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SCANNED JUN

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-1150

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public

Department of the Treasury Internal Revenue Service

Inspection The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning 2012, and ending Check if applicable D Employer identification number Address change Women of Wisdom, Inc 83-0478689 Name change c/o Sweet Charity Telephone number Initial return 141A Main Street Terminated 802-877-6200 Vergennes, VT 05491 Amended return Group Exemption Application pending Number Accounting Method X Cash Accrual Other (specify) If the organization is not required to attach Schedule B (Form www.sweetcharitvvt 990, 990-EZ, or 990-PF). X 501(c)(3) 4947(a)(1) or Tax-exempt status (check only one) — □ 501(c) (◄(insert no.) if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990 EZ ► Ś 95,066. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I X Contributions, gifts, grants, and similar amounts received 1 95,066 Program service revenue including government fees and contracts 2 Membership dues and assessments. 3 3 4 Investment income 4 5 a Gross amount from sale of assets other than inventory 5 a **b** Less cost or other basis and sales expenses 5 b 5 c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 c c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d 7a Gross sales of inventory, less returns and allowances 7 a b Less cost of goods sold 7 b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 95,066. See Schedule O 10 Grants and similar amounts paid (list in Schedule O) 10 16,836. 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits. 12 35,278. Professional fees and other payments to independent contract 13 394. Occupancy, rent, utilities, and maintenance 14 14 18,805. Printing, publications, postage, and shipp 15 180. See Schedule O 16 Other expenses (describe in Schedule O) 16 12,820. 17 Total expenses. Add lines 10 through 16. 17 84,313. 18 Excess or (deficit) for the year (Subtract line 17-from line 9) 18 10,753. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 36,290. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 47,043.

Form **990-EZ** (2012)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

· Fo	m 990-EZ (2012) Women of Wisdom	-04	78689 Page 2						
Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II.									
_	Officer if the organization used cont	edule o to respond to any qu		(A) Beginning of ye	ar	(B) End of year			
22	2 Cash, savings, and investments			29,470		39,749.			
23		Coo Cabadul		7,861	. 23	7,635.			
24		1,202.							
25		30,393.							
26	(2000)			2,303		1,441.			
	Net assets or fund balances (line 27 of			36,290	. 27	47,043.			
E.	Statement of Program Service Ad Check if the organization used So	ccomplishments (see the inst	rs for Part III.)	ı X	(Reg	Expenses uired for section 501			
Wha	it is the organization's primary exempt purpose? See	e Schedule O	question in this Fart ii		(c)(3) and 501(c)(4)			
De	scribe the organization's program service a	accomplishments for each of	its three largest progra	am services, as		nizations and section (a)(1) trusts, optional			
me hei	scribe the organization's program service a asured by expenses. In a clear and concis nefited, and other relevant information for e	e manner, describe the servi	ces provided, the num	ber of persons		thers)			
28		ederi program title	· ,.		-	·			
					1				
					1				
	(Grants \$ 16,836.) If th	nis amount includes foreign g	rants, check here	·	28 a	64,620.			
29						0.7020.			
					1				
				.]				
		nis amount includes foreign g	rants, check here	•	29 a				
30) 								
	707.55 8								
21	(Grants \$) If the Other program services (describe in Sch	nis amount includes foreign g	rants, check here		30 a				
3	· · · · · · · · · · · · · · · · · · ·	iedule O) iis amount includes foreign g	ranta abadu bara	▶ □	21.				
32	Total program service expenses (add li		rants, check here	<u> </u>	31 a				
	ittiva List of Officers, Directors,	<u> </u>	lovoc luturb			64,620.			
(120	Check if the organization used So	chedule O to respond to any	noyees. List each one of the control	ven ir not compensated. /	(see th	ne instructions for Part IV			
_		(b) Average hours per	(c) Reportable compensation (Forms W-2/1099-MISC)	4511 111 1	is,	(2) 5-1			
	(a) Name and Title	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and de compensation		(e) Estimated amount of other compensation			
T. 1	zbeth Ryan			compensation					
	resident	l o	0		0.	0.			
	z Markowski			•	<u> </u>	<u> </u>			
	ce President	i o	0		0.	0.			
Jo	yce Hawes			·		<u>.</u>			
Di	rector	<u> </u>	0	.	0.	0.			
	irtha Redpath								
	rector	0	0		0.	0.			
	ry McKinnon				_				
	ceasurer	0	0	•	0.	0.			
	ity Paul	1	_		^				
	rector z Bicknell	0	0	·	0.	0.			
	rector	0	0		0.	0.			
	ynn Donnelly	ļ	<u> </u>	•	<u> </u>	<u> </u>			
	rector	i o	0		0.	0.			
	n Poskas			•		<u> </u>			
	rector	1 o	0	.	0.	0.			
Po	ppy_Cunningham								
	rector	0	0		0.	0.			
	eannie Pelsue								
	ce President	0	0		0.	0.			
	ncy_Klopfenstein	_	_	1	_				
	ecretary	0	0	-	0.	0.			
	lie Basol	_	_		^				
v	ce President	0	0		0.	0.			
BA	Α	TEEA0812L 0	3/14/13	1		Form 990-EZ (2012)			
			·· · -			1 UIIII JJU"LL (LUIL)			

