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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

9 Total revenue. Add lines 1, 2, 3.4, 5e, 6d, 7c, and 8. 9 99, 402. 10 Grants and similar amounts paid (list in schedule 0) See Schedule 0 10 25, 188. 11 Benefits paid to or for members 11 12 30, 351.			e 2013 calendar year, or tax year beginning , 2013, and ending		
Section Sect				D Employe	er identification number
Constitutions Constitution	=		Women of Wiedem Inc	83-0	478689
Terminate 141 Main Street Vergenes, VT 05491	=		Ic/o Sweet Charity	E Telephoi	ne number
Particular principle Particular Partic	=		late 141A Main Street	802-	877-6200
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Tax-exempt status (check only one) — Sign(c)(3) — Solic(b) — (insert no) — (stat) —	ı		ite: www.sweetcharitvvt.com require	d to attac	ch Schedule B (Form
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, life Form 990 instead of Form 990 EZ 9 99, 402. 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 1 99, 402. 1 Contributions, gifts, grants, and similar amounts received 1 999, 402. 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments. 4 Investment income 4 4 5	J	Tax-ex		90-EZ, or	990-PF)
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Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, grists, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Bain or (loss) from sale of assets other than inventory b Less cost or other basis and sales expenses c Bain or (loss) from sale of assets other than inventory b Less cost or other basis and sales expenses 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gross income from fundraising events (not including \$ of contributions from fundraising events (rot including \$ of contributions from fundraising events (rot including \$ of contributions from fundraising events (rot including \$ of contributions (b Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3 4 5 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5	L	Add I	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or its (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	f total	\$ 99,402.
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Form	990-EZ (2013) Women of Wisdom	, Inc		8	3-047	78689 Page 2
Par	Balance Sheets (see the institute Check if the organization used Sche	ructions for Part II)	estion in this Part II			X
	Officer II the organization used cone	date o to respond to diff qui	3311011 111 1110 1 1311 11	(A) Beginning of y	ear	(B) End of year
22	Cash, savings, and investments		Ì	39,74		55,645.
23	Land and buildings	00.1.1.1	_	7,63		7,409.
24	Other assets (describe in Schedule O)	See Schedule	9 0	1,10	0. 24	1,100.
25	Total assets		_ [48,48	4 . 25	64,154.
26	Total liabilities (describe in Schedule O)	See Schedule	: 0	1,44	1 . 26	1,752.
27	Net assets or fund balances (line 27 of	column (B) must agree with l	ine 21)	47,04	3. 27	62,402.
Pàr	t'III 🛣 Statement of Program Service Ac	complishments (see the inst	ructions for Part III)		7	Expenses
	Check if the organization used Sch		uestion in this Part	111 2	(Reg	uired for section 501 and 501(c)(4)
What	s the organization's primary exempt purpose? See	Schedule O			iii organ	nizations and section
mea	ribe the organization's program service as sured by expenses. In a clear and concise	ccomplishments for each of its manner, describe the service	ts three largest process provided, the nu	gram services, as imber of persons	4947	(a)(1) trusts, optional thers)
bene	fited, and other relevant information for e	ach program title			101 01	
28	See Schedule O				.	
					J	
	(Grants \$ 25,188.) If the	s amount includes foreign gi	ants, check here	<u> </u>	28 a	55,802.
29						
	70				aa	
	(Grants \$) If the	s amount includes foreign gi	ants, check here		29 a	
30						
	707-7-5					
21	(Grants \$) If th Other program services (describe in Sch	is amount includes foreign gi	ants, check here		30 a	
31			ranta abaali bara	⊾ Γ	ק 31 a	
22	Total program service expenses (add lin	is amount includes foreign gi	ants, check here		31 a ▶ 32	FF 002
			Janes and the same and			55,802.
Par	List of Officers, Directors, Check if the organization used Sci				– see the	instructions for Part IV)
		(b) Average hours per	(c) Reportable compensa	(d) Health beni	efits,	
	(a) Name and Title	week devoted to	(Forms W-2/1099-MIS) (If not paid, enter -0-	benefit plans, and	deferred	(e) Estimated amount of other compensation
		position	(,	compensation	on	
	beth Ryan				0	
_	esident	0		0.	0.	0.
	Markowski	0		_	0	
	ce President	0		0.	0.	0.
	ce Hawes	0		0.	0.	<u> </u>
	cector Ttha Redpath			<u> </u>	0.	0.
	rector	0		0.	0.	0.
	ry McKinnon	0			<u> </u>	ļ
	easurer	0		0.	0.	0.
	ty Paul			-	<u>_</u>	ļ
	rector	0		0.	0.	0.
	z Bicknell			- •	_ _	<u> </u>
	ector	0		0.	0.	0.
	nn Donnelly			-		<u> </u>
	ector	0		0.	0.	0.
	Poskas	-				
	ector	0		0.	0.	0.
	ppy Cunningham	-				
	ector	0		0.	0.	0.
	annie Pelsue	.				
	ce President	0		0.	0.	0.
	ncy Klopfenstein	-				
	cretary	0		0.	0.	_ 0.
	Lie Basol				•	
	ce President	0		0.	0.	0.
BAA		TEEA0812L 1	1/27/13			Form 990-EZ (2013)

