

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: Center for Women & Families, Inc.
Applicant Requested Amount: \$39,900
Appropriation Request Amount: \$4,000

Executive Summary of Request Center for Women & Families is requesting support for the salary & associated benefits for one full-time child engagement coordinator. The CEC will provide consistent & constant support for children & secure their physical safety while helping them to overcome feelings of fear & anxiety.

Is this program/project a fundraiser? Yes No
 Is this applicant a faith based organization? Yes No
 Does this application include funding for sub-grantee(s)? Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

... 6 District #  Primary Sponsor Signature \$500 Amount 10/31/18 Date

Primary Sponsor Disclosure
 List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

Appropriations Committee Chairman Date

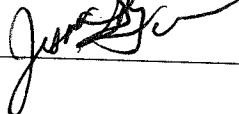

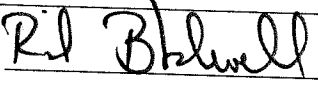
Final Appropriations Amount: _____

Applicant/Program: center for women and families inc.
child engagement coordinator

Additional Disclosure and Signatures

Additional Council Office Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Council Member Signature and Amount

District 1		\$ 500 -
District 2		\$
District 3		\$
District 4		\$
District 5		\$
District 6		\$
District 7		\$
District 8		\$
District 9		\$
District 10		\$ 1,000 -
District 11		\$
District 12		\$ 1000
District 13		\$
District 14		\$
District 15		\$

Applicant/Program: CENTER FOR WOMEN AND FAMILIES INC.
CHILD ENGAGEMENT COORDINATOR

Additional Disclosure and Signatures

Additional Council Office Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 *Grant Benson by AEW* \$ 1,000.00

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization *Center for Women & Families Inc*
Program Name and Request Amount *Child engagement coordinator*


<i>\$39,900</i>	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	... <input checked="" type="checkbox"/> X
Is the funding proposed by Council Member(s) less than or equal to the request amount?	... <input checked="" type="checkbox"/> Y
Is the proposed public purpose of the program viable and well-documented?	... <input checked="" type="checkbox"/> Y
Will all of the funding go to programs specific to Louisville/Jefferson County?	... <input checked="" type="checkbox"/> Y
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	... <input checked="" type="checkbox"/> Y
Has prior Metro Funds committed/granted been disclosed?	... <input checked="" type="checkbox"/> Y
Is the application properly signed and dated by authorized signatory?	... <input checked="" type="checkbox"/> Y
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	... <input checked="" type="checkbox"/> Y
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	... <input type="checkbox"/> NA
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	... <input checked="" type="checkbox"/> Y
Is the current Fiscal Year Budget included?	... <input checked="" type="checkbox"/> Y
Is the entity's board member list (with term length/term limits) included?	... <input checked="" type="checkbox"/> Y
Is recommended funding less than 33% of total agency operating budget?	... <input checked="" type="checkbox"/> Y
Does the application budget reflect only the revenue and expenses of the project/program?	... <input checked="" type="checkbox"/> Y
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	... <input type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	... <input checked="" type="checkbox"/> Y
Is a copy of Signed Lease (if rent costs are requested) included?	... <input type="checkbox"/> NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	... <input type="checkbox"/> NA
Are the Articles of Incorporation of the Agency included?	... <input checked="" type="checkbox"/> Y
Is the IRS Form W-9 included?	... <input checked="" type="checkbox"/> Y
Is the IRS Form 990 included?	... <input checked="" type="checkbox"/> Y
Are the evaluation forms (if program participants are given evaluation forms) included?	... <input type="checkbox"/> NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	... <input type="checkbox"/> NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	... <input checked="" type="checkbox"/> Y

Prepared by: *Shalanna B. Igbo*

Date: *10-31-18*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: The Center for Women and Families, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: PO Box 2048, Louisville Kentucky 40201			
Website: www.thecenteronline.org			
Applicant Contact:	Joseph Higdon	Title:	Director of Grants
Phone:	502-581-7212	Email:	joe.higdon@cwfempower.org
Financial Contact:	Mary Carter	Title:	Finance Manager
Phone:	502-581-7215	Email:	mary.carter@cwfempower.org
Organization's Representative who attended NDF Training: Joseph Higdon			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Louisville Kentucky		
Council District(s):	All Council Districts	Zip Code(s):	All Zip Codes
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Child Engagement Coordinator			
Total Request: (\$)	39,900	Total Metro Award (this program) in previous year: (\$)	436,637
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30 , list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	EAF (\$35,500 Crisis; \$5,000 Child	Amount: (\$)	40,500
Source:	CDBG (\$43,800 Crisis; \$35,800 FS	Amount: (\$)	79,600
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The mission of The Center for Women and Families (CWF) is to help victims of intimate partner abuse and sexual violence to become survivors through supportive services, community education and cooperative partnerships that foster hope, promote self-sufficiency and rebuild lives. Our vision is to become the preeminent local and global model in eliminating intimate partner violence and sexual assault in our lifetime.

CWF provides trauma-informed advocacy and support for individuals, families and entire communities affected by intimate partner violence and sexual assault. We mitigate the impact of trauma by building resiliency and reducing risk factors at all levels.

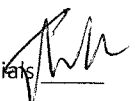
The Center for Women and Families' chief objective is to secure the safety of our clients and their children, but we recognize that different forms of victim support are also essential in promoting the healing process. The Center strives to address the issues of intimate partner abuse and sexual violence in three main ways: immediate crisis counseling and safety planning, long-term support to help survivors become self-sufficient, and community education to raise public awareness and work towards the prevention of abuse in our society.

The Sexual Assault Program provides Therapists to help clients deal with personal/emotional barriers that keep them from improving their life situations. They meet with clients on an ongoing basis to help victims set goals and work through their trauma to achieve emotional stability. SA Advocates (Adv.) help victims regain a sense of control and find resolution through peer counseling and support groups. They also provide advocacy to help SA victims define needs, explore options, and ensure their rights are respected. Hospital Adv. provide timely response to SA victims in crisis who present for medical treatment at area hospitals and offer support to reduce trauma symptoms.

The Emergency Shelter Program engages DV clients in shelter and helps them work toward an empowered, self-sufficient life. Family Advocates meet clients on a regular basis and provide a full range of services including crisis and support counseling, safety planning, referrals to community resources, assistance securing employment or housing, assistance with emergency needs, etc. Residential Advocates assist high lethality clients who present in our emergency shelter through our LAP collaboration with LMPD and our HAP (Hospital Advocacy Program) collaboration with UL Hospital. Client Support Advocates maintain shelter safety by monitoring the client entrance and providing similar services as needed to residential and nonresidential clients visiting the center. The Children's Engagement Coordinator provides direct services and assistance – case management, safety planning and psycho-educational groups – to children over the age of 5 and their non-offending parent residing in shelter.

The Domestic Violence Program serves DV clients who do not need emergency shelter. They address basic needs through services such as safety planning, case management, support groups, and accessing resources. One advocate focuses on special needs of immigrants. DV Advocates help victims file protective orders and accompany them to court. Many victims may feel intimidated by the court process, and DV Advocates explain the proceedings and keep clients engaged so they are more likely to follow through with the entire process.

There is never a charge for any of CWF's services.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION


SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Dana Lackey (Chair)	September 2019
Krisin McDonner (Treasurer)	September 2019
Leslie Coyle (Vice Chair)	September 2018
Stephanie Hawkins Smith (Secretary)	September 2020
Carole Alvarez	September 2020
Mary Bacon	September 2019
Richard Banta	September 2019
Connie Barker	September 2019
Ann Bauer	September 2020
Heather Bass	September 2018
Annie Bender	September 2020
Nancy Bottoms	September 2018
Shannon Charnas	September 2020
Christopher Colson	September 2019
Steve Conrad	September 2019
Dana Eberle-Peay	September 2020
Please see attached list for remainder of Board of Directors	See Attached

Describe the Board term limit policy:

Board members are elected for a 3 year term and are eligible for re-election for a second three year term. Once completion of 2 consecutive 3 year terms, the board member must leave office for 1 year before becoming eligible for further service.

Three Highest Paid Staff Names	Annual Salary
Elizabeth Wessels-Martin	121,200
Christie Maloney	71,121
Marguerite Thomas	70,700



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The Children's Program provides direct services and assistance to children and their non-offending parent residing in our emergency shelter who have been victimized by exposure to intimate partner violence. These children may exhibit aggression, anger, oppositional behavior, emotional numbing, low levels of empathy, insomnia, an inability to concentrate on tasks, anxiety, low self-esteem, and depression. They may also have poor peer and sibling relationships, low cognitive functioning, and limited conflict resolution and problem-solving skills. Further, this exposure creates a tolerance for and use of violence in their adult lives. With early intervention and consistent, reliable and stable adults in their lives, we give hope to children for their future as self-empowered adults who are neither victims nor perpetrators.

The purpose of our Children's program is to reduce the harmful effects of children's exposure to the violence they have witnessed/are witnessing in their homes and help foster healthy parent-child relationships. Advocates work on the front lines to mitigate the effects of exposure to violence and to stop the perpetuation of violence. Our current services include case management, safety planning and psycho-educational groups for children over five years of age, and enrichment activities to help them develop positive social interaction skills, build their self-esteem, and establish healthy relationships with caring adults. We also work with their parents to help them understand how exposure to violence can affect their children's emotional, intellectual and social development, and to help them develop positive parenting skills.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

By supporting the Children's Program, Louisville Metro will help vulnerable, at-risk children in need, and improve our quality of service delivery by supporting staff capacity to address client requests in a timely and thorough manner. Specifically, CWF is requesting support for the salary and associated benefits for one full-time Child Engagement Coordinator (CEC).

The CEC will provide consistent and constant support for children and secure their physical safety while helping them to overcome feelings of fear and anxiety. The CEC provides enrichment activities designed to provide direct interventions that minimize risk factors and nurture protective factors in children and families residing in CWF's emergency shelter. Additionally, the CEC will facilitate programming that works with parents to address risk factors including social isolation, parental stress, and negative interactions, as well as enhance programming that works with children and the family as a whole to advance healthy social-emotional interpersonal skills, school readiness, parenting skills, household rules and child monitoring, and opportunities for parental employment and access to resources.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

Not Applicable

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:
Through the work of the Children's Engagement Coordinator, we anticipate the following outcomes:

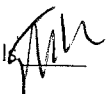
1. 90% of the children participating in the program will increase their knowledge of safety and decrease the fear and anxiety they have about their safety. In response to direct requests, children will be able to describe scenarios that call for them to follow their safety plan and will be able to describe their actions to keep themselves safe. Their appropriate responses will be noted in the Advocates' case notes and tracked in our management information system, Efforts To Outcomes (ETO).
2. 65% of the children participating in the program will establish and make progress toward their goals. An assessment will be conducted at entry, regular intervals during the program, and again upon exit of the program. The results of the initial assessment will be used to set the individualized goals that inform the case management process. Progress toward and completion of goals will be noted and tracked in ETO.
3. 85% of parents who participate in family case management will show improvement in positive interactions with children. Staff observations, as recorded in case notes and tracked in ETO, will document positive interactions between parent and child.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

CWF maintains strong collaborative relationships with community partners to coordinate and ensure seamless, unduplicated delivery of services to crime victims.

Two such community collaborations that will greatly benefit our children's program are:

1. CWF collaborates with Family and Children's Place (FCP) for the provision of Mental Health First Aid offerings for CWF staff and clients, as well as referral of clients from FCP to CWF for residential and community-based services. CWF will provide healthy relationship education to FCP's Family and School Services program and refer clients and families as appropriate to FCP for trauma-informed mental health treatment.
2. CWF collaborates with the Home of the Innocents for access to parenting classes for CWF clients, Safe Exchange custodial/parental visitation services, and Project Keepsafe services (a program allowing individuals with custody of children to seek treatment for serious mental illness or substance abuse disorders to retain custody during treatment).



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	\$39,900		\$39,900
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	\$39,900		\$39,900
% of Program Budget	100 %	%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
Total			

Applicant's Initials

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p>		

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1st

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

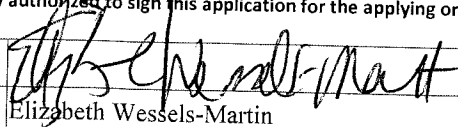
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:



Date:

8-13-18

Legal Signatory: (please print):

Elizabeth Wessels-Martin

Title:

President/CEO

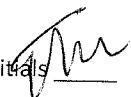
Phone:

502-581-7253

Extension:

Email:

ewesselsmartin@cwfempower.org



THE CENTER FOR WOMEN AND FAMILIES, INC.