Form **990-EZ** (2012)

	n 990-EZ (2012) Women of Wisdom, Inc	83-047868
Pai	the instructions for Part V) Check if the organization used Schedule O to respond to any qu	rements in See Schedulestion in this Part V
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q	
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the ame a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	ended documents if they reflect
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from busing (such as those reported on lines 2, 6a, and 7a, among others)?	iness activities
	olf 'Yes' to line 35a, has the organization filed a Form 990. T for the year? If 'No.' provide an ex-	Janation in Schodule O

33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'		162	140
	provide a detailed description of each activity in Schedule Q	33		Х
34	Too, ataon a complete and a general and a ge			
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
ı	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
•	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant			
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		l x
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
ı	b If 'Yes,' complete Schedule L, Part II and enter the total			_^
	amount involved N/A	1		
39	Section 501(c)(7) organizations Enter	1		
á	a Initiation fees and capital contributions included on line 9			
ŀ	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
l	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		x
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	700		<u> </u>
•	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			

42 a The organization's			
books are in care of ► Mary McKinnon Telephone no. ► 802-	-877-3	791	
Located at ► Thornwood Lane Vergennes VT ZIP + 4 ► 0549	91		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
If 'Yes,' enter the name of the foreign country	_		
Con the statement of the second file and the second file of the second			
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			l
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
If 'Yes,' enter the name of the foreign country◆			

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	►	43	ı		-
		٠				Yes
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed insteat	ad				
	of Form 990-EZ				44 a	I

4a Did the organization mair of Form 990-EZ	itain any donor ad	lvised funds during the	year? If 'Yes,' Form 990 m	nust be completed i	nstead
b Did the organization oper instead of Form 990-EZ	ate one or more h	ospital facilities during	the year? If 'Yes,' Form 99	90 must be complet	ted
c Did the organization red	eive any payme	nts for indoor tanning	services during the year	۱,3	
d If 'Yes' to line 44c, has	the organization	filed a Form 720 to r	eport these payments?		

45 a Did the organization have a controlled entity of the organization within the me	eaning	of	section	512	?(b)(13)?
b D.d the assessment as seems and a second form						

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► None

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Page 3

Х

N/A N<u>/A</u> No

40 e

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orm	990-EZ	(2012)	Women	οf	Wisdom,	Inc