Form 990-EZ (2013) Women of Wisdom, Inc 83-047	8689	F	age 3
Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Sc the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		0	X
33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they re a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	eflect 34		х
35 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
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		1	 ,
reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 36 Did the organization undergo a liquidation, dissolution, termination, or significant	35 c		X
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	1	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a b Did the organization file Form 1120-POL for this year?	0. 37 b		X
38a 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	1	X
b If 'Yes,' complete Schedule L, Part II and enter the total	. —		<u> ^</u>
} , , , , , , , , , , , , , , , , , ,	N/A		
39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9	N/A		
	N/A		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	11/11		
	o.	ł	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported		-	
on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	40 b	<u> </u>	X
managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►	0.		
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	40 e		^
42a The organization's books are in care of ► Mary McKinnon Telephone no. ► 80	2 077 1	701	
	<u>491</u>	7.57	
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 ▶	_		
			:
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		<u> </u>	
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		▶ □	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
· · · · · · · · · · · · · · · · · · ·		Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	,	Х
c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 d		X
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)			X
TEEA0812L 11/27/13	Form 99	90-EZ	(2013)

Form 9	90-EZ (2013) Women of Wisdom, In	nc		83-047	8689		age 4
	nd the organization engage, directly or indire andidates for public office? If 'Yes,' completi		ign activities on behalf o	of or in opposition to	46	Yes 登機	No X
Part '	All section 501(c)(3) organization for lines 50 and 51.	ons must answer q		d 52, and complete	the table	s	
	Check if the organization used Schedu	lle O to respond to any	question in this Part VI			Yes	No
С	id the organization engage in lobbying activities omplete Schedule C, Part II		-		47	162	Х
	the organization a school as described in s			dule E	48		X
	nd the organization make any transfers to ar	•	e related organization?		49 a		<u> </u>
50 C	'Yes,' was the related organization a section omplete this table for the organization's five hig mployees) who each received more than \$100,0	hest compensated emplo					
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other com	d amour pensatio	nt of
None		-	1,				
		-					
		-			·		
		-					
							
]					
51 (otal number of other employees paid over \$ Complete this table for the organization's five high compensation from the organization. If there	hest compensated indep	endent contractors who ea	- ach received more than \$	100,000 of		
	(a) Name and business address of each independent		(b) Type	of service	(c) Comp	ensatio	n
None							
			-		_		
			-				
		m' · · · · · · · · · · · · · · · · · · ·					
			-				
						,	
				<u> </u>			
			-				
	otal number of other independent contracto	rs each receiving over	\$100,000				
52 [Old the organization complete Schedule A? It sharitable trusts must attach a completed Sc	Note. All section 501(c)		47(a)(1) nonexempt	► X Yes	 ; [No
Under po	enalties of perjury, I declare that I have examined this return rect, and complete Declaration of preparer (other than office	n, including accompanying schools is based on all information	edules and statements, and to the	e best of my knowledge and be	lief, it is		
	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	non		5-12-14 Date	2		
Sign Here	Mary McKinnon Type or print name and title			Treasurer			
	Print/Type preparer's name	Preparer 8 signature	Dala/ Ca /		PTIN		-
Paid	Maureen McLaughlin	Marrieon McLau	gh11n 5/8//	Check I if self employed I	20124564	2	
Prepa		ownting Service	es, PC	Comin Fili	0202667	750	
Use 0	nly Firm's address ► PO Box 5			Firm's EIN	0303667	52	