General Information

Organization Number	0056702
Name	THE CENTER FOR WOMEN AND FAMILIES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	4/30/1912
Organization Date	4/30/1912
Last Annual Report	6/7/2018
Principal Office	P. O. BOX 2048 LOUISVILLE, KY 402012048
Registered Agent	ELIZABETH MARTIN 927 SOUTH 2ND STREET LOUISVILLE, KY 40203

Current Officers

Chairman	Dana Lackey
President	Marta Miranda-Straub
Vice Chairman	Shelly Gibson
Secretary	Stephanie Smith
Treasurer	Kristin McDonner
Director	Diane Everse
Director	Laurie Kemp
Director	Lori Moore
Director	Mary Bacon
Director	Richard Banta
Director	Connie Barker
Director	Heather Bass
Director	Nancy Bottoms
Director	Stephanie Pearce Burke
Director	Christopher Colson
Director	Steve Conrad
Director	Shelly Gibson
Director	Eric Goodman
Director	John D. Marshall
Director	Regina Nethery
Director	David L. Nicholson
Director	Diane French Nguyen
Director	Casey Ramage
Director	Shelley Santry
Director	Kristin Warfield

Director [Robert Webb](#)
Director [Jill Whitehouse](#)

Individuals / Entities listed at time of formation

Director [MRS MAXWELL ALLEN](#)
Director [MRS DON AMOS](#)
Director [MRS EVA BATEMAN](#)
Director [MRS JOHN O BLANTON](#)
Director [MRS WALTER BUTT JR](#)
Incorporator [HARRIET R GAULBERT](#)
Incorporator [PHIL A BECK](#)
Incorporator [HELOISE K BULLITT](#)
Incorporator [JULIETT N MARVIN](#)
Incorporator [E Y MULLINS](#)

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	6/7/2018	1 page	PDF	
Registered Agent name/address change	5/2/2018	1 page	tiff	PDF
Annual Report	7/17/2017	1 page	PDF	
Annual Report	7/13/2016	1 page	PDF	
Annual Report	8/12/2015	1 page	PDF	
Annual Report	6/12/2014	1 page	PDF	
Annual Report	3/22/2013	1 page	PDF	
Annual Report	1/18/2012	1 page	PDF	
Annual Report	7/25/2011	1 page	PDF	
Registered Agent name/address change	6/20/2011 11:59:52 AM	1 page	PDF	
Annual Report	8/11/2010	1 page	PDF	
Annual Report	7/14/2009	1 page	PDF	
Annual Report	3/11/2008	2 pages	tiff	PDF
Annual Report	5/1/2007	2 pages	tiff	PDF
Statement of Change	1/30/2007	1 page	tiff	PDF
Statement of Change	7/5/2006	1 page	tiff	PDF
Annual Report	6/30/2006	2 pages	tiff	PDF
Annual Report	3/22/2005	2 pages	tiff	PDF
Statement of Change	11/19/2004	1 page	tiff	PDF
Annual Report	4/2/2003	3 pages	tiff	PDF
Annual Report	4/12/2002	3 pages	tiff	PDF
Annual Report	4/17/2001	3 pages	tiff	PDF
Annual Report	5/25/2000	3 pages	tiff	PDF
Annual Report	5/25/1999	3 pages	tiff	PDF
Statement of Change	5/27/1998	1 page	tiff	PDF
Annual Report	7/1/1997	3 pages	tiff	PDF
Amendment	1/23/1997	9 pages	tiff	PDF
Annual Report	7/1/1996	3 pages	tiff	PDF

Annual Report	7/1/1995	2 pages	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Statement of Change	8/24/1993	1 page	tiff	PDF
Annual Report	7/1/1993	3 pages	tiff	PDF
Annual Report	7/1/1992	2 pages	tiff	PDF
Annual Report	7/1/1991	2 pages	tiff	PDF
Letters	6/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	3 pages	tiff	PDF
Amendment	11/22/1989	3 pages	tiff	PDF
Amendment	10/19/1989	3 pages	tiff	PDF
Annual Report	7/1/1989	3 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/7/2018 2:19:37 PM	6/7/2018 2:19:37 PM	
Registered agent address change	5/2/2018 10:34:55 AM	5/2/2018	
Annual report	7/17/2017 3:49:44 PM	7/17/2017 3:49:44 PM	
Annual report	7/13/2016 11:02:42 AM	7/13/2016 11:02:42 AM	
Annual report	8/12/2015 12:56:36 PM	8/12/2015 12:56:36 PM	
Annual report	6/12/2014 4:25:51 PM	6/12/2014 4:25:51 PM	
Annual report	3/22/2013 5:05:35 PM	3/22/2013 5:05:35 PM	
Annual report	1/18/2012 4:08:57 PM	1/18/2012 4:08:57 PM	
Annual report	7/25/2011 3:50:11 PM	7/25/2011 3:50:11 PM	
Registered agent address change	6/20/2011 11:59:52 AM	6/20/2011 11:59:52 AM	
Annual report	8/11/2010 1:43:42 PM	8/11/2010 1:43:42 PM	
Annual report	7/14/2009 3:52:09 PM	7/14/2009 3:52:09 PM	
Annual report	3/11/2008 10:00:17 AM	3/11/2008	
Annual report	5/1/2007 10:32:47 AM	5/1/2007	
Registered agent address change	1/30/2007 3:41:52 PM	1/30/2007	

Registered agent address change	7/5/2006 12:45:20 PM	7/5/2006
Annual report	6/30/2006 6:39:39 PM	6/30/2006
Registered agent address change	11/19/2004 3:29:17 PM	11/19/2004
Registered agent address change	5/27/1998	5/27/1998
Amendment - Change purpose	1/23/1997	1/23/1997
Amendment - Amended and restated articles / CLP	1/23/1997	1/23/1997
Amendment - Miscellaneous amendments	1/23/1997	1/23/1997
Amendment - Change name	11/22/1989	11/22/1989
Amendment - Miscellaneous amendments	10/19/1989	10/19/1989

Amendment previous name	6/6/1962	6/6/1962	THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF LOUISVILLE AND JEFFERSON COUNTY, KENTUCKY
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Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a [Request For Corporate Documents](#) to the Corporate Records Branch at 502-564-5687.

Annual Report	3/3/2005	2 pages
Statement of Change	11/19/2004	1 page
Annual Report	9/8/2004	2 pages
Annual Report	4/2/2003	3 pages
Annual Report	4/12/2002	3 pages
Annual Report	4/17/2001	3 pages
Annual Report	5/25/2000	3 pages
Annual Report	5/25/1999	3 pages
Annual Report	6/5/1998	3 pages
Statement of Change	5/27/1998	1 page
Annual Report	7/1/1997	3 pages
Amendment	1/23/1997	9 pages
Annual Report	7/1/1996	3 pages
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Annual Report	7/1/1993	3 pages
Annual Report	7/1/1992	2 pages
Annual Report	7/1/1991	2 pages
Annual Report	7/1/1990	3 pages
Amendment	11/22/1989	2 pages
Amendment	10/19/1989	2 pages
Annual Report	7/1/1989	3 pages
Statement of Change	5/2/1986	2 pages
Statement of Change	9/4/1984	2 pages

Statement of Change	5/22/1981	2 pages
Statement of Change	9/21/1979	2 pages
Statement of Change	10/11/1968	2 pages
Amendment	6/6/1962	6 pages
Statement of Change	10/26/1951	2 pages
Statement of Change	8/12/1941	1 page
Statement of Change	8/12/1941	2 pages
Annual Report	8/7/1941	39 pages
Articles of Incorporation	4/30/1912	5 pages

Internal Revenue Service

District
Director

The Center for Women and
Families, Inc.
927 South Second Street
Louisville, KY 40203

Department of the Treasury

P.O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Sarah Varnum

Telephone Number:

(513) 684-3957

Refer Reply to:

EP/EO

Date:

December 18, 1989

Dear Sir or Madam:

This is in response to your request for an affirmation letter showing your name change from The Young Women's Christian Association of Louisville and Jefferson County, Kentucky, to The Center for Women and Families, Inc.

Our records indicate that by a determination letter issued in December 1935, your organization was granted exemption from Federal income tax under section 101(6) of the Revenue Acts of 1934, which now corresponds to section 501(c)(3) of the Internal Revenue Code of 1986. You are classified as a publicly supported organization, and not a private foundation, because you are described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code. Donors may deduct contributions to you as provided in section 170 of the Code.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. You are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter.

If your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. Also, you should inform us of all changes in your name or address.

You must file Form 990, Return of Organization Exempt from Income Tax, if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law provides for a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay. This penalty may also be charged if a return is not complete. So, please make sure your return is complete before you file it.

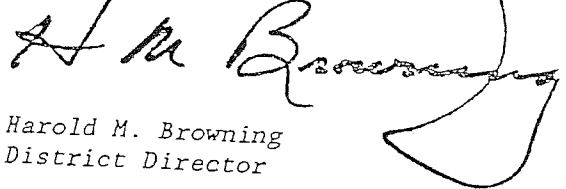
The Center for Women and Families, Inc.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Internal Revenue Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your activities are unrelated trade or business as defined in Code section 513.

Because this letter could help resolve any questions about your exempt status, you should keep it in your permanent records.

If you have any questions concerning this matter, you may contact us at the address or telephone number shown in the heading of this letter.

Sincerely yours,

A handwritten signature in cursive script that reads "H M Browning". The signature is written in dark ink and is positioned to the right of the typed name.

Harold M. Browning
District Director

The Center for Women and Families, Inc.
Total Agency

FY 18	
Revenue Projections	<u>Budget</u>
Development	1,210,350
Government Grants	2,708,315
Metro United Way	392,500
Foundation Grants	444,320
Investment Revenue	739,500
Program Revenue	292,500
Training Revenue	9,000
Rent - WLC	27,000
Miscellaneous	-
Total Projected Revenue	5,823,485
Expense Projections	
Personnel Costs	4,261,617
Profession Contract Svcs	229,995
IT Supplies/Services	121,520
Office Supplies	15,442
Program Supplies	289,201
Telephone Cost	55,844
Postage	21,600
Occupancy	205,535
Building Repair/Maint.	99,065
Depreciation	172,802
Printing Costs	125,900
Travel	43,720
Training	52,084
COSS Expense	94,350
Assistance to Individuals	197,989
Dues	17,816
Interest	97,200
Bank/Investment fees	73,765
Other	41,314
Total Projected Expenses	6,216,759
Projected Net Income/Loss	(393,274)



THE
CENTER
FOR
WOMEN
AND
FAMILIES

The Center for Women and Families, Inc.

Independent Auditors' Report

And Financial Statements

For The Years Ended

June 30, 2017 and 2016

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Independent Auditors' Report

Board of Directors
The Center for Women and Families, Inc.

We have audited the accompanying financial statements of The Center for Women and Families, Inc., (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2017 and 2016, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Center for Women and Families, Inc.'s. as of June 30, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 21, 2018 on our consideration of The Center for Women and Families, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Center for Women and Families, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering The Center for Women and Families, Inc.'s internal control over financial reporting and compliance.

Baldwin CPAs, PLLC

Louisville, Kentucky
February 21, 2018

The Center For Women And Families, Inc.
Statements of Financial Position
June 30, 2017 and 2016

	2017	2016
Assets		
Cash and cash equivalents	\$ 272,344	\$ 52,604
Restricted cash	-	14,182
Grants receivable	577,989	325,376
Promises to give, net	1,464,283	1,714,183
Inventory and prepaid expenses	47,058	39,201
Investments	13,079,945	12,769,329
Land, buildings and equipment, net	5,421,348	5,529,413
Mortgage receivable	900,000	900,000
	\$ 21,762,967	\$ 21,344,288
Liabilities and net assets		
Liabilities		
Accounts payable	\$ 149,266	\$ 47,496
Accrued expenses	259,320	418,006
Lines of credit	3,416,413	4,082,202
Deferred rent	90,667	92,000
	3,915,666	4,639,704
Net assets		
Unrestricted		
Undesignated	7,812,018	6,938,876
Invested in land, buildings and equipment	6,321,348	6,429,413
	14,133,366	13,368,289
Temporarily restricted	2,041,485	1,663,845
Permanently restricted	1,672,450	1,672,450
	17,847,301	16,704,584
Total net assets	17,847,301	16,704,584
Total liabilities and net assets	\$ 21,762,967	\$ 21,344,288

The accompanying notes are an integral part of these financial statements.

The Center For Women And Families, Inc.
Statements of Activities
For The Years Ended June 30, 2017 and 2016

	2017				2016			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue and support:								
Contributions and grants	\$ 3,736,035	\$ 333,672	\$ -	\$ 4,069,707	\$ 3,104,213	\$ 198,288	\$ -	\$ 3,302,501
United Way	-	408,648	-	408,648	25,404	468,598	-	494,002
Program and service fees	293,802	-	-	293,802	85,631	-	-	85,631
Investment income	293,426	42,554	-	335,980	236,446	74,451	-	310,897
Special events	311,243	-	-	311,243	345,569	-	-	345,569
Less direct expenses	(114,127)	-	-	(114,127)	(99,554)	-	-	(99,554)
Miscellaneous income	25,256	-	-	25,256	87,643	-	-	87,643
	<u>4,545,635</u>	<u>784,874</u>	<u>-</u>	<u>5,330,509</u>	<u>3,785,352</u>	<u>741,337</u>	<u>-</u>	<u>4,526,689</u>
Net assets released from restrictions:								
Restrictions satisfied by payments	978,630	(978,630)	-	-	903,566	(903,566)	-	-
Total revenue and support	<u>5,524,265</u>	<u>(193,756)</u>	<u>-</u>	<u>5,330,509</u>	<u>4,688,918</u>	<u>(162,229)</u>	<u>-</u>	<u>4,526,689</u>
Expenses:								
Program services	4,685,430	-	-	4,685,430	4,529,606	-	-	4,529,606
Management and general	1,126,943	-	-	1,126,943	1,295,703	-	-	1,295,703
Fund raising	353,996	-	-	353,996	434,246	-	-	434,246
Total expenses	<u>6,166,369</u>	<u>-</u>	<u>-</u>	<u>6,166,369</u>	<u>6,259,555</u>	<u>-</u>	<u>-</u>	<u>6,259,555</u>
Operating changes in net assets	<u>(642,104)</u>	<u>(193,756)</u>	<u>-</u>	<u>(835,860)</u>	<u>(1,570,637)</u>	<u>(162,229)</u>	<u>-</u>	<u>(1,732,866)</u>
Non-operating revenues and expenses:								
Capital campaign contributions	-	917,500	-	917,500	380,765	-	-	380,765
Impairment loss	-	-	-	-	(6,033,157)	-	-	(6,033,157)
Realized/unrealized gains (losses)	841,391	219,686	-	1,061,077	(97,330)	(82,683)	-	(180,013)
Restrictions satisfied by payments	565,790	(565,790)	-	-	-	-	-	-
Non-operating change in net assets	<u>1,407,181</u>	<u>571,396</u>	<u>-</u>	<u>1,978,577</u>	<u>(5,749,722)</u>	<u>(82,683)</u>	<u>-</u>	<u>(5,832,405)</u>
Total change in net assets	765,077	377,640	-	1,142,717	(7,320,359)	(244,912)	-	(7,565,271)
Net assets at beginning of year	13,368,289	1,663,845	1,672,450	16,704,584	20,688,648	1,908,757	1,672,450	24,269,855
Net assets at end of year	<u>\$14,133,366</u>	<u>\$2,041,485</u>	<u>\$1,672,450</u>	<u>\$17,847,301</u>	<u>\$13,368,289</u>	<u>\$1,663,845</u>	<u>\$1,672,450</u>	<u>\$16,704,584</u>

The accompanying notes are an integral part of these financial statements.