83-0478689

Page 4

cand	ne organization engage, directly or indire idates for public office? If 'Yes,' complete	Schedule C, Part I	gn activities on behalf o	f or in opposition to	46	X
Pan VIS	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only ons must answer q	uestions 47-49b and	d 52, and complete	the tables	
	Check if the organization used Schedu	le O to respond to any	question in this Part VI			
	ne organization engage in lobbying activities	or have a section 501(h)	election in effect during	the tax year? If 'Yes,'	47 Yes	s No X
•	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48	X
	he organization make any transfers to an	•	e related organization?	•	49 a	X
50 Comp	es,' was the related organization a section elete this table for the organization's five high eyees) who each received more than \$100,0	hest compensated emplo	yees (other than officers, the organization If there	directors, trustees and ki	_49b ey	
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amo other compensa	
None						
					- ···	
				,	-	
(T. I1		100,000				
51 Comp	number of other employees paid over \$ elete this table for the organization's five high	hest compensated indepe	endent contractors who ea	ach received more than \$	100,000 of	
	pensation from the organization. If there lame and address of each independent contractor paid		(b) Type o	of service	(c) Compensa	tion
None						
		·				
		-				
			1			
d Total	number of other independent contractor	s each receiving over \$	6100.000	· · · · · · · · · · · · · · · · · · ·		
52 Did tl	number of other independent contractor he organization complete Schedule A? Natable trusts must attach a completed Sch	ote: All section 501(c)(•	-	► X Yes	
52 Did to chari	he organization complete Schedule A? N	ote: All section 501(c)(nedule A	3) organizations and 49	47(a)(1) nonexempt		No
52 Did the chari	the organization complete Schedule A? Natable trusts must attach a completed Sches of perjury, I declare that I have examined this return	ote: All section 501(c)(nedule A	3) organizations and 49	47(a)(1) nonexempt		No
52 Did to chari	table trusts must attach a completed Schedule A? Notable trusts must attach a completed Schedule Schedule A: I declare that I have examined this return and complete. Declaration of preparer (other than office Signature of officer Mary McKinnon	ote: All section 501(c)(nedule A	3) organizations and 49	47(a)(1) nonexempt be best of my knowledge and be edge	lief, it is	□ No
52 Did the charical Under penaltic true, correct, a	table trusts must attach a completed Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office Signature of officer	ote: All section 501(c)(nedule A	3) organizations and 49 dules and statements, and to the of which preparer has any knowledge.	47(a)(1) nonexempt a best of my knowledge and be edge Date Treasurer	lief, it is	No
52 Did to chari Under penaltie true, correct, a Sign Here	table trusts must attach a completed Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office Signature of officer Mary McKinnon Type or print name and title	ote: All section 501(c)(ledule A, including accompanying scherr) is based on all information of	dules and statements, and to the first which preparer has any knowl	47(a)(1) nonexempt be best of my knowledge and be edge Date Treasurer Check I f		□ No
52 Did the charical Under penaltic true, correct, a Sign Here Paid Preparer	table trusts must attach a completed Schedule A? Notable trusts must attach a completed Schedule A; of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office) Mary McKinnon Type or print name and title	ote: All section 501(c)(nedule A Including accompanying schere) is based on all information of the section of t	3) organizations and 49 dules and statements, and to the of which preparer has any knowledge of the control of	best of my knowledge and be edge Date Treasurer Check of my knowledge and be edge Treasurer	TIN 201245642	No
52 Did to chari Under penaltic true, correct, a Sign Here	table trusts must attach a complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office) Mary McKinnon	ote: All section 501(c)(ledule A including accompanying scheens) is based on all information of the section of	3) organizations and 49 dules and statements, and to the of which preparer has any knowledge of the control of	2 best of my knowledge and be edge Date Treasurer Check of free firm's EIN	TIN 201245642 030366752	□ No
52 Did to chari Under penaltie true, correct, a Sign Here Paid Preparer Use Only	table trusts must attach a completed Schedule A? Notable trusts must attach a completed Schedule A; of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office) Mary McKinnon Type or print name and title	ote: All section 501(c)(ledule A including accompanying scheer) is based on all information of the section	dules and statements, and to the of which preparer has any knowledge.	2 best of my knowledge and be edge Date Treasurer Check of free firm's EIN	TIN 201245642	□ No

