICAL LINES AND TO F	OSTER COMMUN	ITY INVOLVEMENT
ā	1				
E	2	Check thi	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of m	nore than 25% of	fits net assets.
3	3		of voting members of the governing body (Part VI, line 1a)	1 -	29
٠ ح	4		of independent voting members of the governing body (Part VI, line 1b)		29
es	5		nber of individuals employed in calendar year 2015 (Part V, line 2a)		
Ξ	6		nber of volunteers (estimate if necessary)	6	
Activities & Governance	7a		elated business revenue from Part VIII, column (C), line 12	7a	
•	b		ated business taxable income from Form 990-T, line 34	7b	
		Net unrea	ated business taxable income from 1 on 390-1, line 34	Prior Year	Current Year
		Contribut	ions and grants (Part VIII, line 1h)	1717.50	
Đ.	8		- · · · · · · · · · · · · · · · · · · ·	1717.30	1420.00
Revenue	9		service revenue (Part VIII, line 2g)	61000.00	109272.00
æ	10			1360.99	
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12		enue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64078 49	
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	31539.29	36334.51
	14		paid to or for members (Part IX, column (A), line 4)		
es	15	-	other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a		anal fundraising fees (Part IX, column (A), line 11e)		
×	b		draising expenses (Part IX, column (D), line 25)	· · · · · · · · · · · · · · · · · · ·	
	17		penses (Part IX, column (A), lines 11a-11d-11f-24e)	6405.16	
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37944.45	
	19	Revenue	less expenses. Subtract line 18 from line 12	26134.04	
Net Assets or Fund Balances			let SEP 1 9 2010 Letter	nning of Current Year	End of Year
set	20		160		
A Pa	21	Total liab	ılities (Part X, line 26)		
		Net asset	ts or fund balances. Subtract line 21 from line 20 Cm TN 115 .		<u> </u>
	art II	Signat	ture Block		
Ur tru	der pena	alties of perjui	ry, I declare that I have examined this return, including accompanying schedules and statement ete. Declaration of preparer (other than officer) is based on all information of which preparer has	ts, and to the best of any knowledge.	my knowledge and belief, it is
		T			
Siç	gn	Signs	ature of officer	Date	
He	ere		eye h, Hoffman benever	8/6/16	
		Type	or mint name and title		

Preparer's signature

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name

Firm's address ▶

Cat. No. 11282Y

Yes No Form **990** (2015)

Check X rf self-employed

Firm's EIN ▶

Phone no.

Form 9	90 (2015)				Page 2
Part		ment of Program Service	Accomplishments esponse or note to any line in this Pa	net III	
1		ribe the organization's mission		<u>art III </u>	<u></u>
	CEE DADT 1	AUIMOCO 1			
	SEE PART 1	NOMBER I			
2	•		ficant program services during the year		
	•	990 or 990-EZ? scribe these new services on	Schadula O		☐ Yes ☑ No
3	Did the org		g, or make significant changes in h	ow it conducts, any program	☐ Yes ☑ No
4		scribe these changes on Sch		three largest program conject	
4	expenses. S	Section 501(c)(3) and 501(c)(vice accomplishments for each of its 4) organizations are required to report or each program service reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	FIVE SCHO	LORSHIPS TOTALING \$24934.	51		
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	<u>, </u>
40	(Oode.) (Expenses ψ	molutaring grants or \$) (November w	,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other progr	am services (Describe ın Sch	redule O.)		
	(Expenses §	including g		\$)	
	Total progra	am service expenses >			Form 990 (2015)

Form 99				Page 🤅
Part	V Checklist of Required Schedules			r
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2		2		7
3	Did the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. 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	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	,	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		·
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		•
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		/
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	446		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		·
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u> </u>
		ليتنا		<u> </u>