The Center For Women And Families, Inc.
Statement of Functional Expenses
For The Year Ended June 30, 2017

	2017 Program Expenses					2017 Supporting Services			
	Southern Indiana Program	Domestic Violence/ Shelter	Sexual Assault Services	Prevention and Education	Call Center	Program Total	Management and General	Fund Raising	Total Expenses
Salaries and wages	\$592,638	\$1,149,156	\$275,376	\$335,610	\$601,276	\$2,954,056	\$ 483,841	\$224,951	\$3,662,848
Employee benefits and payroll taxes	109,524	221,580	53,542	73,055	96,401	554,102	83,382	40,048	677,532
Total salaries and related expenses	702,162	1,370,736	328,918	408,665	697,677	3,508,158	567,223	264,999	4,340,380
Professional fees and contract services	9,517	16,934	1,606	49,254	6,645	83,956	246,687	13,632	344,275
Supplies	29,786	144,903	9,136	29,010	2,615	215,450	18,004	15,661	249,115
Telephone	14,268	26,741	6,364	8,319	14,127	69,819	12,547	6,664	89,030
Postage	1,006	2,527	399	532	2,527	6,991	7,657	3,710	18,358
Occupancy	59,985	148,888	40,488	11,893	975	262,229	9,087	5,488	276,804
Printing, publications and advertising	8,343	22,645	3,576	4,767	22,645	61,976	40,733	35,441	138,150
Travel, training and conferences	11,273	20,870	16,672	16,720	2,907	68,442	26,057	3,718	98,217
Assistance to individuals	6,148	118,233	59,160	637	3,860	188,038	-	-	188,038
Insurance	5,355	10,384	2,488	3,033	5,434	26,694	4,372	2,033	33,099
Membership dues	879	14,646	2,354	-	-	17,879	7,864	305	26,048
Interest	-	-	-	-	-	-	107,134	-	107,134
Bank and investment fees	-	-	-	-	-	-	75,642	-	75,642
Total expenses before depreciation	848,722	1,897,507	471,161	532,830	759,412	4,509,632	1,123,007	351,651	5,984,290
Depreciation	4,144	139,055	22,668	9,179	752	175,798	3,936	2,345	182,079
Total expenses	<u>\$852,866</u>	<u>\$2,036,562</u>	<u>\$493,829</u>	<u>\$542,009</u>	<u>\$760,164</u>	<u>\$4,685,430</u>	<u>\$ 1,126,943</u>	<u>\$353,996</u>	<u>\$6,166,369</u>

The accompanying notes are an integral part of these financial statements.

The Center For Women And Families, Inc.
Statement of Functional Expenses
For The Year Ended June 30 2016

	2016 Program Expenses					2016 Supporting Services		
	Economic Success Program	Shelter Services	Advocacy and Support	Prevention Services	Program Total	Management and General	Fund Raising	Total Expenses
Salaries and wages	\$ 16,365	\$ 1,061,009	\$ 1,319,873	\$ 412,905	\$ 2,810,152	\$ 506,474	\$ 223,126	\$ 3,539,752
Employee benefits and payroll taxes	2,896	184,525	207,283	68,118	462,822	82,088	35,150	580,060
Total salaries and related expenses	19,261	1,245,534	1,527,156	481,023	3,272,974	588,562	258,276	4,119,812
Professional fees and contract services	4,773	71,545	44,799	39,260	160,377	201,353	64,969	426,699
Supplies	5,168	177,034	47,320	60,619	290,141	75,840	25,077	391,058
Telephone	928	20,170	6,552	3,372	31,022	117,420	2,898	151,340
Postage	60	815	304	3,742	4,921	8,392	7,237	20,550
Occupancy	9,215	120,239	36,998	18,429	184,881	18,449	9,215	212,545
Printing, publications and advertising	1,416	14,209	5,690	17,328	38,643	39,169	34,438	112,250
Travel, training and conferences	986	18,025	22,457	14,912	56,380	9,632	7,698	73,710
Assistance to individuals	20,476	46,686	141,357	1,561	210,080	33	-	210,113
Insurance	1,465	11,720	5,860	2,930	21,975	5,860	1,464	29,299
Membership dues	325	3,135	2,600	1,190	7,250	11,509	415	19,174
Interest	-	-	-	-	-	106,962	-	106,962
Bank and investment fees	-	-	-	-	-	71,790	-	71,790
Miscellaneous	-	306	58	3,250	3,614	11,632	8,009	23,255
Total expenses before depreciation	64,073	1,729,418	1,841,151	647,616	4,282,258	1,266,603	419,696	5,968,557
Depreciation	14,550	145,499	58,199	29,100	247,348	29,100	14,550	290,998
Total expenses	<u>\$ 78,623</u>	<u>\$ 1,874,917</u>	<u>\$ 1,899,350</u>	<u>\$ 676,716</u>	<u>\$ 4,529,606</u>	<u>\$ 1,295,703</u>	<u>\$ 434,246</u>	<u>\$ 6,259,555</u>

The accompanying notes are an integral part of these financial statements.

The Center For Women And Families, Inc.
Statements of Cash Flows
For The Years Ended June 30, 2017 and 2016

	2017	2016
Cash flows from operating activities:		
Change in net assets	\$ 1,142,717	\$ (7,565,271)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	182,079	290,998
Impairment loss	-	6,033,157
Realized/unrealized (gains)/losses	(1,061,077)	180,013
Contributions restricted for long-term purposes	(917,500)	(380,765)
In-kind donations of equipment	-	(7,995)
(Increase) decrease in operating assets:		
Grants receivable	(252,613)	(13,823)
Promises to give	249,900	251,772
Inventory and prepaid expenses	(7,857)	(17,714)
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	(56,916)	63,582
Deferred rent	(1,333)	(1,333)
	(722,600)	(1,167,379)
Net cash provided (used) by operating activities		
Cash flows from investing activities:		
Purchases of investments	(269,944)	(247,661)
Sales of investments	1,020,405	952,023
Purchases of property or equipment	(74,014)	(3,011,576)
Change in board designated and restricted cash	14,182	20,033
	690,629	(2,287,181)
Net cash provided (used) by investing activities		
Cash flows from financing activities:		
Contributions restricted for long-term purposes	917,500	380,765
Payments on lines of credit	(665,789)	(132,105)
Borrowings on lines of credit	-	828,000
	251,711	1,076,660
Net cash provided (used) by financing activities		
Net increase (decrease) in cash	219,740	(2,377,900)
Cash and cash equivalents at beginning of year	52,604	2,430,504
	\$ 272,344	\$ 52,604
Cash and cash equivalents at end of year		
Supplemental disclosures:		
Interest paid	\$ 107,134	\$ 106,962
Donations of equipment or vehicles	\$ -	\$ 7,995

The accompanying notes are an integral part of these financial statements.

The Center For Women And Families, Inc.
Notes To Financial Statements
June 30, 2017 and 2016

Note 1. Summary of Significant Accounting Policies

The Center for Women and Families, Inc. (the Center) is a Kentucky not-for-profit corporation located in Louisville, Kentucky. The Center serves those in the counties of Jefferson, Bullitt, Henry, Oldham, Shelby, Spencer and Trimble in Kentucky and the counties of Clark and Floyd in Indiana. The Center provides shelter, counseling and hospital/court advocacy to victims of domestic violence; counseling and hospital/court advocacy to victims of sexual assault; and neighborhood support to strengthen family relationships, provide opportunities for personal development and encourage involvement in the community. The Center's funding is provided primarily by grants and contributions.

Basis of Accounting

The Organization prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) with regards to financial statements of Not-for-Profit Organizations. Under this guidance, the Center is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. A description of the three net assets categories follows:

Unrestricted Net Assets: include the portion of expendable funds that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets: include gifts for which donor-imposed restrictions have not been met.

Permanently Restricted Net Assets: include amounts that the donor has stipulated that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor restrictions.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Cash and Cash Equivalents

The Center considers all short-term investments with original maturities of three months or less when purchased, that are not designated for a specific purpose, to be cash equivalents.

Grants Receivable

Grants receivable consist primarily of government cost reimbursement contracts billed but not received. All are considered collectible, so no allowance for doubtful accounts is necessary.

The Center For Women And Families, Inc.
Notes To Financial Statements – Continued
June 30, 2017 And 2016

Promises to Give

Contributions are recognized when the donor makes a promise to give to the Center that is, in substance, unconditional. The Center provides for losses on promises to give using the allowance method. The allowance is based on an estimate of what might not be collected. It is the Center's policy to charge off promises when management determined the promise will not be collected. Conditional promises to give are recognized only when the conditions on which they depend are substantially met.

Inventory

Inventory consists of supplies and is stated at the lower of cost or market determined by the first-in, first-out method.

Restricted Cash

Restricted cash includes cash held for Individual Development Accounts.

Investments

The Center carries investments in marketable securities with readily determinable fair values and all investments in debt securities at their fair values in the Statements of Financial Position. Unrealized gains and losses are included in the change in net assets in the accompanying Statements of Activities.

The ASC establishes a framework for measuring fair value and expands disclosures required for fair value measurements. It also establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three levels. These levels, in order of lowest to highest priority are described as follows:

Level 1 – Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities.

Level 2 – Observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data.

Level 3 – Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities. Level 3 includes values determined using pricing models, discounted cash flow methodologies, or similar techniques reflecting the Center's own assumptions.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Center believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Center For Women And Families, Inc.
Notes To Financial Statements – Continued
June 30, 2017 And 2016

Land, Buildings, and Equipment

The Center capitalizes all expenditures for property and equipment in excess of \$2,500. Purchased property and equipment are carried at cost. Donated property and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Land, buildings, and equipment are depreciated using the straight-line method over the estimated useful lives (5-40 years) of the related assets.

Revenue

Grant funding is the primary source of revenue for the Center. Grant funds received for programs that will be expended in the subsequent accounting period are classified as temporarily restricted as of year-end.

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

In-kind Materials and Services

Contributions of tangible assets are recognized at their fair market value at date of donation. The amounts are reflected in the accompanying financial statements as unrestricted support and are offset by like amounts included in expenses. In-kind donations for the years ended June 30, 2017 and 2016 were \$93,438 and \$36,104 and mainly consisted of assistance to individuals.

The Organization recognizes the fair value of contributed services received if such services a) create or enhance nonfinancial assets, or b) require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not contributed. The Center also receives services from a large number of volunteers who give significant amounts of their time to the Center's programs and fund-raising campaigns but which do not meet the criteria for financial statement recognition.

Expense Allocation

Expenses are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Center.

The Center For Women And Families, Inc.
Notes To Financial Statements – Continued
June 30, 2017 And 2016

Income Tax Status

The Center is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. The Center qualified for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statements of activities or accrued in the statements of financial position.

Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform to the presentation in current year financial statements.

Note 2. Concentrations of Credit Risk

Cash - The Center maintains its cash balances and marketable securities in several financial institutions in Louisville, Kentucky. The cash balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. The risk is managed by maintaining all deposits in high quality financial institutions.

Promises to Give - Concentrations of credit risk with respect to promises to give are limited due to the small number and types of contributors.

Investments - Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would result in material changes in the fair value of investments and net assets of the Center. To address the risk, the Center maintains a formal investment policy that sets out investment guidelines, asset allocation guidelines and requires review of the investment manager's performance. The finance committee oversees the entire process.

Concentration of Revenue – The Center is dependent on cost reimbursement contracts with several governmental agencies to carry out its program activities. The majority of these contracts have been currently renewed through third-party payers' fiscal years ending during 2017. However, any significant future changes in the level of government funding of these programs could have a favorable or unfavorable impact on the operating results of the Center. During the years ended June 30, 2017 and 2016, 37% and 46%, respectively, of total revenue and support was derived from federal, state, and local government grants.

**The Center For Women And Families, Inc.
Notes To Financial Statements – Continued
June 30, 2017 And 2016**

Note 3. Promises To Give

Promises to give consist of the following:

	2017	2016
Metro United Way	\$ 408,648	\$ 468,598
Capital campaign	1,111,217	1,273,575
Other pledges	78,829	129,755
	\$ 1,598,694	\$ 1,871,928
Receivable in less than one year	\$ 644,274	\$ 1,384,328
Receivable in one to five years	615,420	61,600
Receivable in five years or more	339,000	426,000
	1,598,694	1,871,928
Less allowance for uncollectibles	(15,752)	(18,916)
Less discounts to net present value	(118,659)	(138,829)
	\$ 1,464,283	\$ 1,714,183

Promises to give which are receivable in future periods are reflected at the present value of the estimated future cash flows using a discount rate of 3%.

The Center For Women And Families, Inc.
Notes To Financial Statements – Continued
June 30, 2017 And 2016

Note 4. Investments/Fair Value

Investments cost, fair values and unrealized gain (loss) at June 30, 2017 and 2016 are as follows:

<u>June 30, 2017</u>	<u>Cost Basis</u>	<u>Fair Value</u>	<u>Unrealized Gain (loss)</u>
Cash equivalents	\$ 37,364	\$ 37,364	\$ -
Mutual funds - bonds	976,298	997,958	21,660
Corp. and foreign bonds	2,607,583	2,617,812	10,229
Government notes	615,964	618,561	2,597
Equities/mutual funds	6,849,791	8,830,523	1,980,732
Limited partnerships	(22,273)	(22,273)	-
	<u>\$ 11,064,727</u>	<u>\$ 13,079,945</u>	<u>\$ 2,015,218</u>
<u>June 30, 2016</u>	<u>Cost Basis</u>	<u>Fair Value</u>	<u>Unrealized Gain (loss)</u>
Cash equivalents	\$ 308,454	\$ 308,454	\$ -
Mutual funds - bonds	962,244 #	971,880	9,636
Corp. and foreign bonds	2,423,055	2,481,703	58,648
Government notes	726,782	744,570	17,788
Equities/mutual funds	7,120,410	8,268,583	1,148,173
Limited partnership	(5,861)	(5,861)	-
	<u>\$ 11,535,084</u>	<u>\$ 12,769,329</u>	<u>\$ 1,234,245</u>

Investment management fees were \$66,462 and \$63,233 for June 30, 2017 and 2016, respectively. The Center has pledged \$5,000,000 balance in a portion of its investment account as collateral on its construction loan (see Note 8).

The Center For Women And Families, Inc.
Notes To Financial Statements – Continued
June 30, 2017 And 2016

The following tables set forth by level, within the fair value hierarchy, the Center's investments at fair value:

	Level 1	Level 2	Total fair value
<u>June 30, 2017</u>			
Cash equivalents	\$ 37,364	\$ -	\$ 37,364
Mutual funds - bonds	997,958	-	997,958
Corp. and foreign bonds	-	2,617,812	2,617,812
Government notes	-	618,561	618,561
Equities	8,830,523	-	8,830,523
Limited partnerships	(22,273)	-	(22,273)
	<u>\$ 9,843,572</u>	<u>\$ 3,236,373</u>	<u>\$ 13,079,945</u>
<u>June 30, 2016</u>			
Cash equivalents	\$ 308,454	\$ -	\$ 308,454
Mutual funds - bonds	971,880	-	971,880
Corp. and foreign bonds	-	2,481,703	2,481,703
Government notes	-	744,570	744,570
Equities	8,268,583	-	8,268,583
Limited partnership	(5,861)	-	(5,861)
	<u>\$ 9,543,056</u>	<u>\$ 3,226,273</u>	<u>\$ 12,769,329</u>

**The Center For Women And Families, Inc.
Notes To Financial Statements – Continued
June 30, 2017 And 2016**

Note 5. Endowment

The Center follows the Uniform Prudent Management of Institutional Funds Act (UPMIFA). UPMIFA eliminates the requirement to maintain the historic dollar value of donor-restricted endowments and instead focuses on donor intent and spending practices that are prudent for the uses, benefits, purposes and duration for which the endowment fund is established. The Center has elected to maintain the historical dollar amount of the endowment as permanently restricted net assets.

