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Department of the Treasury

29493 | 6004405 8 **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.

Open to Public

	mai Revenue		Go to www.irs.gov/Formsso for instructions and the latest			Inspection							
<u>A</u> _			ndar year, or tax year beginning JUNE 1 , 2017, and endir	ng DECE	MBER 31	, 20 17							
В	Check if a	pplicable	C Name of organization_WOMAN'S CLUB OF ST MATTHEWS, INC.		D Employe	er identification number							
П	Address c	hange	Doing business as			61-0435559							
	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street address) Room/su	urte	E Telephon	ie number							
Ц	Initial retui	m	P O BOX 7406		<u> </u>								
	Final return	um/terminated City or town, state or province, country, and ZIP or foreign postal code											
	Amended		LOUISVILLE, KY 40257		G Gross re	ceipts \$							
	Application	n pending	F Name and address of principal officer	H(a) Is this a	group return for s	subordinates? Ves No							
						included? Yes No							
<u></u>	Tax-exem	pt status	501(c)(3)	<u> </u>	No," attach a	list (see instructions)							
ī	Website:	<u> </u>		H(c) Group	exemption	number ►							
K	Form of or	ganızatıon	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	tion:	M State	of legal domicile: KY							
P	art I	Summ	ary										
	1 E	Briefly de	scribe the organization's mission or most significant activities: TO PF	ROMOTE CH	ARITABLE	, EDUCATIONAL,							
8		CULTURA	AL AND SOCIAL WORK AMONG WOMAN ALONG PRACTICAL LINES AND	TO FOSTER	COMMUNI	TY INVOLVEMENT							
Activities & Governance													
ē	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed	of more tha	n 25% of i	ts net assets.							
é	8 1	Number o	of voting members of the governing body (Part VI, line 1a) . RECIE	VED :	. 3	45							
∞			of independent voting members of the governing body (Part VI, line 1b)		4	45							
ies	5 7	otal nun	nber of individuals employed in calendar year 2017 (🖼 V, line 2a)) j	5								
Ξ	l l		nber of volunteers (estimate if necessary) \dots \mathbb{R} MAY 0.4	.2018.	6								
Ą	L		elated business revenue from Part VIII, column (C), line 12										
	1		ated business taxable income from Form 990-T, line 34 OGDEN	IIT.	7b								
_				Prior Y	ear	Current Year							
	8	Contribut	tions and grants (Part VIII, line 1h)		1665.00	700.00							
Revenue	1		service revenue (Part VIII, line 2g)										
	1	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		46000.00	***							
æ			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	4897.00	720.00							
	•		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		52562.00	1420 00							
			nd similar amounts paid (Part IX, column (A), lines 1–3)		31000.00	6000.00							
	1		paid to or for members (Part IX, column (A), line 4)										
	10- 0		other compensation, employee benefits (Part IX, column (A), lines 5–10)										
ses	16a F		onal fundraising fees (Part IX, column (A), line 11e)										
Expenses	10a r		draising expenses (Part IX, column (A), line 25) ►										
ᄶ	b 17 /		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		5378.00	4598.00							
	(11)	-	penses, Add lines 13–17 (must equal Part IX, column (A), line 25)		36378.00	10598.00							
		•	· · · · · · · · · · · · · · · · · · ·		16184.00	10378.00							
		revenue	less expenses. Subtract line 18 from line 12	Beginning of C		End of Year							
ts or	200	Fatal ====	ets (Part V line 16)	vg,,nmig vi v		End of real							
Net Assets	20		ets (Part X, line 16)										
te le	21		ilities (Part X, line 26)										
			ts or fund balances. Subtract line 21 from line 20	·- <u>-</u>									
_	art II		ture Block										
			ry, I declare that I have examined this return, including accompanying schedules and state ete_Declaration of preparer (other than officer) is based on all information of which prepare			ny knowledge and belief, it is							
		1	7		44/0-	115							
e:		_	Jence M Haffing		19/30	77							
Sig	_ 1	Sign		,	ate								
не	ere	= =	Dyce the Hoffman, Treasurer	wesm									
			or print name and title	loto.		C DTIN							
Pá	aid	Print/Ty		ate /	Check [
	eparer	12/21	mes MARRHACE Varies Muliele	1124/18	self-emp	ployed 101450014							
	se Only	1	ame ▶	Fır	m's ElN ▶								
		Firm's a	ddress ▶	Ph	one no								
Ma	y the IRS	3 discus	s this return with the preparer shown above? (see instructions)		<u></u>	Yes No							
Fo	r Paperwe	ork Redu	ction Act Notice, see the separate instructions. Cat.	No. 11282Y		Form 990 (2017)							