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	ļ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	 	-
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u></u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	}] .	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		•
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			-
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		•
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		•
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	V	
		Forn	n 990	(2015)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	•		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	۵.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		~
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	i		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		~
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
·	required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] 0			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		ļ	
_	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	/
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	j	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		V
	Note. See the instructions for additional information the organization must report on Schedule O.			•
b	Enter the amount of reserves the organization is required to maintain by the states in which		ĺ	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		•
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.			
Section	on A. Governing Body and Management			<u> </u>			
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	, 					
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~			
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~			
6	Did the organization have members or stockholders?	6		V			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		,			
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		,			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	~				
b	Each committee with authority to act on behalf of the governing body?	8b	~				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~			
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)				
			Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	10a		~			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	~			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		~			
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		~			
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		~			
13	Did the organization have a written whistleblower policy?	13		~			
14 15	Did the organization have a written document retention and destruction policy?	14		·			
a	The organization's CEO, Executive Director, or top management official	15a	i	,			
b	Other officers or key employees of the organization	15b		-			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	.02					
	with a taxable entity during the year?	16a		•			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		~			
Section	on C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)			
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶				

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	Employees,	and
,	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title Average hours per week (list any hours for related organizations below dotted fine) (1) BEVERLY POTTS PRESIDENT LOUISVILLE, KY (A) Name and Title Average hours per week (list any hours for related organizations below dotted fine) (B) Average hours per week (list any hours for related organizations below dotted fine) (A) Average hours per week (list any hours for related organizations below dotted fine) (B) Average hours per week (list any hours for related organizations below dotted fine) (B) Average hours per week (list any hours for related organizations below dotted fine) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/	Check this box if neith	er the organization no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(do not check more than one by Average hours per week (list any) (ļ	(C)							ļ		
Average Name and Title Now Sept Name and Title Now Sept	(A)		(B)	(40.5	at ch			a than c	200	(D)	(E)	(F)
Comparison Com	Name and	i Title										Estimated
Comparison Com			hours per	office	er and			or/trust	•			
(1) BEVERLY POTTS				욕률	'ns	윷	<u>\$</u>	율률	ξ		organizations	
(1) BEVERLY POTTS				direct	를	Cer	en	Pies Pies	3	organization	(W-2/1099-MISC)	from the
(1) BEVERLY POTTS PRESIDENT 10			below dotted	oral	Sa		ğ	8 6	'	(W-2/1099-MISC)		
(1) BEVERLY POTTS PRESIDENT 10				TS.	Ē	l	99	age a	ŀ	}		
(1) BEVERLY POTTS PRESIDENT 10				8	stee			nsat				
LOUISVILLE, KY						-	-	8.	<u> </u>			
(2) JOYCE HOFFMAN TREASURER 10	(1) BEVERLY POTTS	PRESIDENT	10									
LOUISVILLE, KY	LOUISVILLE, KY		ļ			~	_			00	00	00
(3) PAT KAISER LOUISVILLE, KY (4) (5) (6) (7) (8) (9) (10) (11) (12)	* *	TREASURER	10		ļ	1						
LOUISVILLE, KY			ļ		L_	~				00	00	00
(4) (5) (6) (7) (8) (9) (10) (11) (12)		SECRETARY	10					Í .	ĺ			
(5) (6) (7) (8) (9) (10) (11) (12) (13)		·	<u> </u>		ļ	-	ļ	ļ	ļ	00	00	00
(6) (7) (8) (9) (10) (11) (12) (13)	(4)											
(7) (8) (9) (10) (11) (12) (13)	(5)									`		
(8) (9) (10) (11) (12) (13)	(6)											
(9) (10) (11) (12) (13)	(7)		}			-		ļ	-			
(9) (10) (11) (12) (13)						<u> </u>						
(10) (11) (12) (13)	(8)		}									
(11) (12) (13)	(9)											
(12)	(10)											
(13)	(11)				_		-		 			<u></u>
(13)			ļ						<u> </u>			
	(12)											
(14)	(13)											
	(14)	······································									}	· · · · · · · · · · · · · · · · · · ·