UPMIFA also creates a time restriction on the portion of the endowment that is not permanently restricted and requires classification of that portion of the endowment to be temporarily restricted net assets until appropriated for expenditure by the organization.

Endowment net asset composition by type at June 30, 2017 and 2016 are as follows:

<u>June 30, 2017</u>	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment fund	<u>\$ -</u>	<u>\$ 671,020</u>	<u>\$ 1,672,450</u>	<u>\$ 2,343,470</u>
<u>June 30, 2016</u>	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment fund	<u>\$ -</u>	<u>\$ 522,162</u>	<u>\$ 1,672,450</u>	<u>\$ 2,194,612</u>

The Board of Directors for the Center has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Center classifies as permanently restricted net assets (a) the original value of gifts to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until appropriated for expenditure.

In accordance with UPMIFA, the Center considered the following factors: (1) the duration and preservation of the fund, (2) the purposes of the organization and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the organization, and (7) the investment policies of the organization.

The Center For Women And Families, Inc.
Notes To Financial Statements – Continued
June 30, 2017 And 2016

Changes in endowment net assets for the years ended June 30, 2017 and 2016 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<u>Endowment net assets, June 30, 2015</u>	\$ -	\$ 642,417	\$ 1,672,450	\$ 2,314,867
Transfers and withdrawals:				
Transfer due to UPMIFA	112,023	(112,023)	-	-
Withdrawal	(112,023)	-	-	(112,023)
<u>Total transfers and withdrawals</u>	<u>-</u>	<u>(112,023)</u>	<u>-</u>	<u>(112,023)</u>
Investment return:				
Investment income (net of fees)	-	74,451	-	74,451
Net appreciation (depreciation)	-	(82,683)	-	(82,683)
<u>Total investment return</u>	<u>-</u>	<u>(8,232)</u>	<u>-</u>	<u>(8,232)</u>
<u>Endowment net assets, June 30, 2016</u>	<u>-</u>	<u>522,162</u>	<u>1,672,450</u>	<u>2,194,612</u>
Transfers and withdrawals:				
Transfer due to UPMIFA	113,382	(113,382)	-	-
Withdrawal	(113,382)	-	-	(113,382)
<u>Total transfers and withdrawals</u>	<u>-</u>	<u>(113,382)</u>	<u>-</u>	<u>(113,382)</u>
Investment return:				
Investment income (net of fees)	-	42,554	-	42,554
Net appreciation (depreciation)	-	219,686	-	219,686
<u>Total investment return</u>	<u>-</u>	<u>262,240</u>	<u>-</u>	<u>262,240</u>
<u>Endowment net assets, June 30, 2017</u>	<u>\$ -</u>	<u>\$ 671,020</u>	<u>\$ 1,672,450</u>	<u>\$ 2,343,470</u>

The investment objectives of the endowment fund specify investment in a manner that is intended to produce results that exceed the price and yield results of the S&P 500 Supercomposite index while assuming a moderate rate of investment risk. The Center expects the endowment funds over time to provide an average rate of return of approximately 7.5% annually. Actual returns in any given year may vary from this amount.

To achieve its investment objective, the Center's endowment fund is allocated among several asset classes. These asset classes may include: domestic equity, domestic fixed income, international equity, international fixed income and cash and money market investments.

The Center has a policy of appropriating up to a 5% distribution each year. The 5% distribution is based upon the average net earnings rate from the previous three years. In establishing this policy, the Center expects the current spending policy to allow its endowment fund to grow at an average rate of 2.5% annually after distributions.

The Center For Women And Families, Inc.
Notes To Financial Statements – Continued
June 30, 2017 And 2016

Note 6. Land, Buildings and Equipment

Land, buildings and equipment consist of the following as of June 30:

	2017	2016
Land	\$ 951,987	\$ 951,987
Buildings and improvements	5,362,337	5,016,201
Construction in progress	-	291,813
Furniture and equipment	360,421	360,398
Vehicles	148,521	148,521
	6,823,266	6,768,920
Less accumulated depreciation	(1,401,918)	(1,239,507)
	\$ 5,421,348	\$ 5,529,413
Depreciation expense	\$ 182,079	\$ 290,998

Construction in progress consisted of improvements to the main campus.

Note 7. Impairment of Land and Building

The organization recorded an impairment charge during 2016 of \$6,033,157 relating to its main building on 2nd street in Louisville, Kentucky. The impairment charge represents the difference between the carrying value of the assets and their market value based on an appraisal performed, looking primarily at comparable sales in the Louisville, Kentucky area.

The charge had no impact on the Organization's cash flow or its ability to generate cash flow in the future. For 2016, the impairment charge is included in the statement of activities under the caption "Non-operating revenues and expenses."

Note 8. Mortgage Receivable and Related Party

Limited Partnership

The Center is the general partner (1% interest) in a limited partnership formed to build the domestic violence shelter in southern Indiana. The shelter was built on land owned by the Center and completed in May 1999. The cost of the land and building was transferred to the limited partnership during the year ended June 30, 2000, in exchange for cash and a mortgage receivable. The limited partners received tax credits for their investment that limits the use of the building to low-income housing. The Center leases and manages the facility.

**The Center For Women And Families, Inc.
Notes To Financial Statements – Continued
June 30, 2017 And 2016**

Mortgage Receivable

The mortgage receivable of \$900,000 is due from the limited partnership, with interest of 8% payable monthly. The mortgage receivable became due on December 31, 2015. The Center is currently in negotiations with the partnership to transfer the building to the Center as payment for the mortgage.

Note 9. Lines of Credit

The Center has available a \$650,000 line of credit expiring April 29, 2018. The line carried an outstanding balance of \$400,000 and \$400,415 at June 30, 2017, and 2016, respectively. Advances on the line of credit are payable on demand and carry an interest rate of prime less one half of one percent (3.75% on June 30, 2017).

In September 2014, a construction line of credit was opened, with a maximum loan amount of \$5,250,000, carrying an interest rate of 2.75%. The outstanding balance at June 30, 2017 and 2016 was \$3,016,413 and \$3,681,787, respectively. Interest-only payments will be made up to maturity, in September 2019. The Center must maintain a \$5,000,000 balance in a portion of its investment account as collateral on this loan.

Note 10. Temporarily Restricted Net Assets

Temporarily restricted net assets consist of the following as of June 30:

	2017	2016
<u>Programs:</u>		
Individual development accounts	\$ -	\$ 14,182
CHI - Jewish	46,758	48,909
Other	60,118	7,179
Total restricted for programs	106,876	70,270
<u>Subsequent years' activities:</u>		
Metro United Way	408,648	468,598
Endowment income	671,020	522,162
Capital campaign	854,941	602,815
Total restricted for subsequent years	1,934,609	1,593,575
	\$ 2,041,485	\$ 1,663,845

Note 11. Permanently Restricted Net Assets

Permanently restricted net assets are restricted endowments in which the principal is invested in perpetuity and the income is expendable to support the Center. Permanently restricted net assets were \$1,672,450 for the years ended June 30, 2017 and 2016.

**The Center For Women And Families, Inc.
Notes To Financial Statements – Continued
June 30, 2017 And 2016**

Note 12. Leases

The Center leases office space and equipment under operating leases expiring in various years through 2021. (See Note 7 for related party lease.) Several of these leases have renewal options that are renewed in the normal course of business. Future minimum lease payments under non-cancelable operating leases at June 30, 2017, are as follows:

Year Ended June 30	Amount
2018	\$ 46,704
2019	44,364
2020	32,980
2021	14,593
	\$ 138,641

Lease expense for the years ended June 30, 2017 and 2016, was \$45,714 and \$46,602, respectively.

At June 30, 2010, the Center entered into a lease agreement with a partnership in which the partnership constructed a twenty-two unit apartment building on the grounds of the Center to serve low-income residents who are victims of domestic violence. The term of the lease is seventy-five years. In consideration of leasing the property from the Center, the partnership agreed to pay the Center \$100,000 at June 30, 2010 in addition to \$1 annually. The \$100,000 was recorded as deferred rent and will be recognized ratably over the lease term. Rent income recognized for the years ended June 30, 2017 and 2016, was \$1,334.

The Center also has an agreement granting the Center a right of first refusal and option to purchase the building. Under this agreement, the maximum purchase price will not exceed \$350,000. The Center anticipates exercising this option at the expiration of the 15 year low-income tax credit period.

Note 13. Pension Plan

The Center has a defined contribution 401(k) plan covering substantially all employees. The Center matches employee contributions dollar for dollar up to a maximum of 2%. The total cost to the Center under this plan was \$40,351 and \$58,967 for the years ended June 30, 2017 and 2016, respectively.

Note 14. Recently Issued Accounting Standards Update

Accounting Standards Update 2014-09, Revenue from Contracts with Customers (Topic 606)

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The core principle of ASU 2014-09 is to recognize revenues when a customer obtains control of a good or service, in an amount that reflects the consideration to which an entity is expected to be entitled for those goods or services. The standard will replace most existing revenue recognition guidance in GAAP when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative

The Center For Women And Families, Inc.
Notes To Financial Statements – Continued
June 30, 2017 And 2016

effect transition method. In August 2015, the FASB issued ASU 2015-14, which deferred the effective date of ASU 2014-09 by one year. The updated standard will be effective for the year ending June 30, 2020. The Center has not yet selected a transition method and is currently evaluating the effect that the new standard will have on its financial statements.

Accounting Standards Update 2016-02, Leases (Topic 842)

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*, requiring all leases to be recognized on the Center's balance sheet as a right-of-use asset and a lease liability, unless the lease is a short term lease (generally a lease with a term of twelve months or less). At the commencement date of the lease, the Center will recognize: 1) a lease liability for Center's obligation to make payments under the lease agreement, measured on a discounted basis; and 2) a right-of-use asset that represents the Center's right to use, or control the use of, the specified asset for the lease term. Upon adopting the ASU, the Center will be required to recognize and measure its leases at the beginning of the earliest period presented using a modified retrospective approach.

ASU 2016-02 will be effective for the Center for the year ending June 30, 2021, with early adoption permitted. The Center is currently evaluating the effect that the new standard will have on its financial statements.

Accounting Standards Update 2016-14, Not-for-Profit Entities (Topic 958)

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, that changes how a not-for-profit organization classifies its net assets, as well as the information it presents in the financial statements and notes about its liquidity, financial performance, and cash flows. The ASU includes a reduction in the number of net asset categories from three to two, conforming requirements on releases of capital restrictions, several new requirements related to expense presentation and disclosure (including investment expenses), and new required disclosures communicating information useful in assessing liquidity. The ASU will be effective for the Center for the year ending June 30, 2019. Early adoption is permitted. The Center is currently evaluating the effect that the new standard will have on its financial statements.

Note 15. Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through February 21, 2018, which was the date at which the financial statements were available to be issued.

ImpactV – On September 1, 2017, the Center entered into an agreement with four other non-profits to form a shared services organization named ImpactV. Multiple private foundations have agreed to fund the start-up costs of the new organization. The primary goal of the entity is to cross-train and develop bench strength because most non-profits are understaffed. This will allow the agencies to focus more on their missions instead of back office processes. Although the purpose is not to cut costs, the group does hope to realize some cost savings through combined purchase power. The first function to be combined is finance departments in the fiscal year 2018. Eventually, ImpactV would like to offer services to other non-profits who cannot afford the staff needed for administrative functions. As of June 30, 2017, the Center had recorded \$60,118 of restricted grant revenue for this endeavor.

Additional Information

**The Center For Women And Families, Inc.
Schedule of Expenditures of Federal Awards
For The Year Ended June 30, 2017**

<u>Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-through Agency</u>	<u>Pass-through Agency Number</u>	<u>Federal Expenditures</u>	<u>Total Federal Expenditures by CFDA Number</u>
Department of Housing and Urban Development:					
CDBG - Entitlement Grants Cluster					
Community Development Block Grant	14.218	Louisville Metro Government		\$ 78,300	\$ 78,300
Emergency Shelter Grant	14.231	IN Housing & Community Development Authority	ES-016-044	43,826	43,826
Continuum of Care Program	14.267	Coalition for the Homeless	KY0147L41011501	4,725	
	14.267	Coalition for the Homeless	KY0147L41011400	10,469	15,194
Total Department of Housing and Urban Development					137,320
Department of Justice:					
Sexual Assault Services Formula Program	16.017	KY Assoc. of Sexual Assault Prog.	SASP III	25,405	25,405
Legal Assistance for Victims	16.524	Legal Aid Society	2014-WL-AX-0001	44,411	44,411
Crime Victims Assistance	16.575	Kentucky Justice Cabinet - VOCA	VOCA-2016-TheCent-0012	417,517	
		Kentucky Justice Cabinet - VOCA	VOCA-2015-TheCent-0021	118,753	
		Indiana Criminal Justice Institute	15VA4203	13,385	
		Indiana Criminal Justice Institute	14VA3374	63,869	613,524

See accompanying notes to schedule of expenditures of federal awards.

**The Center For Women And Families, Inc.
Schedule of Expenditures of Federal Awards - Continued
For The Year Ended June 30, 2017**

<u>Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-through Agency</u>	<u>Pass-through Agency Number</u>	<u>Federal Expenditures</u>	<u>Total Federal Expenditures by CFDA Number</u>
Department of Justice - continued:					
Violence Against Women Formula Grants	16.588	Kentucky Justice Cabinet - VAWA	VAWA-2015-TheCent-00429	10,683	
		Kentucky Justice Cabinet - VAWA	VAWA-2014-TheCent-00380	10,624	
		Indiana Criminal Justice Institute	15ST3954	<u>33,265</u>	54,572
Grants to Encourage Arrest	16.590	Louisville Metro Police - Crimes Against Persons	2011-WEAX0026	<u>2,207</u>	2,207
Transitional Housing for Victims of Domestic Violence	16.736		2015 WH-AX-0055	<u>105,495</u>	<u>105,495</u>
Total Department of Justice					<u>845,614</u>
Department of Health and Human Services:					
Injury Prevention and Control Research and State and Community Based Programs	93.136	ICADV KY Assoc. of Sexual Assault Prog.	VFIC002222 RPE	29,428 <u>26,263</u>	55,691
TANF - Cluster					
Temporary Assistance for Needy Families	93.558	KY Domestic Violence Assoc.	17-D	<u>147,382</u>	
Total TANF Cluster				<u>147,382</u>	147,382

See accompanying notes to schedule of expenditures of federal awards.