Form 99	0 (2017)			Page 2						
Part			Ded III							
1	Briefly describe the organization's mission		S Part III	<u> U</u>						
•	· •									
2	Did the organization undertake any signific									
	prior Form 990 or 990-EZ?									
3	If "Yes," describe these new services on S Did the organization cease conducting,		how it conducts any program							
	services?			Yes ☑ No						
	If "Yes," describe these changes on Scheo	dule O.	_	_						
4	Describe the organization's program serve expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	organizations are required to rep								
4a	(Code:) (Expenses \$	including grants of \$	6.000.00) (Revenue \$	<u> </u>						
	THREE SCHOLORSHIPS @ \$2000									
				•						
	•									
4b	(Code:) (Expenses \$	including grants of \$)						
			·····							
				**						
		·								
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
4d	Other program services (Describe in Sche	dule O.)		 						
70	(Expenses \$ including gra		ue \$)							
4e	Total program service expenses ▶									



Part I	Checklist of Required Schedules			-9-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		,
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	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		,
	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, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
	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		,
С	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		V
	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		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
	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.	14b		,
	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	15		,
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		,
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		,
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		•
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		~
		For	n 990	(2017

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	~
	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	04	/	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	
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	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$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 24b		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
Ū	to defease any tax-exempt bonds?	24c	l	~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
	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		~
b	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	056		,
••	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		-
26	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 current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	-	V
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
_	Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	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	00		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	ļ	-
31	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	 	-
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		1
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	ļ	~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	''	 	\vdash
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	<u> </u>
		For	m 99 ((2017)

Form 99	0 (2017)		1	Page \$
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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ
0-	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.			}
_	Statements, filed for the calendar year ending with or within the year covered by this return [2a] [5] [6] [6] [7] [8] [8] [8] [9] [9] [9] [9] [9	2b	ļ	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		<u> </u>	
	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		ļ	
	(FBAR).			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		10
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa	-	+
	gifts were not tax deductible?	6b		~
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>
a	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?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		~
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u></u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		V
g h	If the organization received a contribution of qualified intellectual property, did the organization file rotti 6655 as required: If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	-	~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		 	+
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8	ļ	1
9	Sponsoring organizations maintaining donor advised funds.		1	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		V
10	Section 501(c)(7) organizations. Enter:			
а	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]	ļ		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	100		1
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	 	+-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		~

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year? . . . If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

 \boldsymbol{c} . Enter the amount of reserves on hand

the organization is licensed to issue qualified health plans

14a

13b

Comm 9:	90 (2017)		,	age 🛡
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			
Secti	on A. Governing Body and Management		_	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 45	ļ		
	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.			
L				
р 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 45 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ł		
-	any other officer, director, trustee, or key employee?	2		
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? .	3		<u>~</u>
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		<u>~</u>
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _		١.
	one or more members of the governing body?	7a		_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	 _		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		_
Ū	the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			<u> </u>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	-
Ъ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		"
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		~
C	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		•
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	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			<u> </u>
	organization's exempt status with respect to such arrangements?	16b		_
	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	501/	C)(3)~	Only
10	available for public inspection. Indicate how you made these available. Check all that apply.	1 301(ပျ(၁)S	orny)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/. and
	financial statements available to the public during the tax year.	J. 	,)	,,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	: >	
	JOYCE HOFFMAN 220 MONOHAN DRIVE. LOUISVILLE KY 40207			

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COMM	990	(2017)	

		-9-
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

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.