Vergennes, VT 05491

May the IRS discuss this return with the preparer shown above? See instructions

Phone no

802-877-6302

► X Yes No

Form **990-EZ** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

Women of Wisdom, Inc c/o Sweet Charity Employer identification number 83-0478689

Par	ŀΤ	Reason for Publ	ic Charity Status	(All organizations	must c	omole	te this	nart)	See 11	nstruct	ions		
		nization is not a priva	ite foundation because	e it is (For lines 1 throi	unh 11	check o	nly one	box)	000 11	130 000	10113.		
	֟ ֓֞֟	·			-		-	•					
	Н	·				30000	, .	(',,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				
	Н			• • •	•	tion 17	7/hV1VA	Viii					
The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 501 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).													
7	Ш		•	in conjunction with a n	iospitai t	Jescribe	u III Sec		U(U)(I)(A	1 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iller the nos	pilai S	•
A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A chronol described in section 170(b)(1)(A)(i). (Altach Schedule E) A chospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A reganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A comparization and a reganization and a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) A community trust described in section 170(b)(1)(A)(v), (Complete Part III) An organizati													
_		170(b)(1)(A)(iv). (Co	mplete Part II)		•	•	-		unit ues	scribeu ii	i Section		
	Н												
,	X	in section 170(b)(1)(A	A)(vi). (Complete Par	t II)		-	ental uni	t or from	the ger	ieral pub	lic described		
8	Ш	A community trust de	escribed in section 17	'0(b)(1)(A)(vi). (Complet	te Part I	1)							
9		from activities related investment income a	to its exempt functions and unrelated business	 subject to certain excest taxable income (less) 	eptions, a	and (2) r	io more t	han 33-	1/3% of i	its suppo	ort from gross	;	fter
10		An organization orga	inized and operated e	xclusively to test for pu	ıblıc safe	ety See	section	1 509(a)	(4).				
11		An organization organi more publicly suppor describes the type of	ized and operated excli ted organizations des f supporting organizat	usively for the benefit of, scribed in section 509(a ion and complete lines	to perfor)(1) or s 11e thr	m the fu section 5 ough 11	nctions (509(a)(2) h	of, or car) See s	rry out th	e purpos 509(a)(3)	ses of one or). Check the	box t	hat
		a ☐ Type I b	Type II c	Type III - Function	nally inte	grated	(d 🗍 🗅	Гуре III	– Non-f	unctionally i	ntegra	ated
е		other than foundation i	, I certify that the org managers and other tha	anization is not controll an one or more publicly s	led directupportec	tly or in Lorganiz	directly ations de	by one escribed	or more in section	disqual on 509(a)	ified person)(1) or	s	,
f		If the organization rece	eived a written determii	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting c	rganızat	ion,		П
a			06 has the organizate	on accepted any dift of	r contrib	ution fr	om anv	of the fo	llowina	nersons	:7		ب
9		omoc riagast ir, Est	oo, nas the organizati	on accepted any gift of		allon in	on any		Juoning	persons	_	Vec	No
		(i) A person who obelow, the gove	directly or indirectly co	ontrols, either alone or oported organization?	togethe	with pe	ersons d	escribe	d ın (ıı)	and (III)	· · · · · · · · · · · · · · · · · · ·	103	110
		· · · · ·	- ·	· -							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 a (iii)		
h		Provide the following	information about th	e supported organization	on(s)							l l	
			(II) EIN	(described on lines 1-9 above or IRC section	organiz column (i your go	ation in) listed in overning	the organi column (zation in	organiz colur	ation in			etary
					Yes	No	Yes	No	Yes	No			
(A)													
											• • •		
B)													
(C)													
(D)	-												
E)													
					1			1					

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	80,029.	80,156.	88,989.	95,066.	99,402.	443,642.
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	80,029.	80,156.	88,989.	95,066.	99,402.	443,642.
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						443,642.
<u>Sec</u>	tion B. Total Support					———-	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	80,029.	80,156.	88,989.	95,066.	99,402.	443,642.
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						443,642.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.
13	organization, check this box and	stop here	·	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ 🗌
	tion C. Computation of Pu						
14 15	Public support percentage for 20 Public support percentage from	•		e 11, column (1)).		14	100.00%
				hay an lina 12 a	nd the line 14 is 3	L1	
102	33-1/3% support test – 2013. If and stop here. The organization				na trie line 14 is s	55-175% or more, c	X
t	33-1/3% support test — 2012. If and stop here. The organization				Sa, and line 15 is 3	33-1/3% or more, (check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	re. Explain in Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test The organiza	s' test, check this ition qualifies as	box and stop her a publicly support	r e. Explain in Part ed organization	IV how the ▶
	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	·		
RAA					Sch	adula A (Form 99)	0 or 000 E71 2012