**The Center For Women And Families, Inc.
Schedule of Expenditures of Federal Awards - Continued
For The Year Ended June 30, 2017**

<u>Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-through Agency</u>	<u>Pass-through Agency Number</u>	<u>Federal Expenditures</u>	<u>Total Federal Expenditures by CFDA Number</u>
Department of Health and Human Services - continued:					
Family Violence Prevention	93.592	UL Research Foundation	ULRF 14-0169-01	48,437	48,437
Social Services Block Grant	93.667	Indiana Criminal Justice Institute	15SSBG4569	15,900	15,900
Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services	93.671	KY Domestic Violence Assoc.	17-D	121,420	162,173
		Indiana Criminal Justice Institute	15FVPSA4572	13,733	
		Indiana Criminal Justice Institute	23FFV-1339	27,020	
Preventive Health and Health Services Block Grant	93.991	KY Assoc. of Sexual Assault Prog.	PHHS	7,341	12,579
		Indiana Criminal Justice Institute	15SOS-4822	1,287	
		Indiana Criminal Justice Institute	14SOS-3589	3,951	
Total Department of Health and Human Services					442,162
TOTAL EXPENDITURES OF FEDERAL AWARDS					\$ 1,425,096

The Center For Women And Families, Inc.
Notes To Schedule of Expenditures of Federal Awards
For The Year Ended June 30, 2017

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of The Center for Women and Families, Inc. under programs of the federal government for the year ended June 30, 2017. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of The Center for Women and Families, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of The Center for Women and Families, Inc.

Note 2. Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

The Center for Women and Families, Inc. has not elected to use the 10 percent de minimis indirect cost rate as allowed under the Uniform Guidance.

The Center for Women and Families, Inc. had no sub-recipients for the year ended June 30, 2017.

**Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance
and Other Matters Based on an Audit of Financial Statements Performed in Accordance
With Government Auditing Standards**

Board of Directors
The Center for Women and Families, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of The Center for Women and Families, Inc. (a not-for-profit organization), which comprise the statement of financial position as of June 30, 2017, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 21, 2018.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered The Center for Women and Families, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of The Center for Women and Families, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of The Center for Women and Families, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether The Center for Women and Families, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Louisville, Kentucky
February 21, 2018

**Independent Auditor's Report on Compliance for Each Major Program and on Internal Control
over Compliance Required by the Uniform Guidance**

Board of Directors
The Center for Women and Families, Inc.

Report on Compliance for Each Major Federal Program

We have audited The Center for Women and Families, Inc.'s (a not-for-profit organization) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of The Center for Women and Families, Inc.'s major federal programs for the year ended June 30, 2017. The Center for Women and Families, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of The Center for Women and Families, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about The Center for Women and Families, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination on The Center for Women and Families, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, The Center for Women and Families, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2017.

Report on Internal Control over Compliance

Management of The Center for Women and Families, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered The Center for Women and Families, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of The Center for Women and Families, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Louisville, Kentucky
February 21, 2018

**The Center For Women And Families, Inc.
Schedule of Findings And Questioned Costs
For The Year Ended June 30, 2017**

Summary of auditor's results:

1. The auditors' report expresses an unmodified opinion on whether the financial statements of The Center for Women and Families, Inc. were prepared in accordance with generally accepted accounting principles.
2. No significant deficiencies relating to the audit of the financial statements are reported in the internal control report. No material weaknesses are reported.
3. No instances of noncompliance material to the financial statements of The Center for Women and Families, Inc., which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No significant deficiencies in internal control over major federal award programs were disclosed during the audit. No material weaknesses are reported.
5. The auditor's report on compliance for the major federal award programs for the Center for Women and Families, Inc. expresses an unmodified opinion on all major federal programs.
6. There are no audit findings to be reported in accordance with 2 CFR 200.516(a).
7. Programs tested as major programs included:

Department of Justice			
Crime victims Assistance	CFDA # 16.575	\$	613,524
8. The threshold used for distinguishing between Type A and Type B programs is \$750,000.
9. The Center for Women and Families, Inc. was determined to be a low-risk auditee.

Findings – financial statement audit: None

Findings and questioned costs – major federal award programs audit: None

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THE CENTER FOR WOMEN AND FAMILIES INC

STATEMENT OF FINANCIAL POSITION
AS OF MAR 31, 2018

	Current Year	Prior Year	Variance	Percent
Assets				
Cash Operating	404,177	387,222	16,954	104.38
Board Designated Cash	0	0	0	0.00
Cash Temp Restricted - IDA	0	14,157	(14,157)	0.00
Grants Receivable	390,871	325,768	65,103	119.98
Metro United Way Receivable	105,574	124,569	(18,994)	84.75
Pledges Receivable	815,211	1,027,899	(212,688)	79.31
Other Receivable	650	308	342	210.98
Prepaid Expenses	47,042	27,272	19,769	172.49
CIP	0	0	0	0.00
Long-Term Investments	13,593,941	13,583,420	10,522	100.08
Property and Equipment, Net	6,195,313	6,250,847	(55,534)	99.11
	<u>21,552,778</u>	<u>21,741,462</u>	<u>(188,683)</u>	<u>99.13</u>
Total Assets				
Liabilities and Net Assets				
PNC Line of Credit	300,000	400,415	(100,415)	74.92
Construction LOC	2,997,320	3,022,464	(25,144)	99.17
Accounts Payable	75,126	7,982	67,144	941.14
Accrued Expenses	331,733	369,783	(38,050)	89.71
Payable to Trust	290,000	290,000	0	100.00
Deferred Rent	90,667	92,000	(1,333)	98.55
	<u>4,084,846</u>	<u>4,182,645</u>	<u>(97,798)</u>	<u>97.66</u>
Total Liabilities				
Net Assets				
Unrestricted				
Undesignated	(3,273,955)	(3,007,246)	(266,709)	108.87
Board Designated	10,832,341	10,704,738	127,603	101.19
Investment In Property And Equipment	6,195,313	6,250,847	(55,534)	99.11
	<u>13,753,699</u>	<u>13,948,339</u>	<u>(194,640)</u>	<u>98.61</u>
Total Unrestricted				
Temporary Restricted	2,041,783	1,938,028	103,755	105.35
Permanently Restricted	1,672,450	1,672,450	0	100.00
	<u>3,714,233</u>	<u>3,610,478</u>	<u>103,755</u>	<u>102.87</u>
Total Restricted				
Total Liabilities and Net Assets				
	<u>21,552,778</u>	<u>21,741,462</u>	<u>(188,683)</u>	<u>99.13</u>

UNAUDITED

CENTER FOR WOMEN AND FAMILIES
INCOME STATEMENT

ACTUAL/12 MONTH BUDGET/LAST YEAR
FOR THE PERIOD ENDED MAR 31, 2018

	Annual Budget Curr Year	Month Budget Curr Year	Month Actual Curr Year	(\$) Diff Act-Bud Curr Year	YTD Budget Curr Year	YTD Actual Curr Year	(\$) Diff Act-Bud Curr Year	YTD Actual Prev Year	\$ Diff Act-Act Prev Year
OPERATING REVENUE									
Development Revenue									
Annual Fund	795,000	10,000	25,383	15,383	755,000	513,239	(241,761)	694,082	(180,843)
Special Events	354,350	28,350	16,292	(12,058)	354,350	288,372	(65,978)	284,088	4,283
In Kind Contributions	61,000	500	51,500	51,000	59,500	64,275	4,775	70,957	(6,682)
Grant Revenue									
Government Grants	2,708,315	224,612	219,426	(5,186)	2,034,508	1,999,508	(35,000)	2,032,374	(32,867)
Private Grants	444,320	37,027	31,757	(5,270)	333,243	286,193	(47,050)	184,921	101,272
Other Funding Sources									
Metro United Way	392,500	0	0	0	10,000	0	(10,000)	0	0
Investment Distributions	739,500	61,625	0	(61,625)	554,625	544,128	(10,497)	750,611	(206,483)
Program / Service Revenue	301,500	25,125	22,292	(2,833)	226,125	217,254	(8,871)	215,287	1,967
Miscellaneous Income	0	0	1,470	1,470	0	10,555	10,555	2,999	7,556
TOTAL OPER REVENUE	5,796,485	387,239	368,120	(19,119)	4,327,351	3,923,523	(403,828)	4,235,319	(311,797)
OPERATING EXPENSE									
Personnel Costs	4,261,617	355,134	377,467	22,333	3,196,206	3,186,652	(9,554)	3,272,961	(86,309)
Prof. Contractual Services	229,995	11,145	37,002	25,857	155,959	169,136	13,177	141,044	28,092
IT Supplies & Services	121,520	9,835	10,371	536	92,015	87,497	(4,518)	65,402	22,096
Office Supplies	11,992	914	1,825	911	9,238	7,664	(1,574)	6,582	1,082
Program Supplies	269,157	21,330	22,317	987	201,599	156,129	(45,470)	145,740	10,389
Telephone	55,844	4,644	5,666	1,022	41,916	51,953	10,037	67,295	(15,342)
Postage	21,350	1,425	2,286	861	15,861	13,075	(2,786)	11,835	1,240
Building Occupancy	205,535	17,195	16,061	(1,134)	154,155	137,528	(16,627)	176,321	(38,793)
Repair & Maint.	99,065	8,912	13,373	4,461	75,908	88,269	12,361	71,148	17,121

UNAUDITED

CENTER FOR WOMEN AND FAMILIES
INCOME STATEMENT
ACTUAL/12 MONTH BUDGET/LAST YEAR
FOR THE PERIOD ENDED MAR 31, 2018

	Annual Budget Curr Year	Month Budget Curr Year	Month Actual Curr Year	(\$) Diff Act-Bud Curr Year	YTD Budget Curr Year	YTD Actual Curr Year	(\$) Diff Act-Bud Curr Year	YTD Actual Prev Year	\$ Diff Act-Act Prev Year
Depreciation	172,802	14,400	14,691	291	129,600	136,471	6,871	200,339	(63,868)
Printing and Publications	126,150	9,804	4,280	(5,524)	93,836	69,127	(24,709)	97,291	(28,164)
Travel	43,720	3,645	2,236	(1,409)	32,805	18,820	(13,985)	23,439	(4,619)
Training/Conference/Meeting	52,084	4,094	2,564	(1,530)	39,846	36,136	(3,710)	35,051	1,085
COSS Expense	94,350	70,000	87,274	17,274	93,650	113,393	19,743	113,364	29
Assistance To Individuals	197,989	16,499	61,051	44,552	148,491	137,432	(11,059)	147,785	(10,353)
Membership Dues	17,816	1,433	1,057	(376)	13,583	18,119	4,536	19,949	(1,831)
Interest	97,200	8,100	7,266	(834)	72,900	71,901	(999)	81,858	(9,957)
Bank Fees	73,765	6,147	2,094	(4,053)	55,323	56,812	1,489	55,443	1,369
Insurance	31,314	2,610	3,061	451	23,490	26,164	2,674	24,842	1,322
Miscellaneous Expense	5,000	417	1,173	756	3,753	10,251	6,498	11,885	(1,634)
Donor Recognition	28,494	2,375	91	(2,284)	21,375	6,741	(14,634)	17,126	(10,385)
TOTAL OPER EXPENSE	6,216,759	570,058	673,208	103,150	4,671,509	4,599,270	(72,239)	4,786,700	(187,430)
OPER SURPLUS (DEFICIT)	(420,274)	(182,819)	(305,088)	(122,269)	(344,158)	(675,747)	(331,589)	(551,381)	(124,366)
NON-OPERATING ACTIVITY									
Surplus(Shortage) Inv Income	27,000	3,000	(128,918)	(131,918)	18,000	294,925	276,925	573,122	(278,197)
Capital Contributions	0	0	179	179	0	14,385	14,385	852,848	(838,464)
NON-OPER SURPLUS (DEFI	27,000	3,000	(128,738)	(131,738)	18,000	309,309	291,309	1,425,970	(1,116,661)
NET SURPLUS (DEFICIT)	(393,274)	(179,819)	(433,826)	(254,007)	(326,158)	(366,438)	(40,280)	874,589	(1,241,027)

EXHIBIT A
AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
THE CENTER FOR WOMEN AND FAMILIES, INC.

ARTICLE I
Name of Corporation

The name of the corporation is The Center for Women and Families, Inc. (the "Corporation").

ARTICLE II
Purposes and Powers

(1) Any provision of these Articles of Incorporation to the contrary notwithstanding, the Corporation shall not have any purpose or object, nor have or exercise any power, nor engage in any activity, which in any way contravenes, or is in conflict with, the other provisions of **ARTICLE II** of these Articles of Incorporation.

(2) The Corporation is a nonprofit corporation without capital stock or stockholders under the provisions of the Kentucky Nonprofit Corporation Acts. The objects and purposes of the Corporation, and the powers it shall have and may exercise, are as follows:

(a) As general controlling purposes, to conduct and carry on its work, not for profit, but exclusively for charitable, scientific, literary, religious or educational purposes within the meaning of section 501(c) (3) of the Internal Revenue Code of 1986, as amended (the "Code") (references herein to sections or provisions of the Code shall be deemed to include and refer to, to the extent applicable, any similar sections or provisions of any subsequent Federal tax laws), in such manner (i) that no part of its income or property shall inure to the private benefit of any donor, director or individual having a personal or private interest in the activities of the Corporation, except as reasonable compensation for services actually rendered, (ii) that it shall not directly or indirectly participate in or intervene in any political campaign on behalf of any candidate for public office and (iii) that no substantial part of its activities shall be carrying on propaganda or otherwise attempting to influence legislation.

(b) As particular purposes in furtherance of, consistent with, and subject to, the general and controlling purposes set forth in Section (2)(a) of this ARTICLE II:

(i) To organize, promote, foster, assist (whether financially or otherwise) and conduct such charitable, scientific, literary, religious or educational enterprises, activities and institutions as from time to time may be determined, selected or decided upon by the Corporation's Board of Directors consistent with the purposes stated above.