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ated any currer	it officer, director	r, or trustee.	
					C)						
(A)	(B)			Pos				(D)	(E)	(F)	
Name and Title	Average		(do not check oox, unless pe					Reportable	Reportable	Estimated	
	hours per					or/trust			compensation from	amount of	
	week (list any		_	_				from	related	other	
	hours for related	호	Stit	Officer	ey	필을	Former	the organization	organizations (W-2/1099-MISC)	compensation from the	
	organizations	ect	tto	٩.	풀	est o	₽.	(W-2/1099-MISC)	(**-2/1033-141100)	organization	
	below dotted	약불	<u>a</u>	İ	Key employee	l [®] Š			1	and related	
	line)	Individual trustee or director	trus	ł	8	Peg.	ŀ	}		organizations	
~	1	ď	Institutional trustee			Highest compensated employee	İ				
· · · · · · · · · · · · · · · · · · ·				<u> </u>		8					
(1) MARY JO NAY PRESIDENT	10										
(1) MARY JO NAY PRESIDENT LOUISVILLE, KY				,				00	00		00
(2) CAROL SKINNER SECRETARY	10							1			
LOUISVILLE, KY				~				00	00		00
(3) JOYCE HOFFMAN TREASURER	10										
LOUISVILLE, KY				L				00	00		00
(4)	<u> </u>										
				Ĺ							
(5)											
(6)					_		 -				
(6)											
(7)											
	1										
(8)				,							_
(9)											
(10)											
(44)				-		<u> </u>	-				
(11)	 										
(12)						 		 			
<u> </u>											
(13)											
	I										
(14)											
						1			1		

(A) Name and title		(B) Average hours per week (list any	Position (do not check more than box, unless person is bo officer and a director/true)					an ee)	Reportable	(E) Reportable compensation from related		(F) Estimated m amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		from organ and	ensation the nization related inzation:	n I
(15)														
(16)			:											
(17)											-			
										<u>-</u> .				
(22)								_	!	-				
								_		· · · ·				
(23)					ļ 									
(24)														
(25)		 												
1b c	Sub-total	VII, Sectio	n A					> > >	00		00			00
2	Total number of individuals (including but reportable compensation from the organic	t not limited						e) w	ho received m		0,000	of		
3	Did the organization list any former of	ficer, direc						emp			nsated		Yes	No
4	employee on line 1a? If "Yes," complete of any individual listed on line 1a, is the							n a	 and other comp	 ensation fro	 om the	3		~
	organization and related organizations individual	greater th	an \$1	150,	000	? /:	f "Ye	s, "	complete Sch			4		<u></u>
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind		5		V
Secti	on B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·		13		
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress	•						(B) Description of s	ervices	c	(C) ompens		
	Total number of independent contractor							Ļ	11-4-1					

Part VIII		Check if Schedule O contains a response or note to any line in this Part VIII											
				Transported of Flore	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
nts nts	1a	Federated campaigns	s	1a									
ira our	b	Membership dues .	[1b 700 00]			1					
S, (Am	С	Fundraising events .		1c]								
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organizations	<u>-</u>	1d									
in s	е	Government grants (cor		1e]								
흔	f	All other contributions, g			<u> </u>								
흊		and similar amounts not inc		1f]]								
g g	g	Noncash contributions inclu											
	h	Total. Add lines 1a-1	<u>f</u>		700.00								
를				Business Code									
eve	2a												
e R	b												
ξ	C							ļ					
နှ	d					·							
ram	e												
Program Service Revenue	1	All other program ser						l					
	3	Total. Add lines 2a-2 Investment income	(neludina (hudonde interest	 			4 ·					
	"	and other similar amo	. •		***								
	4	Income from investmen	•		 								
	5	Royalties		•	<u> </u>								
	"	noyames	(i) Real	(II) Personal									
	6a	Gross rents	(7)	(4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	1								
	b	Less: rental expenses		 	1			1					
	C	Rental income or (loss)			1		•						
	d	Net rental income or	(loss)										
	7a	Gross amount from sales of	(i) Securitie										
	'"	assets other than inventory		(7			:						
	Ь	Less: cost or other basis			1								
	-	and sales expenses .	}										
	С	Gain or (loss)		-	1								
	d												
		3 3 1											
Ë	8a	Gross income from fu	undraising										
Ver		events (not including \$											
Other Rever		of contributions reporte	ed on line 1c	j.									
ē		See Part IV, line 18 .		а									
듄	b	Less: direct expenses	s	b] [
•		Net income or (loss) f											
	9a	Gross income from ga											
		See Part IV, line 19 .		а]								
	b	Less: direct expenses											
	С	Net income or (loss) f	rom gaming	activities ▶									
	10a	Gross sales of in					•						
		returns and allowance	es	а									
	b	Less: cost of goods s											
	С	Net income or (loss) f		finventory >									
Ì		Miscellaneous F	levenue	Business Code									
	11a	LUNCHES			639 70								
:	b	COOK BOOKS			80.00								
	С		**				<u> </u>						
	d	All other revenue .											
	е	Total. Add lines 11a-			719.70								
	12	Total revenue See in	netructione		1/10 70		1	1					