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sect	ion A. Public Support								
	lar year (or fiscal yr beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total	
1	Gifts, grants, contributions and membership fees								
	received (Do not include								
	any 'unusual grants ')								
2	Gross receipts from admis-								
	sions, merchandise sold or services performed, or facilities						ł		
	furnished in any activity that is								
	related to the organization's								
	tax-exempt purpose						\longrightarrow		
3	Gross receipts from activities that are not an unrelated trade								
	or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and								
	either paid to or expended on its behalf								
5	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.								
, u	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						$-\!\!+\!\!\!-$		
С	Add lines 7a and 7b								
8	Public support (Subtract line								
	7c from line 6)	<u></u>			<u> </u>				—
	tion B. Total Support	4 > 0000	4 > 0010	(-) 0011	(-I) 0010	(2) 201	<u> </u>		
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total	
_	Amounts from line 6								
10 a	Gross income from interest, dividends, payments received								
	on securities loans, rents,								
	royalties and income from								
	similar sources			<u></u>			\longrightarrow	· · · · · · · · · · · · · · · · · · ·	
D	Unrelated business taxable income (less section 511								
	taxes) from businesses					ļ			
	acquired after June 30, 1975								
_	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is		ļ						
	regularly carried on								
12	Other income Do not include					I			
	gain or loss from the sale of capital assets (Explain in				İ		l		
	Part IV)								
13	Total Support. (Add ins 9,10c, 11 and 12)								
14	First five years. If the Form 990	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year as	a section 5	i01(c)(3)		
	organization, check this box and	stop here			<u> </u>				Щ.
	<u>tion C. Computation of Pu</u>				· · · · · · · · · · · · · · · · · · ·				
15	Public support percentage for 20	013 (line 8, colum	n (f) divided by li	ne 13, column (f)).		15		<u> </u>
16	Public support percentage from	2012 Schedule A	, Part III, line 15				16		%
Sec	tion D. Computation of Inv								
17	Investment income percentage f	for 2013 (line 10c	column (f) divide	ed by line 13, coli	umn (f))		17		%
18	Investment income percentage f	from 2012 Schedu	ile A, Part III, line	e 17			18		8
	33-1/3% support tests - 2013. I	f the organization	did not check the	e box on line 14,	and line 15 is mor	e than 33-1	/3%, and	line 17	
j.	is not more than 33-1/3%, check 33-1/3% support tests – 2012. If		•			-		/3% and	
	line 18 is not more than 33-1/3%	6, check this box	and stop here. Th	ne organization q	ualifies as a public	ly supporte	d organız	ation >	· 🔲
20	Private foundation. If the organi	ization did not che	eck a box on line	14, 19a, or 19b,	check this box and	d see instruc	ctions	•	<u> </u>

		990-EZ) 2013		nen of	Wisdom	, Inc		83-0478689	Page 4
Part IV	Supplem or 17b; a (See inst	ental Infor nd Part III, ructions).	mation. line 12.	Provid Also co	e the explomplete the	anations nis part fo	required by Part or any additional	II, line 10; Part II, line 17a information.	
						- -			
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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.

2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Women of Wisdom, Inc c/o Sweet Charity	83-0478689
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	e area of arts,
education, health, social services, women's and environmental	issues in the 5 town
area of Vergennes, Waltham, Panton, Addison and Ferrisburgh. Pr	rogram services in
2012 consisted of net funds raised through operation of a resa	le 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 Co	ontracts
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, dire	ctly or
indirectly, on a personal benefit contract?	No

2013 .	Schedule O - Supplemental Information	Page 2
Client WOW01	Women of Wisdom, Inc c/o Sweet Charity	83-047868
5/08/14 Form 990-EZ, Part I, Line	10	09 30A
Grants and Similar Amou	10 nts Paid In Excess of \$5,000	
Class of Activity: Donee's Name:	Charitable Hospice Volunteer Services Middlebury, VT 05753	
Relationship of Done Cash Amount Given:		8,500.
Form 990-EZ, Part I, Line Other Expenses	16	
Advertising and Prom Bank Charges Depreciation Dues	otion \$	3,662. 1,285. 226. 360.
EBAY Fees Insurance Moving, Storing Dona Office Expenses	ted Goods	29. 400. 780. 279.
Supplies Telecommunications	Total \$	894. 1,196. 9,111.
Form 990-EZ, Part II, Line Other Assets	24	-
Rent Deposit	Beginning \$ 1,100. \$ Total \$ 1,100. \$	Ending 1,100 1,100
Form 990-EZ, Part II, Line Total Liabilities	26	
		Ending
Payroll Taxes Sales Tax	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	1,752. 0. 1,752.