(c) In furtherance of, and at all times subject to, the aforesaid purposes, enterprises, activities and projects:

(i) To solicit and acquire by gift, exchange or otherwise, property of any and all kinds, and to sell, transfer and otherwise dispose of any property it so acquires;

(ii) To invest and reinvest any such property and the increments in, and avails or proceeds of, any such property in such investments as may be deemed advisable from time to time by the Corporation's Board of Directors, including, but not limited to, stocks, bonds, secured and unsecured obligations, undivided interests, leases, commercial paper, financial and governmental instruments, savings and other depository accounts and other securities and properties;

(iii) To give, donate and contribute to any of the activities the Corporation may elect to sponsor, or in furtherance of any of the aforesaid purposes for which the Corporation is organized, such money or property, or both, as the Corporation's Board of Directors may from time to time determine;

(iv) To take title to, and hold in its own name, such real or personal property, or both, and such interests in either such type of property as the Corporation may acquire, for the purposes herein set out, and to sell, transfer and dispose of any such property or reinvest the proceeds thereof as herein permitted:

(v) To accept gifts, bequests or devises of property of any kind which any individual, firm, corporation or other entity may make to the Corporation, upon the terms, trusts and conditions set forth in the deed of gift, will or other instrument of writing, executed by any such donor or testator, but only for the purposes and upon the terms and conditions and with the powers set forth in these Articles of Incorporation;

(vi) To borrow money and give security therefor by pledging, mortgaging or otherwise hypothecating any property it may own, or any interest it may have in such property;

(vii) To become a member of any other nonstock or nonprofit corporation organized under the laws of any state, or to become affiliated with any other organization of like character existing under the laws of any state; provided, however, that such corporation or organization is an exempt organization under section 501(c)(3) of the Code;

(viii) To the extent permitted by law, to enter into contracts with any corporate trust company for the purpose of delegating to it the power, or employing it, to make investments on behalf of the Corporation, and to do such other things permitted by these Articles of Incorporation as the parties may agree upon and without limiting the generality of the foregoing, but in furtherance thereof, to enter into trust agreements, irrevocable or otherwise, with any such corporate trustee, and therein to authorize any such corporate trustee to employ agents, attorneys, accountants and others in connection with the performance of any duty or trust arising under such agreement; and

(ix) To do any and all things which the Corporation's Board of Directors may determine, consistent with the provisions hereof, to be necessary or appropriate to effectuate the purposes for which the Corporation is organized as herein set forth, to the extent that the doing of such act or thing is not inconsistent with the provisions of Chapter 273 of Kentucky Revised Statutes, or any other applicable law or statute of the Commonwealth of Kentucky, or section 501(c)(3) of the Code.

(3) Notwithstanding any other provision of these Articles of Incorporation, if, at any time, the Corporation shall be determined to be a private foundation or private operating foundation as defined in section 509 or section 4942 of the Code, then:

(a) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by section 4942 of the Code.

(b) The Corporation shall not engage in any act of self-dealing as defined in section 4941(d) of the Code.

(c) The Corporation shall not purchase nor retain any excess business holdings as defined in section 4943(c) of the Code.

(d) The Corporation shall not make any investments in such manner as to subject it to tax under section 4944 of the Code.

(e) The Corporation shall not make any taxable expenditures as defined in section 4945(d) of the Code.

ARTICLE III

Duration

The Corporation shall have perpetual duration.

ARTICLE IV

Members

The Corporation may have members as provided in the Corporation's By-Laws, but such members shall have no voting rights on matters relative to the Corporation.

ARTICLE V

Board of Directors

(1) All corporate powers shall be exercised by or under the authority of, and the business and affairs of the Corporation managed under the direction of, its Board of Directors.

(2) The Board of Directors shall consist of such number of individuals as may be fixed in the Corporation's By-Laws; provided, however, that the Board of Directors shall not, in any event, consist of fewer than three (3) individuals.

(3) The Board of Directors shall elect the directors of the Corporation at the annual meeting of the Board of Directors, or as otherwise provided in the Corporation's By-Laws. In addition to the elected directors of the Corporation, the President of the Corporation shall serve as an additional non-voting ex-officio member of the Board of Directors of the Corporation, and, in such capacity, said President shall be entitled to receive all notices sent to elected directors, shall be entitled to attend all meetings of the Board of Directors of the Corporation and shall be entitled to fully participate in all discussions at meetings of the Board of Directors of the Corporation.

(4) The term of office of each director shall be as provided in the Corporation's By-Laws. Each director so elected shall hold office for said term and until his or her respective successor shall have been duly elected and shall have accepted office.

(5) Directors may be removed from office during their term of office as provided in the Corporation's By-Laws.

(6) The annual meetings of the Corporation's Board of Directors shall be held at such time and place as may be provided in the Corporation's By-Laws.

(7) The duties and powers of the Board of Directors, committees and officers of the Corporation shall, except as otherwise specifically provided herein or in the Corporation's By-Laws, be such as are usually incident to similar Boards of Directors, similar committees and similar officers, and in addition, shall be such as may be conferred upon said Board of Directors, upon such committees or upon such officers by law, or by amendment to these Articles of Incorporation or By-Laws, or by appropriate corporate resolution.

ARTICLE VI
Registered Office and Agent

The address of the registered office of the Corporation is 226 West Breckinridge Street, Louisville, Kentucky 40203, and the name of the registered agent at such address is Reba S. Cobb.

ARTICLE VII
Principal Office

The address of the principal office of the Corporation is 226 West Breckinridge Street, Louisville, Kentucky 40203.

ARTICLE VIII
Distribution of Assets Upon Dissolution

If at any time, the Corporation dissolves, the assets of the Corporation shall be applied and distributed as follows:

(a) All liabilities and obligations of the Corporation shall be paid and discharged, or adequate provision shall be made therefor;

(b) Assets that have been received and are held by the Corporation subject to limitations permitting their use only for charitable, scientific, literary, religious, educational or similar purposes, shall be transferred or conveyed to (i) one or more corporations, societies or organizations, organized under the laws of any state, that are exempt under section 501(c)(3) of

the Code, (ii) the Federal government or (iii) a state or local government, for a public purpose, pursuant to a plan of distribution adopted as provided by law;

(c) Other assets, if any, shall be transferred or conveyed to (i) one or more corporations, societies or organizations, organized under the laws of any state, that are exempt under section 501(c)(3) of the Code, (ii) the Federal government or (iii) a state or local government, for a public purpose, pursuant to a plan of distribution adopted as provided by law; and

(d) Any assets not disposed of pursuant to the provisions of **ARTICLE VIII** set forth hereinabove shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located to such organizations, as the court shall determine, which are organized and operated exclusively for charitable purposes and are exempt under section 501(c)(3) of the Code.

ARTICLE IX
Indemnification of Directors and Officers

(1) To the fullest extent permitted by, and in accordance with the provisions of, Kentucky Law, as the same exists or may hereafter be amended, but only to the extent not in conflict with the provisions of **ARTICLE II** of these Articles of Incorporation, the Corporation shall indemnify each director and officer of the Corporation against expenses (including, but not limited to, attorney's fees), judgments, taxes, penalties, fines (including, but not limited to, any excise tax assessed with respect to any employee benefit plan) and amounts paid in settlement (collectively, a "**Liability**"), incurred by such director or officer in connection with defending any threatened, pending or completed action, suit or proceeding (whether civil, criminal, administrative or investigative) to which such director or officer is threatened to be made a party because such director, officer, employee or agent is or was a director or officer of the Corporation is or was serving at the request of the Corporation as a member, director or officer of another domestic or foreign corporation, partnership, joint venture, trust or other enterprise, including, but not limited to, service with respect to employee benefits plans. A director or officer of the Corporation shall be considered to be serving an employee benefit plan at the Corporation's request if the duties of such director or officer to the Corporation also impose duties on or otherwise involve services by such director or officer to the plan or to participants in or beneficiaries of the plan.

(2) To the fullest extent authorized or permitted by, and in accordance with the provisions of, Kentucky law, as the same exists or may hereafter be amended, but only to the extent not in conflict with the provisions of **ARTICLE II** of these Articles of Incorporation, the Corporation shall pay or reimburse expenses (including, but not limited to, attorney's fees) incurred by a director or officer of the Corporation who is a party to a proceeding in advance of final disposition of such proceeding.

(3) The indemnification against Liability and advancement of expenses provided by, or granted pursuant to, this **ARTICLE IX** with respect to any director or officer of the Corporation shall, to the fullest extent authorized or permitted by, and in accordance with the provisions of, Kentucky law, as the same exists or may hereafter be amended, but only to the extent not in conflict with the provisions of **ARTICLE II** of the Articles of Incorporation (i) not be deemed exclusive of other rights, if any, to which such director or officer of the Corporation seeking such indemnification or advancement may be entitled under any By-Law, agreement, action of disinterested directors or otherwise, as to any action by such director or officer in his or her official capacity as such or as to any action of such director or officer of the Corporation in any other capacity, (ii) continue as to a person who has ceased to be a director or officer of the Corporation, and (iii) inure to the benefit of the heirs, executors and administrators of such a person.

(4) To the fullest extent authorized or permitted by, and in accordance with the provisions of, Kentucky law, as the same exists or may hereafter be amended, but only to the extent not in conflict with the provisions of **ARTICLE II** of these Articles of Incorporation, the Corporation may purchase and maintain insurance on behalf of an individual who is or was a director, officer, employee or agent of the Corporation, or who, while a director, officer, employee or agent of the Corporation, is or was serving at the request of the Corporation as a member, director, officer, partner, trustee, employee or agent of another foreign or domestic corporation, partnership, joint venture, trust, employee benefit plan or other enterprise, against Liability asserted against or incurred by such director, officer, employee or agent in that capacity or arising from such director, officer, employee's or agent's status as a director, officer, employee or agent, whether or not the Corporation would have power to indemnify such director, officer, employee or agent against the same Liability under the provisions of this **ARTICLE IX**.

(5) Any repeal or modification of this **ARTICLE IX** by the Board of Directors shall not adversely affect any right or protection of a director or officer of the Corporation under this **ARTICLE IX** with respect to any act or omission occurring prior to the time of such repeal or modification.

ARTICLE X
Elimination of Certain Liability of Directors

A director of the Corporation shall not be personally liable to the Corporation for monetary damages for breach of such director's duties as a director; provided, however, that this provision shall not eliminate or limit the liability of a director for the following: (is) for any transaction in which such director's personal financial interest is in conflict with the financial interests of the Corporation; (ii) for acts or omissions not in good faith or which involve intentional misconduct or are known to such director to be a violation of law; or (iii) for any transaction from which such director derived an improper personal benefit. This **ARTICLE X**

shall continue to be applicable with respect to any such breach of duties by a director of the Corporation as a director notwithstanding that such director may thereafter cease to be a director and shall inure to the personal benefit of such director's heirs, executors and administrators.

ARTICLE XI

Private Property of Incorporator and Directors

None of the private property of the incorporator or any director of the Corporation shall be subject to any of the Corporation's debts and liabilities.

ARTICLE XII

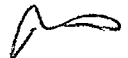
Severability of Provisions

Except as may conflict with the provisions of ARTICLE II of these Articles of Incorporation, if any provision of these Articles of Incorporation or its application to any person or circumstances shall be held invalid by a court of competent jurisdiction, the invalidity shall not affect any other provisions or applications of these Articles of Incorporation that can be given effect without the invalid provision or application, and, to this end, the provisions of these Articles of Incorporation are severable.

A12287

Document No: 1997012681
Lodged By: MAIL
Recorded On: Jan 31, 1997 09:23:26 A.M.
Total Fees: \$21.00
County Clerk: Rebecca Jackson
Deputy Clerk: CHERYL

END OF DOCUMENT -8-



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
requester. Do not
send to the IRS.**

Print or type.
See Specific Instructions on page 3.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. The Center for Women and Families	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 2048	Requester's name and address (optional)
	6 City, state, and ZIP code Louisville, KY 40201	
	7 List account number(s) here (optional) [REDACTED]	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
or												
Employer identification number												
[REDACTED]												

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Catherine E. Legum</i>	Date ▶ <i>4-26-2018</i>
------------------	--	-------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



THE
CENTER
FOR
WOMEN
AND
FAMILIES

BOARD OF DIRECTORS

2017-18

Updated 4/5/2018

CHAIR

Dana Lackey

AAP, ILO, Vice President

Treasury Management

Old National Bank

333 E Main Street Ste. 100

Louisville, KY 40202

Work: 502/540-7316

Cell: 502/540-7366

Fax: 502/540-7366

Email: Dana.Lackey@oldnational.com

Joined Board 2012

(2019) (2)

Jefferson

TREASURER

Kristin McDonner, CPA

Crowe Horwath LLP

9600 Brownsboro Road

Suite 400

Louisville, Kentucky 40241-3902

Office: 502-420-4494

Fax: 502-420-4400

kristin.mcdonner@crowehorwath.com

Joined Board 2016

(2019)(1)

Jefferson

VICE CHAIR

Leslie Coyle

Sr. Vice President, Managing Dir.

Hilliard Lyons Trust Company, LLC

500 W Jefferson Street

Louisville, KY 40202

Work : 502/588-1778

Fax : 502/588-1194

Email : LCOYLE@HILLIARD.com

Joined Board 2015

(2018)(1)

Jefferson

PRESIDENT

Elizabeth Wessels-Martin

President/CEO

The Center for Women and Families

PO Box 2048

Louisville, KY 40201-2048

(Exec Asst/Yvette Bentley 502/581-7253)

Work: 502/581-7211

Fax: 502/581-7204

Email: ewessilsmartin@cwfempower.org

Jefferson

SECRETARY

Stephanie Hawkins Smith

President

Unistar Purchasing Solutions

222 South First Street, Suite 500

Louisville, KY 40202

Work: 502/635-3200.

Email: ssmith@unistarps.com

Joined Board 2014

(2020) (2)

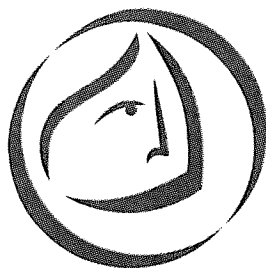
Jefferson

DIRECTORS AT LARGE

MISSION STATEMENT

The Center for Women and Families helps victims of intimate partner abuse or sexual violence to become survivors through supportive services, community education, and cooperative partnerships that foster hope, promote self-sufficiency, and rebuild lives.

Compassion Accountability and Responsibility Respect and Dignity Excellence in all we do



THE
CENTER
FOR
WOMEN
AND
FAMILIES

BOARD OF DIRECTORS

2017-18

Updated 4/5/2018

DIRECTORS

Carol Alvarez

Brown Forman Rep

Louisville, KY 40210

Cell: 502-██████████

Email: ██████████@██████████

Joined Board 2017

(2020) (1)

Jefferson

Mary Bacon RN,

(CWF Alumni)

LaGrange, KY 40031

Email: ██████████

Joined Board 2016

(2019) (1)

Oldham

Richard Banta, Jr.