•	VII Section A. Officers, Directors, Trus		,,	,000	((C)	ng	<u> </u>		inployees (occide			
	(A)	(B)	Position (do not check more than of						(D)	(E)	_	(F)	
	Name and title	Average hours per	er officer and a director/truste						Reportable compensation	Reportable compensation from	1	nount o	-
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org ar	other pensati rom the panizatio d relate anizatio	on d
(15)							8	_					
(16)					_	L		-					·
(17)													· · · -
(18)													
(19)													
(20)													
(21)													W
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total	VII, Section	n A	•	•			>					
d	Total (add lines 1b and 1c)	<u> </u>		•	•			>	00	l			00
2	Total number of individuals (including bureportable compensation from the organ			nose	list	ted	abov	e) w 	/ho received m	ore than \$100,0	00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp		est compensate	ed 3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	porta	ble	con	npe	nsatio	on a	and other comp	ensation from t	he		
5	individual	or accrue c	 ompe	nsa	tion	fro	m any	y un	 nrelated organiz	 ation or individu	ual 4	-	•
	for services rendered to the organization	? If "Yes," (compl	lete	Sch	nedi	ıle J	for s	such person		5		~
Section 1	on B. Independent Contractors Complete this table for your five highest												
	compensation from the organization. Re year.	port compe	nsaud	on ie	or tr	ne c	alenc	aar y		n or within the o	 		
	(A) Name and business ad	dress							(B) Description of s	ervices	Compe		
								L	· · · · · · · · · · · · · · · · · · ·				
			·										
2	Total number of independent contract							o th		ove) who	<u>,</u>		-
	received more than \$100,000 of compens	sation from	the o	rgan	izat	ion	<u> </u>		NONE	<u>, .</u>	E.	m 99 ((201E)

Form **990** (2015)

Part VIII		Statement of Revenue							
		Check if Schedule O contains a respons	se or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f; \$	1420.00						
Con	g h	Total. Add lines 1a-1f	🕨	1420.00	·-···				
Program Service Revenue	2a b c d	Bu	usiness Code	_			-		
ogre	f	All other program service revenue .					L.,,,,,,,,		
<u>a</u>	3	Total. Add lines 2a–2f	s, interest,	109272 00					
	5 6a b c	Gross rents	(ii) Personal						
•	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses .	(ii) Other						
	d	Gain or (loss)	▶						
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a							
xthe	b	ļ							
0	С		nts . ▶						
	b	Less: direct expenses b							
	10a	returns and allowances a	es >						
	Ī	Less: cost of goods sold b	orv ▶						
	<u>c</u>	Net income or (loss) from sales of invento	usiness Code						
	11a b	PROGRAM LUNCHES RECYCLE		1857.80 12 10	<u> </u>				
	C	A# - M				 			
	d	All other revenue L	•	1869 90	 	 			
	12	Total revenue. See instructions.		112561 90					

	0 (2015)				Page 10
Part Section	Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must com	onlete all columns. Al	Il other organization	ns must complete col	lumn (A)
Section	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11400.00			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	24934.51			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			 	······································
11	Fees for services (non-employees): Management				
a b	Legal			· · · · · · · · · · · · · · · · · · ·	
c	Accounting	250.00			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			ļ	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				······································
13	Office expenses	1123.42	· · · · · · · · · · · · · · · · · · ·		
14	Information technology				
15 16	Royalties				·
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				······································
20	Interest		· · · · · · · · · · · · · · · · · · ·	-	,
21	Payments to affiliates				··· . · · · · · · · · · · · · · · · · ·
22 23	Depreciation, depletion, and amortization Insurance			 	······································
23 24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CLUB DUES (DIST, STATE, NATIONAL)	890.00			
b	PROGRAM LUNCHES	2514.66			
c			<u> </u>	 	
d	All other expenses			 	
е 25	All other expenses Total functional expenses. Add lines 1 through 24e			 	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)	41112 59			