	10 (2017) Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must com	onlete all columns Al	ll other organization	ne must complete col	ump (A)
000110	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	3500,00		general expenses	- CAPARIOS
2	Grants and other assistance to domestic individuals. See Part IV, line 22	6000.00			
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				
9 10	Other employee benefits				
11 a	Fees for services (non-employees): Management				
ь	Legal				
c	Accounting	250.00			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	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	1538.24			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1140.76			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization . [
23	Insurance				
24	Other expenses. Itemize expenses not covered 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	STATE & NATIONAL DUES	1669.19			
b					
c				 	
d				· · · · · · · · · · · · · · · · · · ·	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14098.19			
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)				

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Form 990 (2017)

Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 18915.82 1 5723.38 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 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 6 Notes and loans receivable, net 7 8 8 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 10c 11 Investments—publicly traded securities 628949.53 11 667549.09 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 647865.35 673272.47 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 00 26 00 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 Net. 647865,35 673272.47 33 33

Total liabilities and net assets/fund balances

-	4	
Page		4

					г	ige rz
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			14	19.70
2	Total expenses (must equal Part IX, column (A), line 25)	2				98 19
3	Revenue less expenses. Subtract line 2 from line 1	3			572	23.38*
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			6478	65.35
5	Net unrealized gains (losses) on investments	5			196	83.74
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
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			6732	72.47
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u></u>	<u> </u>	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	(plain	ın	- 1		
	Schedule O.		_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:		}	1		
	Separate basis Consolidated basis Both consolidated and separate basis		_			ز ا
b	Were the organization's financial statements audited by an independent accountant?	• •	· L	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
	separate basis, consolidated basis, or both:			1		1
	Separate basis Consolidated basis Both consolidated and separate basis		. 1-			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of		_			Ì
	of the audit, review, or compilation of its financial statements and selection of an independent acco			2c		-
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in			,
	Schedule O.		_ _			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth				
	the Single Audit Act and OMB Circular A-133?			3a		_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			_		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits.		3b		~
				Forn	n 990	(2017)

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

20**17**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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.

• Se	ection 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501	1(h)): Complete Part II-B. Do	not complete Part II-A
		s," on Form 990, Part IV, line 5 (Prox		, ,,	•
	see separate instructions), t			•	, , , , , , , , , , , , , , , , , , ,
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer ider	ntification number
WOM/	AN'S CLUB OF ST MATTHE	WS, INC			61-0435559
Part	I-A Complete if th	e organization is exempt und	ler section 501(c) or is a section 527	organization.
1	Provide a description o definition of "political car	f the organization's direct and in mpaign activities")	ndirect political ca	ampaign activities in Part	IV. (see instructions for
2	Political campaign activit	ty expenditures (see instructions)			}
3	Volunteer hours for politi	cal campaign activities (see instru	ctions)		
Part	I-B Complete if th	e organization is exempt und	ler section 501((c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	on 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization	n managers under	r section 4955 🕨 🖇)
3	If the organization incurre	ed a section 4955 tax, did it file Fo	orm 4720 for this y	ear?	Yes No
4a	Was a correction made?				Yes No
þ	If "Yes," describe in Part				
Part	I-C Complete if th	e organization is exempt und	er section 501	c), except section 501	(c)(3).
1		tly expended by the filing organi			
2		filing organization's funds contri			***************************************
_		ivities			
3		expenditures. Add lines 1 and 2			
•		· · · · · · · · · · · · · · · · · · ·			
4		n file Form 1120-POL for this year			. Yes No
5		ses and employer identification nu			
•	organization made paymethe amount of political co	ents. For each organization listed, ontributions received that were pro	enter the amount emptly and directly	paid from the filing organi delivered to a separate p	zation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-)	(4, 2)	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)			-		
(2)					
(3)			-		
(4)					
(5)					
(6)					