Co-Owner

ERDCO Properties, LLC

142 Oak Creek Drive

Mt. Washington, Ky. 40047

Email: Richard.Banta@erdcoproperties.com

Cell: ██████████

Joined Board 2016

(2019) (1)

Bullitt

Connie Barker, RN MSN

Baptist Health

304 Wakefield Trace

Louisville, KY 40245

Work: (502) 896-7386

Cell : ██████████

connie.barker@bhsi.com

Joined Board 2016

(2019) (1)

Jefferson

Ann Bauer

CIA CRMA CRP, SV Internal Audit

Manager

Republic Bank & Trust

601 West Market Street

Louisville, KY 40202

Work: 502/561-7138

Cell: 502-██████████

Fax: 502/498-1032

Email: ABauer@republicbank.com

Joined Board 2014

(2020) (2)

Jefferson

Heather Bass, PsyD

Clinical Psychologist

1169 Eastern Parkway

Suite 1253

Louisville, KY 40217

Work: 502/426-1234

Email: drhbass@icloud.com

Joined Board 2015

(2018) (1)

Jefferson

Annie Bender

Residential - Commercial Realtor

HomePage Realty

4050 Westport Rd, St Matthews, KY 40207

Cell: ██████████

Email: annie@anniebenderrealtor.com

Joined Board 2017

(2020) (1)

Jefferson

Nancy Bottoms

Internal Evaluation Program Director

UPS

1400 North Hurstbourne Pkwy. 2A

Louisville, KY 40223

Work: 502/329-3772

Cell: 502-██████████

Email: nbottoms@ups.com

Joined Board 2015

(2018)(1)

Bullitt

Shannon Charnas

Director, Audit Services

LG&E and KU

220 West Main Street,

Louisville, KY 40202

Gail Klotz, Admn Asst, phone 502-627-2906.

Work: 502-627-4978

Cell: 502-██████████

Email: Shannon.Charnas@lge-ku.com

Joined Board 2017

(2020) (1)

Jefferson

Christopher Colson

Senior Director- Global Development

Texas Roadhouse, Inc.

6040 Dutchmans Lane, Suite 400

Louisville, KY 40205

Work: 502/426-9984

Cell: ██████████

Email: Chris.colson@texasroadhouse.com

Joined Board 2016

(2019) (1)

Jefferson

Steve Conrad

Chief of Police

Louisville Metro Police Department

633 West Jefferson Street

Louisville, KY 40202

Work: 502-574-7660

Steve.Conrad@Louisvilleky.gov

Joined Board 2016

(2019) (1)

Jefferson

Dana M. Eberle-Peay

Attorney

McNeely Stephenson

318 Pearl Street, Suite 200

New Albany, IN 47150

(Admn. Asst./Michelle Morris) 812-725-8224

Email: Dana.M.Eberle-Peay@msth.com

Joined Board 2017

(2020) (1)

Floyd County, IN

MISSION STATEMENT

The Center for Women and Families helps victims of intimate partner abuse or sexual violence to become survivors through supportive services, community education, and cooperative partnerships that foster hope, promote self-sufficiency, and rebuild lives.

Compassion Accountability and Responsibility Respect and Dignity Excellence in all we do



THE
CENTER
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AND
FAMILIES

BOARD OF DIRECTORS

2017-18

Updated 4/5/2018

Shelly Gibson

Chief Legal Officer/ General Counsel
Thorntons, Inc.

200 South Peterson Avenue
Louisville, KY 40206

Work: 502-425-8022

Cell: 5 [REDACTED]

Email: sgibson@thorntonsinc.com

Joined Board 2016

(2019) (1)

Jefferson

Eric Byck Goodman

Investment Manager & Corporate Board
Member

101 North Seventh St., Suite 202
Louisville, Kentucky 40202

Cell: 5 [REDACTED]

Email: [REDACTED]

Joined Board 2016

(2019) (1)

Jefferson

Maria D. Hughes

Enterprise V.P., Chief Inclusion and
Diversity Officer

Humana, Inc.

500 West Main Street
Louisville, KY 40202

(Admn. Asst. Trish Jacobs)

Phone: (502) 580-4222

Email: mhughes@humana.com

Joined Board 2017

(2020) (1)

Jefferson

Dr. John D. Marshall,

Chief Equity Officer

Diversity, Equity & Poverty Programs
Jefferson County Public Schools

3332 Newburg Road
Louisville, KY 40218

(502) 485-3506

john.marshall@jefferson.kyschools.us

Joined Board 2016

(2019) (1)

Jefferson

Pam Missi

Chief Nursing Officer & VP Patient Care
Norton Women & Children's

4001 Dutchmans Lane
Louisville, KY 40207

(Admn Assit/Courtney Bowling/502-893-1122)

Work : 502-893-1122

Email : pam.missi@northonhealthcare.org

Joined Board 2017

(2020) (1)

Jefferson

David L. Nicholson

Circuit Court Clerk

Jefferson Co. Circuit Court Clerk

[REDACTED],
Louisville, KY 40207

Work: 502/595-3055

Cell: [REDACTED]

Email: - DavidNicholson@KyCourts.net

Joined Board 2016

(2019) (1)

Jefferson

Diane French Nguyen

VP Human Resources

Brown-Forman Corporation

850 Dixie Highway

Louisville, KY 40210

Work: 502/774-6087

Cell: [REDACTED]

Email: diane_nguyen@b-f.com

Joined Board 2014

(2020)(2)

Jefferson

Casey Ramage

EdjAnalytics

732 East Market Street

Louisville, KY 40202

502-510-1505

cramage@edjanalytics.com

Joined Board 2015

(2018)(1)

Jefferson

Shelley Santry

Director and Attorney at Law

University of Louisville, School of Law

Robert and Sue Ellen Ackerson Law Clinic

416 W. Muhammad Ali Blvd., Suite 200

Louisville, KY 40202

Work: 502-852-6569

Cell: 5 [REDACTED]

shelley.santry@louisville.edu

Joined Board 2016

(2019) (1)

Jefferson

Kristin Warfield

Vice President,

Sales & Partnerships

Churchill Downs

700 Central Avenue

Louisville, KY 40208

(Admin Asst/Kim Robinson 502/636-4810)

Work: 502/636-4437

Fax : 502/634-6566

Email: kristin.warfield@kyderby.com

Joined Board 2012

(2018) (2)

Jefferson

Robert Webb

Attorney at Law

Frost Brown Todd Attorneys LLC

400 West Market Street, Ste. 3200

Louisville, KY 40202

Work: 502/568-0313

Fax: 502/581-1087

Email: bwebb@fbtlaw.com

Joined Board 2014

(2020)(2)

Jefferson

MISSION STATEMENT

The Center for Women and Families helps victims of intimate partner abuse or sexual violence to become survivors through supportive services, community education, and cooperative partnerships that foster hope, promote self-sufficiency, and rebuild lives.

Compassion Accountability and Responsibility Respect and Dignity Excellence in all we do



THE
CENTER
FOR
WOMEN
AND
FAMILIES

BOARD OF DIRECTORS

2017-18

Updated 4/5/2018

Jill Whitehouse

Director, Community Services
Multi-Purpose Community Action Agency

207 Washington Street
Shelbyville, KY 40066

Home: [REDACTED]

Cell: [REDACTED]

Work: 502-477-8296

Email: jill@mpcaa.org

Joined Board 2017

(2020) (1)

Shelby

MISSION STATEMENT

The Center for Women and Families helps victims of intimate partner abuse or sexual violence to become survivors through supportive services, community education, and cooperative partnerships that foster hope, promote self-sufficiency, and rebuild lives.

Compassion Accountability and Responsibility Respect and Dignity Excellence in all we do



THE
CENTER
FOR
WOMEN
AND
FAMILIES

BOARD OF DIRECTORS

2017-18

Updated 4/5/2018

ADVISORY BOARD

Marie K. Abrams

[REDACTED]
Prospect, KY 40059
Phone: [REDACTED]
Cell: [REDACTED] pm
(AB)
Jefferson

George Bell III

President
ORI Inc.
816 East Broadway
Louisville, KY 40204
Work: 502/589-8404
Email: GBELL@oriusa.com
(AB)
Oldham

Kim Tharp-Barrie, DNP, RN, SANE

System Vice President, Norton Healthcare
PO Box 35070
Louisville, KY 40232-5070
(Exec Asst/Diane Brandenburg 502/629-3547)
Work: 502/629-2975
Fax: 502/629-3520
Email: kim.tharp-barrie@nortonhealthcare.org
(AB)
Clark

Toni Clem

[REDACTED]
Louisville, KY 40207
Home: [REDACTED]
Cell: [REDACTED]
(AB)
Jefferson

Marjorie Farris

Member
Stites & Harbison PLLC
400 W. Market Street
Suite 1800
Louisville, KY 40202
Work: 502/681-0496
Fax: 502/779-8258
Email: mfarris@stites.com
(AB)
Jefferson

Chasity Grauel

Director of Human Resources
Wyatt, Tarrant & Combs LLP
500 West Jefferson Street
Suite 2800
Louisville KY 40202
Work: 502/562-7250
Cell: [REDACTED]
Email: cgrauel@wyattfirm.com
(AB)
(2016) (2)
Harrison

Laurie Kemp

Partner
Kightlinger & Gray, LLP
Bonterra Building, Ste 200
3620 Blackiston Boulevard
New Albany IN 47150
Work: 812/949-2300
Fax: 812/949-8555 |
[REDACTED]
Email: lkemp@k-glaw.com
(AB)
(2017)
Floyd

Terms end at the Annual Board Meeting in September.

(AB) Advisory Board

(DAL) Directors At Large

(U) Filling an unexpired term; eligible for re-election

(1) Holding first three-year term; eligible for re-election

(2) Holding second three-year term; must leave office at least one year to become eligible for further service

MISSION STATEMENT

The Center for Women and Families helps victims of intimate partner abuse or sexual violence to become survivors through supportive services, community education, and cooperative partnerships that foster hope, promote self-sufficiency, and rebuild lives.

Compassion Accountability and Responsibility Respect and Dignity Excellence in all we do



THE
CENTER
FOR
WOMEN
AND
FAMILIES

P.O. Box 2048 Louisville, KY 40201-2048 / www.thecenteronline.org
BUSINESS LINE 502.581.7200 / FAX 502.581.7204 / 24 HOUR TOLL-FREE CRISIS LINE 1.844.BE.SAFE.1

August 14, 2018

Greetings Councilman James,

It was a pleasure meeting you and your team. Thank you for your willingness to partner with The Center for Women and Families, Inc. As discussed, attached is our NDF Application to support our Children's Program. As you know, the Center serves victims of intimate partner abuse and sexual violence become survivors through supportive services, community education and cooperative partnerships that foster hope, promote self-sufficiency and rebuild lives.

Our Children's Program provides direct service and assistance to children and their-non-offending parent residing in our emergency shelter and who have been victimized by exposure to intimate partner violence. Our goal is to reduce the harmful effects of children's exposure to the violence they have witnessed/are witnessing in their homes and help foster healthy parent-child relationships.

We have provided a copy of the application to each Council member requesting support. Data shows that intimate partner violence has no boundaries... We serve children from all Metro Council Districts.

I look forward to additional opportunities to connect collaboratively with you and your team to reduce the impact that violence has on our most vulnerable! If you have any questions regarding the application, please do not hesitate to contact myself at 581-7211 or our Director of Grants, Joe Higdon at 581-7212.

In Service,



Elizabeth Wessels-Martin
President/Chief Empowerment Officer

Attachment

The Center for Women and Families helps victims of intimate partner abuse or sexual violence to become survivors through supportive services, community education and cooperative partnerships that foster hope, promote self-sufficiency and rebuild lives.



A United Way Partner Agency



Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **The Center For Women & Families, Inc.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **P.O. Box 2048**
 City or town, state or province, country, and ZIP or foreign postal code: **Louisville KY 40203**

D Employer identification number: [REDACTED]
E Telephone number: **502-581-7200**
G Gross receipts: **6,362,136**

F Name and address of principal officer:
Marta Miranda
P.O. Box 2048
Louisville KY 40203

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.thecenteronline.org**
H(c) Group exemption number: [REDACTED]

K Form of organization: Corporation Trust Association Other

L Year of formation: **1912** **M** State of legal domicile: **KY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To help victims of intimate partner abuse or sexual violence become survivors through supportive services, community education and cooperative partnerships that foster hope, promote self-sufficiency and rebuild lives.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	28	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	28	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	158	
	6	Total number of volunteers (estimate if necessary)	200	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	b Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year: 4,455,368	Current Year: 5,646,331
	9 Program service revenue (Part VIII, line 2g)		85,631	293,802
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		310,897	335,980
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		55,558	-28,104
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,907,454	6,248,009
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		210,080	188,038
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,119,812	4,340,380
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) 353,996			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,929,663	1,637,951
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,259,555	6,166,369	
19 Revenue less expenses. Subtract line 18 from line 12		-1,352,101	81,640	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year: 21,344,288	End of Year: 21,762,967
	21 Total liabilities (Part X, line 26)		4,639,704	3,915,666
	22 Net assets or fund balances. Subtract line 21 from line 20		16,704,584	17,847,301

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: **Elizabeth Martin** Date: _____
 Type or print name and title: **CEO**

Paid Preparer Use Only
 Print/Type preparer's name: **Barbara Lasky** Preparer's signature: **Barbara Lasky** Date: **05/09/18** Check if self-employed PTIN: [REDACTED]
 Firm's name: **Baldwin CPAs, PLLC** Firm's EIN: [REDACTED]
 Firm's address: **943 S 1st Street**
Louisville, KY 40203 Phone no.: **502-584-9793**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

To help victims of intimate partner abuse or sexual violence become survivors through supportive services, community education and cooperative partnerships that foster hope, promote self-sufficiency and rebuild lives.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **852,866** including grants of\$) (Revenue \$)

Domestic Violence Services and Emergency Shelter - The Center provides safe living space with (79 beds) and all meals for victims of domestic violence and their children who are at high risk of lethality. Shelter stays can range from a single night to several months. During a client's stay in shelter they receive supportive case management, economic success counseling, and advocacy. Children participate in child enrichment opportunities. The Center also provides supportive case management and legal and medical advocacy for non-residential clients who are survivors of domestic violence.

4b (Code:) (Expenses \$ **2,036,562** including grants of\$ **188,038**) (Revenue \$)

Southern Indiana Program - The Center's program in Southern Indiana (Clark and Floyd counties) serves victims of domestic violence and sexual assault. Residential services include a 30 bed shelter as well as supportive case management and advocacy. Non-residential include supportive case management, and legal and medical advocacy. Additionally, the Southern Indiana Program conducts prevention and education activities in high schools and throughout the community.