P	art X	Balance Sneet			
`		Check if Schedule O contains a response or note to any line in this Par	tX	• •	
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	20124.50	1	2972 69
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			·
	U	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S		organizations (see instructions). Complete Part II of Schedule L		6	-
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a		-	Į
	ь	Less: accumulated depreciation 10b	661301.05	10c	613110.50
	11	Investments—publicly traded securities		11	
	12	Investments other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	681425.55	16	613110 50
—	17	Accounts payable and accrued expenses		17	•
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Ś	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
豆		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	·		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	1	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
မွ်	ŀ	complete lines 27 through 29, and lines 33 and 34.	·		
ä	27	Unrestricted net assets	681425.55	27	616083 19
Ba	28	Temporarily restricted net assets		28	· · · · · · · · · · · · · · · · · · ·
Þ	29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	•	30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ē	33	Total net assets or fund balances		33	
Z	34	Total liabilities and net assets/fund balances		34	
					Form 990 (2015)

_	4	•
Page	ı	4

Orni 3a	o (EO 13)				age ==
Part					
`	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			289.90
2	Total expenses (must equal Part IX, column (A), line 25)	2		41	112.59
3	Revenue less expenses. Subtract line 2 from line 1	3		_ <u>-</u>	22 69)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		681	425.55
5	Net unrealized gains (losses) on investments	5		(329	99.67)
6	Donated services and use of facilities	6			
7	Investment expenses	7		(65	20.00)
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		616	083.19
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u>. 🗆</u>
				Yes	No
1	Accounting method used to prepare the Form 990: ✓ Cash ☐ Accrual ☐ Other		_	1	'
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n	1	
	Schedule O.		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled d	or	1	
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		Ì		
b	Were the organization's financial statements audited by an independent accountant?		. <u>2b</u>	<u> </u>	~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both:			1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ	1	'
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account			<u> </u>	1
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n	1	i '
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	the Single Audit Act and OMB Circular A-133?		. 3a	<u> </u>	~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Fo	rm 99 ((2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From income Tax onder section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

		that have NOT filed Form 5768 (ele			
	_	," on Form 990, Part IV, line 5 (Pr	oxy Tax) (see separat	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
Tax) (s	ee separate instructions), ti	nen			
	ection 501(c)(4), (5), or (6) orga	ınızations: Complete Part III.			ATC - A1 -
	of organization	MO INO		Employer idei	ntification number
	AN'S CLUB OF ST MATTHE		nder section 504	(a) and in a section 507	61-0435559
Part		e organization is exempt u			organization.
1		the organization's direct and inc			
2	•)
3	Volunteer hours				
Part	Complete if the	e organization is exempt u	nder section 501(c)(3).	
1		excise tax incurred by the organ			<u> </u>
2	•	excise tax incurred by organiza			}
3	If the organization incurre	ed a section 4955 tax, did it file	Form 4720 for this y	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt u			(c)(3).
1		ly expended by the filing orga	anization for section	·	
•	activities			> \$	
2	Enter the amount of the 527 exempt function acti	filing organization's funds convities		ganizations for section ▶ \$	
3	•	expenditures. Add lines 1 and			
	line 17b			. ▶ \$	
4		file Form 1120-POL for this ye			Yes No
5		ses and employer identification			
		ents. For each organization liste			
		ontributions received that were properties fund or a political action comm			
	as a separate segregated	lund of a political action contin	Titlee (FAO). II addition	That space is fleeded, prov	lde momation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
(1)		<u></u>			
					