SCHEDULE:A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name of	the organization Women	of Wisdom, In	ıc					Employer	ıdentıficat	ion number		
		weet Charity	-					83-04	178689)		
Part I	Reason for Publ	ic Charity Status	(All organizations	must o	comple	te this	part.)	See ii	nstruct	ions.		
The org	ganization is not a priva	te foundation because	e it is: (For lines 1 thro	ugh 11,	check c	nly one	box.)					
1	A church, convention	of churches or assoc	ciation of churches desc	cribed in	section	n 170(b)	(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	A hospital or a coope	erative hospital servic	e organization describe	ed in sec	ction 17	0(b)(1)(A	A)(iii).					
4	A medical research of	organization operated	in conjunction with a h	ospital (describe	d in sec	tion 17	0(b)(1)(A	()(iii) Er	iter the hos	pital's	
•	name, city, and state	: :										
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 [-	overnmental unit descri									
ř	ല്ല in section 170(b)(1)(/	A)(vi). ´ (Complete Par			•	ental un	it or fron	n the ger	eral publ	ic described	i	
8 ['0(b)(1)(A)(vi). (Comple									
9 [─ related to its exempt fu unrelated business taxabl (Complete Part III)	unctions — subject to ce le income (less section 51	re than 33-1/3% of its supertain exceptions, and (2) 1 tax) from businesses acqu) no mor ured by th	e than 3 ne organiz	3-1/3% o zation afte	of its sup er June 30	port from), 1975 S	and gross o gross ir ee sectio i	receipts from estment in 1 509(a)(2).	m activ icome a	ities and
10		•	xclusively to test for pu		•		٠,	• •				
11	supported organization	zed and operated exclus ns described in section on and complete line	ively for the benefit of, to 509(a)(1) or section 509(s 11e through 11h	perform (a)(2). Se	the func ee sectio	tions of, on 509(a)	or carry (3). Che	out the p ck the bo	urposes o x that de	of one or mo scribes the	re publ type of	icly
	a ∏Type∣ b	Type II c	Type III - Function	nally inte	egrated	(a │ .	Type III	– Non-fi	unctionally	ıntegra	ated
e [By checking this box other than foundation is section 509(a)(2)	, I certify that the organization and other that	anization is not controll an one or more publicly s	led directupportec	tly or in d organiz	directly ations d	by one escribed	or more in section	disquali on 509(a)	fied persor (1) or	is	
f		eived a written determir	nation from the IRS that i	s a Туре	I, Type	II or Typ	e III sup	porting o	rganızatı	on,		
g	Since August 17, 200	06, has the organization	on accepted any gift o	r contrib	oution fr	om any	of the f	ollowing	persons	?		
	<i>a</i>										Yes	No
	below, the gove	erning body of the sup	· -	togethe	r with pe	ersons d	escribe	d in (ii) i	and (III)	11 g (i)		
	(ii) A family memb	er of a person describ	oed in (i) above?							11 g (ii)		
	• •	•	described in (i) or (ii) a							11 g (iii)		
h	Provide the following	information about the	e supported organization	on(s)				,		L		
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	Is the ration in	(v) Did you the organ column (ization in	organiz colur organize	(vi) is the organization in column (i) organized in the U S ?			etary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
				 	 	 						
(C)					ļ							
(D)												
(E)												
Total												
BAA F	or Paperwork Reduction	n Act Notice, see the	Instructions for Form	990 or 9	990-EZ.			Schedule	A (Form	1 990 or 990	-EZ) 2	012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						·
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	87,317.	80,029.	80,156.	88,989.	95,066.	431,557.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	87,317.	80,029.	80,156.	88,989.	95,066.	431,557.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						431,557.
Sec	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	87,317.	80,029.	80,156.	88,989.	95,066.	431,557.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10						431,557.
12	Gross receipts from related activ	rities, etc (see inst	ructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and		's first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	▶ [
Sec	tion C. Computation of Pul	blic Support P	ercentage	<u> </u>			
	Public support percentage for 20			e 11, column (f)).		. 14	100.00%
15	Public support percentage from	2011 Schedule A,	Part II, line 14			15	100.00%
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the b blicly supported or	oox on line 13, an ganization	d the line 14 is 3	3-1/3% or more, cl	neck this box
t	33-1/3% support test — 2011. If t and stop here. The organization	the organization di qualifies as a pub	id not check a box olicly supported or	on line 13 or 16a ganization	a, and line 15 is 3	33-1/3% or more, c	heck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ınd-cırcumstances	test, check this	box and stop her	e. Explain in Part I	V how
	or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' t	ind-circumstances test. The organiza	' test, check this tion qualifies as a	box and stop her publicly support	e. Explain in Part I ed organization	V how the □
18 ——	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see inst	ructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization	nization fails
to qualify under the tests listed below, please complete Part II.)	