Schedule C	(Form 99	0 or 990-E	Z) 2017

Pag	e	2

Pa	art II-A	Complete if the organization section 501(h)).	n is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
Ā	Check ▶	if the filing organization belor address, EIN, expenses, and				liated group membe	er's name,
В	Check ▶	if the filing organization chec	ked box A and	"limited control" p	rovisions apply.		_
		Limits on Lob	bying Expendi	tures		(a) Filing	(b) Affiliated
		(The term "expenditures" m	eans amounts	s paid or incurred.	.)	organization's totals	group totals
•	a Total lo	obbying expenditures to influence	public opinior	(grass roots lobby	/ıng)		
	b Total lo	obbying expenditures to influence	e a legislative b	ody (direct lobbyın	g)		
	c Total lo	obbying expenditures (add lines 1	la and 1b) .				
		exempt purpose expenditures .					
	e Total e	exempt purpose expenditures (ad	d lines 1c and	1d)			
	f Lobbyi column	ing nontaxable amount. Enter	the amount t	from the following	g table in both		
	If the ar	mount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	it is:		
	Not ove	r \$500,000	20% of the a	mount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.	i l	
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess of	ver \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.	\$1,000,000.			
	g Grassr	oots nontaxable amount (enter 2	5% of line 1f)				
	h Subtra	ct line 1g from line 1a. If zero or l	ess, enter -0-				
		ct line 1f from line 1c. If zero or le					
	-	e is an amount other than zero ng section 4911 tax for this year		1h or line 1i, did			Yes No
	(Som	e organizations that made a se See the	ection 501(h) el e separate inst	tructions for lines	e to complete all 2a through 2f.)	of the five column	s below.
		Lobbyin	g Expenditure:	S During 4-Year A	veraging Period	,	
	Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2	2a Lobbyi	ing nontaxable amount					
	•	ng ceiling amount of line 2a, column (e))					
	c Total k	obbying expenditures					
	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))					
	f Grassr	oots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	5768		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	iption of the lobbying activity.	Yes	No	A	mount	t
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?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	ction		,
					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 campaign activity expenditures from the			3		~
	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," O answered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members	-	1		7	00.00
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				
a	Current year	•	2a			0
b	Carryover from last year	-	2b			0
C	Total	•	2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			0
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing				
_	and political expenditure next year?		4			0
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			0
	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grown instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A,	ines 1	and

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2017) **%** □ PROGRAM ASSISTANCE Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance √ 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 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 noncash assistance . Ϋ́ (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. CASH Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash \$3500.00 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(C)3 610735586 (p) EIN WOMAN'S CLUB OF ST MATTHEWS, INC 1 (a) Name and address of organization ST MATTHEWS MINISTRIES Name of the organization Partl Part II Ξ (10 Ø 6 ල <u>@</u> (12) € <u>(S</u> 9 8

Cat. No. 50055P

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) (f) Description of noncash 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 (e) Method of valuation (book, FMV, appraisal, other) 0 CASH VALUE (d) Amount of noncash assistance \$6000.00 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients က (a) Type of grant or assistance SCHOLORSHIPS Part IV Part III 8 က ß 9

SCHEDULE 0 (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.

20**17**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

WOMAN'S CLUB OF ST MATTHEWS, INC 61-0435559 RESPONSE TO PART IV, 38, REFERS TO PART VI,11 A, B A COPY OF THIS FILING IS ATTACHED TO THE MINUTES OF THE BOARD MEETINGAND TO THE MINUTES OF THE REGULAR MEETING OF THE MEMBERSHIP, AND IS ALWAYS AVAILABLE FOR REVIEW UP ON REQUEST. NO SUCH REQUEST HAS EVER BEEN MADE OR RECEIVED TO ANYONE'S KNOWLEDGE, THEREFORE, NO REGULAR DISTRIBUTION IS MADE TO THE MEMBERS. OFFICERS AND DIRECTORS ARE ALWAYS AVAILABLE TO ANSWER QUESTIONS BY MEMBERS, OR BY ANYONE IF MADE IN WRITING. INFORMATION FOR "ITEM 3 PART XI REVENUE LESS EXPENSES" SINCE THIS IS A REPORT FOR A SHORT YEAR REVENUE WAS TAKEN FROM THE INVESTMENT ACCOUNT IN THE PREVIOUS APRIL AND LEFT A BALANCE IN THE CASH ACCOUNT OF \$18401.87 PLUS SHORT YEAR REVENUE OF 1419.70 LESS EXPENSES 14098.19 IS \$5723.38