(2)					
(3)					
	·				
(4)					
(5)			ł		
(6)					
			1	<u> </u>	

P	age	2

P	cart II-A Complete if the organization is section 501(h)).	is exempt	under section 50	01(c)(3) and filed	d Form 5768 (ele	ection under			
A	Check ► ☐ if the filing organization below name, address, EIN, expense	ngs to an a	iffiliated group (ar are of excess lobb	nd list in Part IV e bying expenditur	each affiliated groes).	oup member's			
В	Check ▶ ☐ if the filing organization chec	ked box A	and "limited cont	trol" provisions a	pply.				
	Limits on Lobbyi (The term "expenditures" mea	ng Expendi	tures		(a) Filing organization's totals	(b) Affiliated group totals			
	1a Total lobbying expenditures to influence pu	ublic opinior	n (grass roots lobby	ring)	-				
	b Total lobbying expenditures to influence a								
	c Total lobbying expenditures (add lines 1a a	-				- · · · · · - · · · · · · · · · · ·			
	d Other exempt purpose expenditures	-							
	e Total exempt purpose expenditures (add li	nes 1c and	1d)						
	f Lobbying nontaxable amount. Enter the columns.	e amount	from the following	g table in both					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amoun	t is:					
	Not over \$500,000	20% of the a	mount on line 1e.						
	Over \$500,000 but not over \$1,000,000		s 15% of the excess						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	is 10% of the excess	over \$1,000,000.					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess o	ver \$1,500,000.	i				
	Over \$17,000,000 \$1,000,000.								
	g Grassroots nontaxable amount (enter 25%					<u> </u>			
	h Subtract line 1g from line 1a. If zero or less								
	i Subtract line 1f from line 1c. If zero or less				fl. F				
	j If there is an amount other than zero or reporting section 4911 tax for this year?					Yes No			
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
_	Lobbying E	xpenditure	s During 4-Year A	veraging Period	,				
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
	2a Lobbying nontaxable amount								
_	b Lobbying ceiling amount (150% of line 2a, column (e))								
	c Total lobbying expenditures								
	d Grassroots nontaxable amount								
	e Grassroots ceiling amount (150% of line 2d, column (e))								
	f Grassroots lobbying expenditures					<u> </u>			
	•				Schedule C (Form	n 990 or 990-EZ) 2015			

(election under section 501(h)).						
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		No	(b) Amou			
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?	<u></u>				
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?	<u> </u>				
f	Grants to other organizations for lobbying purposes?	<u> </u>				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	ļ		<u> </u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>				
i	Other activities?	<u></u>			_	
j	Total. Add lines 1c through 1i	<u> </u>				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-				
þ	If "Yes," enter the amount of any tax incurred under section 4912				_	
q c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	}				
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	1/5).	or se	ction		
	501(c)(6).	,,-,,				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	~	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		~
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," 0 answered "Yes."				line 3	3, is
1	Dues, assessments and similar amounts from members		1		14.	20 00
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a		_	e
b	Carryover from last year		2b			Ö
С	Total		2c			C
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			Ò
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the	[]			_

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Taxable amount of lobbying and political expenditures (see instructions) . . .

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Part I

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2015

OMB No 1545-0047

▶ Attach to Form 990.

Open to Public Inspection **Employer identification number**

% №

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

✓ Yes 61-0435559 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance WOMAN'S CLUB OF ST MATTHEWS, INC Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant PROGRAM SUPPORT or assistance CONTRIBUTION CONTRIBUTION CONTRIBUTION 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) OCASH VALUE OCASH VALUE OCASH VALUE OCASH VALUE (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 500.00 8400.00 2000.00 500.00 (d) Amount of cash grant (c) IRC section if applicable (P) EIN (1) ST MATTHEWS AREA MINISTRIE: (3) LOUISVILLE CHILDRENS MUSEU (4) LOUISVILLE HOME INNOCENTS 1 (a) Name and address of organization (2) ST MATTHEWS ELEMENTARY LOUISVILLE, KY **LOUISVILLE KY LOUISVILLE KY LOUISVILLE KY** Part II (S) 9 E <u>®</u> 9 5 E **1**2

Schedule I (Form 990) (2015)

Cat. No. 50055P

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Ϋ́ ٤ (e) Method of valuation (book, FMV, appraisal, other) OCASH VALUE OCASH VALUE (d) Amount of non-cash assistance 5000.00 4934.51 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 4 (a) Type of grant or assistance 1 SCHOLORSHIPS 2 SCHOLARSHIPS Part III က Ŋ 9 4

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WOMAN'S CLUB OF ST MATTHEWS, INC

Employer identification number 61-0435559

RESPONSE TO PART IV, 38 REFERS TO PART VI, 11 A ,B

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