<u>Sec</u>	tion A. Public Support		·				
	dar year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support			,	_		
Calen	dar year (or fiscal yr beginning in) 🟲 📑	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6						. .
	d Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources durielated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in						
	Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	▶ 🗍
	tion C. Computation of Pu						
15	Public support percentage for 20	•		ne 13, column (f)).	15	<u>%</u>
16						. 16	8
	tion D. Computation of Inv				<u></u>		
	Investment income percentage f		• • •	•	umn (f))	17	%
18	Investment income percentage f	rom 2011 Schedu	ile A, Part III, line	: 17		18	8
19 a	i 33-1/3% support tests – 2012. If is not more than 33-1/3%, check	f the organization t this box and sto	did not check the p here. The organ	e box on line 14, nization qualifies	and line 15 is mor as a publicly supp	e than 33-1/3%, ar orted organization	nd line 17
b	33-1/3% support tests - 2011. If line 18 is not more than 33-1/3%	the organization, check this box	did not check a band stop here. Th	oox on line 14 or ne organization qu	line 19a, and line Jalifies as a public	16 is more than 33 By supported organ	3-1/3%, and ►
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	▶ 🗍

Schedule A	(Form 990 or	990-EZ) 2012	2 Wome	en of	Wisdom,	, Inc		83- <u>0478689</u>	Page 4
ParelV	Suppleme Part II, Iin (See instr	ental Informe 17a or uctions).	mation. (17b; and F	Comple Part III	ete this pa , line 12. ,	art to pr Also co	ovide the explanations mplete this part for an	s required by Part II, line by additional information.	10;
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service

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. Inspection Name of the organization Women of Wisdom, Inc Employer identification number 83-0478689 c/o Sweet Charity Form 990-EZ, Part III - Organization's Primary Exempt Purpose Supporting local charitable needs Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments The Corporation is organized for the charitable purposes in the area of arts, education, health, social services, women's and environmental issues in the 5 town area of Vergennes, Waltham, Panton, Addison and Ferrisburgh. Program services in 2012 consisted of net funds raised through operation of a resale shop (primarily funded with community donated goods) - the proceeds of which, after an operating cushion is funded, are used to support the areas of need noted above. Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

2012 Client WOW01	Schedule O - Supplemental Information Women of Wisdom, Inc c/o Sweet Charity					
5/08/13		02:20PM				
Form 990-EZ, Part I, Line 1 Grants and Similar Amou	I0 nts Paid In Excess of \$5,000					
Class of Activity: Donee's Name: Cash Amount Given:	Charitable Varous Small Grants for Individual Need \$	5,336.				
Form 990-EZ, Part I, Line Other Expenses	16					
Advertising and Promo Amortization Bank Charges Depreciation Dues EBAY Fees Insurance Member acknowledgmen Moving, Storing Dona Office Expenses Speaker expense Supplies Telecommunications	ts	5,913. 162. 1,104. 226. 401. 428. 400. 704. 780. 226. 154. 1,050. 1,272.				
Form 990-EZ, Part II, Line Other Assets	24					
Intangible Assets Rent Deposit	Beginning	Ending 0 1,100 1,100				
Form 990-EZ, Part II, Line Total Liabilities	26					
Payroll Taxes Sales Tax	Beginning	Ending 1,372. 69. 1,441.				