4c (Code:) (Expenses \$ **542,009** including grants of\$) (Revenue \$)

Call Center - The Center operates a 24-hour call center that offers crisis stabilization, information and referral for callers who have been victimized by domestic violence and sexual assault. In addition to providing support to callers, staff (Crisis Intervention Advocates) coordinate around-the-clock response to victims in hospital emergency rooms, screen victims at risk of high lethality (in collaboration with Louisville Metro Police Department), and coordinate shelter admissions for those victims without resources and who are at great risk. Additionally, the Call Center manages the area 2-1-1 system for Metro United Way.

4d Other program services (Describe in Schedule O.)

(Expenses \$ **1,253,993** including grants of\$) (Revenue \$)

4e Total program service expenses ▶ **4,685,430**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	158		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
4a			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		X
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7e			
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	

Section A. Governing Body and Management

	1a	28	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		28		
b Enter the number of voting members included in line 1a, above, who are independent	1b	28		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				
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?	2			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	4			X
6 Did the organization have members or stockholders?	5			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	6			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b			X
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b 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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **KY, IN**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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 interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

The Company PO Box 2048
Louisville KY 40203 502-581-7200

Form 990 (2016) **The Center For Women & Families,** [REDACTED] [REDACTED] Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Ann Bauer	1.00									
Chair	0.00	X		X			0	0	0	
(2) Dana Lackey	1.00									
Chair Elect	0.00	X		X			0	0	0	
(3) Stephanie Hawkins Smith	1.00									
Secretary	0.00	X		X			0	0	0	
(4) Kristin McDonnor, CPA	1.00									
Treasurer	0.00	X		X			0	0	0	
(5) Leslie Coyle	1.00									
Vice Chair	0.00	X		X			0	0	0	
(6) Diane Everse	1.00									
Board Member	0.00	X					0	0	0	
(7) Laurie Kemp	1.00									
Board Member	0.00	X					0	0	0	
(8) Lori Moore	1.00									
Board Member	0.00	X					0	0	0	
(9) Mary Bacon	1.00									
Board Member	0.00	X					0	0	0	
(10) Richard Banta, Jr.	1.00									
Board Member	0.00	X					0	0	0	
(11) Connie Barker, RN MSN	1.00									
Board Member	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) Heather Bass, PsyD Board Member	1.00 0.00	X					0	0	0
(13) Nancy Bottoms Board Member	1.00 0.00	X					0	0	0
(14) Stephanie Pearce Burke Board Member	1.00 0.00	X					0	0	0
(15) Christopher Colson Board Member	1.00 0.00	X					0	0	0
(16) Steve Conrad Board Member	1.00 0.00	X					0	0	0
(17) Shelly Gibson Board Member	1.00 0.00	X					0	0	0
(18) Eric Byck Goodman Board Member	1.00 0.00	X					0	0	0
(19) Dr. John D. Marshall Board Member	1.00 0.00	X					0	0	0
1b Sub-total									
c Total from continuation sheets to Part VII, Section A							322,031		22,092
d Total (add lines 1b and 1c)							322,031		22,092

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 408,648				
	b Membership dues	1b				
	c Fundraising events	1c 250,476				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2,228,331				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,758,876				
	g Noncash contributions included in lines 1a-1f: \$	93,438				
	h Total. Add lines 1a-1f		5,646,331			
Program Service Revenue	2a MUW 211 calls	Busn. Code	258,746	258,746		
	b SAFE exam reimbursements		18,926	18,926		
	c Prevention education training		13,882	13,882		
	d Other		2,248	2,248		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		293,802			
	3 Investment income (including dividends, interest, and other similar amounts)		335,980			335,980
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 250,476 of contributions reported on line 1c). See Part IV, line 18	a 60,767				
	b Less: direct expenses	b 114,127				
	c Net income or (loss) from fundraising events		-53,360			
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue						
11a Miscellaneous Revenue	Busn. Code		25,256	25,256		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			25,256			
12 Total revenue. See instructions.			6,248,009	319,058	0	335,980

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	188,038	188,038		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 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 Other salaries and wages	3,662,848	2,954,056	483,841	224,951
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	677,532	554,102	83,382	40,048
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,159		25,159	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	319,116	83,956	221,528	13,632
12 Advertising and promotion	138,150	61,976	40,733	35,441
13 Office expenses	107,388	76,810	20,204	10,374
14 Information technology				
15 Royalties				
16 Occupancy	276,804	262,229	9,087	5,488
17 Travel	98,217	68,442	26,057	3,718
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	107,134		107,134	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	182,079	175,798	3,936	2,345
23 Insurance	33,099	26,694	4,372	2,033
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.)				
a Supplies	249,115	215,450	18,004	15,661
b Bank Investment Fees	75,642		75,642	
c Membership Dues	26,048	17,879	7,864	305
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,166,369	4,685,430	1,126,943	353,996
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	52,604	1	272,344
	2 Savings and temporary cash investments	14,182	2	
	3 Pledges and grants receivable, net	2,039,559	3	2,042,272
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	900,000	7	900,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,201	9	47,058
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,823,266		
	b Less: accumulated depreciation	10b 1,401,918	5,529,413	10c 5,421,348
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	12,769,329	12	13,079,945
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,344,288	16	21,762,967	
Liabilities	17 Accounts payable and accrued expenses	465,502	17	149,266
	18 Grants payable		18	
	19 Deferred revenue	92,000	19	90,667
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, 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	4,082,202	23	3,416,413
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	259,320
	26 Total liabilities. Add lines 17 through 25	4,639,704	26	3,915,666
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,368,289	27	14,133,366
	28 Temporarily restricted net assets	1,663,845	28	2,041,485
	29 Permanently restricted net assets	1,672,450	29	1,672,450
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	16,704,584	33	17,847,301	
34 Total liabilities and net assets/fund balances	21,344,288	34	21,762,967	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,248,009
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,166,369
3	Revenue less expenses. Subtract line 2 from line 1	3	81,640
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,704,584
5	Net unrealized gains (losses) on investments	5	1,061,077
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,847,301

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2016) **The Center For Women & Families,** [REDACTED]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Regina Nethery	1.00									
Board Member	0.00	X						0	0	0
(21) David Nicholson	1.00									
Board Member	0.00	X						0	0	0
(22) Diane French Nguyen	1.00									
Board Member	0.00	X						0	0	0
(23) Casey Ramage	1.00									
Board Member	0.00	X						0	0	0
(24) Shelley Santry	1.00									
Board Member	0.00	X						0	0	0
(25) Kristin Warfield	1.00									
Board Member	0.00	X						0	0	0
(26) Robert Webb	1.00									
Board Member	0.00	X						0	0	0
(27) Jill Whitehouse	1.00									
Board Member	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) Marta Miranda President	40.00 0.00			X				123,627	0	6,288
(29) Tamara Reif VP of Programs	40.00 0.00			X				69,029	0	5,247
(30) Jeanine Triplett VP Development/Comm	40.00 0.00			X				65,311	0	5,274
(31) Christie Maloney VP of Administration	40.00 0.00			X				64,064	0	5,283
(32) Elizabeth Martin CEO	0.00 0.00			X				0	0	0
1b Sub-total								322,031		22,092
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2016

Open to Public Inspection

Name of the organization

The Center For Women & Families, Inc.

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 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 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,496,745	16,123,421	7,699,553	4,455,368	5,646,331	38,421,418
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,496,745	16,123,421	7,699,553	4,455,368	5,646,331	38,421,418
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)						1,787,946
6 Public support. Subtract line 5 from line 4.						36,633,472

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	4,496,745	16,123,421	7,699,553	4,455,368	5,646,331	38,421,418
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,708	62,885	350,905	310,897	335,980	1,131,375
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,547	6,740		87,643		99,930
11 Total support. Add lines 7 through 10						39,652,723
12 Gross receipts from related activities, etc. (see instructions)					12	559,444
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	92.39%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	90.38%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
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						
6 Total. Add lines 1 through 5						
7a 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

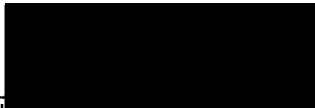
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			



Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

\$ 99,930

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

**The Center For Women & Families,
Inc.**

Employer identification number



Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

The Center For Women & Families,

[REDACTED]

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Kosair Charities Committee, Inc. P.O. Box 37370 Louisville KY 40233-7370	\$ 221,139	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Louisville/Jefferson County Metro Go 611 W. Jefferson St, Suite A Louisville KY 40202-2743	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	James Graham Brown Foundation 4350 Brownsboro Rd Ste 200 Louisville KY 40209	\$ 501,025	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Name of the organization

The Center For Women & Families, Inc.

Employer identification number

[Redacted]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Schedule D (Form 990) 2016 **The Center For Women & Families,** [REDACTED] Page **2**
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,194,612	2,314,867	2,319,966	2,297,322	2,204,923
b Contributions					
c Net investment earnings, gains, and losses	262,240	-8,232	103,011	343,725	190,148
d Grants or scholarships					
e Other expenditures for facilities and programs	113,382	112,023	108,110	321,081	97,749
f Administrative expenses					
g End of year balance	2,343,470	2,194,612	2,314,867	2,319,966	2,297,322

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 71.00 %
 - c Temporarily restricted endowment 29.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b

Part VI Land, Buildings, and Equipment.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		951,987		951,987
b Buildings		5,362,336	1,401,918	3,960,418
c Leasehold improvements				
d Equipment		360,421		360,421
e Other		148,522		148,522
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,421,348

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other Equities	8,808,250	
(A) Bonds and Government Notes	3,236,373	
(B) Mutual Funds - Bond	997,958	
(C) Cash Equivalents	37,364	
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,079,945	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued expenses	259,320
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	259,320

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,248,009
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,248,009
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,248,009

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,166,369
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,166,369
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,166,369

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statements of activities or accrued in the statements of financial position.

Schedule D (Form 990) 2016 **The Center For Women & Families,** [REDACTED]
Part XIII Supplemental Information *(continued)*

[Dotted lines for supplemental information]

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

**The Center For Women & Families,
Inc.**

Employer identification number

[REDACTED]

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>Celebration of</u> (event type)	<u></u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
1 Gross receipts	311,243			311,243
2 Less: Contributions	250,476			250,476
3 Gross income (line 1 minus line 2)	60,767			60,767
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages	49,823		49,823
	8 Entertainment			
	9 Other direct expenses	64,304		64,304
	10 Direct expense summary. Add lines 4 through 9 in column (d)			
11 Net income summary. Subtract line 10 from line 3, column (d)				-53,360

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶\$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶\$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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**SCHEDULE I
(Form 990)**

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

**The Center For Women & Families,
Inc.**

OMB No. 1545-0047
2016
Open to Public
Inspection

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

DAA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Basic necessities	6797	188,038		FMV	Various
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

See Schedule I Supplemental Information Worksheet

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SCHEDULE I (Form 990)	Supplemental Information	2016
For calendar year 2016, or tax year beginning 07/01/16 , and ending 06/30/17		
Name of the organization The Center For Women & Families, Inc.		Employer identification number <div style="background-color: black; width: 100px; height: 15px;"></div>

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Procedures for monitoring the use of grant funds documentation for assistance qualification are kept in a file for each individual receiving assistance. Most of the assistance is funded by annual donations, and in-kind gifts, but one federal grant supports housing assistance. The government may, at any time, choose to review these files.

Part IV - Additional Information

Part III, Line 1 -

(a) Type of grant assistance - Basic necessities

(f) Description of non-cash assistance - clothing vouchers, gas, medical prescriptions, bus tickets, etc.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

**The Center For Women & Families,
Inc.**

Employer identification number

[REDACTED]

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		27,316	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X		51,687	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Gift cards)	X		14,435	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	29
----	----

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31		X
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

[Dotted lines for supplemental information]

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2016

Open to Public Inspection

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.

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

Name of the organization **The Center For Women & Families, Inc.**

Employer identification number



Form 990, Part III, Line 4d - All Other Accomplishment

Prevention Education and Sexual Assault Services

In addition to providing services to victims of domestic violence and sexual assault, the Center is committed to violence prevention and allocates resources to that that end. Activities include projects with youth through Green Dot and PACT in Action; OWN It, an initiative to engage men as allies; community education through collaborative partnerships; and training for professionals in medical, human resources, legal and law enforcement fields.

The Center's additional services for victims of sexual assault include 24-hour on-site advocacy in emergency rooms at area hospitals, and a specially equipped examining room at our JET campus where individuals may choose to undergo a sexual assault forensic exam instead of going to a hospital emergency room. The Center also provides individual therapy and legal advocacy for victims.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Prior to its filing, the form 990 is reviewed by the finance committee and is distributed to the full board of directors.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
Upon hiring the President/CEO, the board compared her salary to President/CEO's of other similar organizations. The President/CEO is

The Center For Women & Families,

evaluated like all employees on an annual basis and any merit raise is given with regard to budget constraints. In addition, salaries are periodically reviewed by the human resources committee to confirm that the organization is offering salaries and increases commensurate with other similar organizations.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation

The Organization makes its 990 and other documents available on its own website, through Guidestar, and is also available to the public upon request.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection
number

**The Center For Women & Families,
Inc.**



Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

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

DAA

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Domestic Violence Housing Limited P P.O. Box 2048 Louisville KY 40201 61-1315091	Housing	KY	N/A	Related					N/A	X		
(2)								X				
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part IV Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		<input checked="" type="checkbox"/>

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (See instructions).

[Dotted lines for supplemental information]

Filing Instructions

**The Center For Women & Families,
Inc.**

Indiana Nonprofit Organization's Annual Report

Taxable Year Ended June 30, 2017

Date Due: AS SOON AS POSSIBLE

Remittance: None is required.

Mail To: Indiana Department of Revenue
Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481

Signature: The return should be signed and dated by an officer representing the organization.

The Center For Women & Families,
Inc.
P.O. Box 2048
Louisville, KY 40203

Indiana Department of Revenue
Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481

NP-20State Form 51062
(R7 / 8-13)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 07 01 2016 and Ending 06 30 2017
MM/DD/YYYY MM/DD/YYYY

Check if: Change of Address
Amended Report
Final Report: Indicate
Date Closed

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization

THE CENTER FOR WOMEN & FAMILIES, INC.

Address

P.O. BOX 2048

City

LOUISVILLE

Printed Name of Person to Contact

State

KY

County

CLARK

Zip Code

40203

Telephone Number

502 581 7200

Indiana Taxpayer Identification Number

Federal Identification Number

Contact's Telephone Number

502 581 7200

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, you must also file **Form IT-20NP**.

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. **105**
3. Attach a schedule, listing the names, titles and addresses of your current officers **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 2Email Address: **MARTA.MIRANDA@CWFEMPOWER.ORG**

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee

ELIZABETH MARTIN

Name of Person(s) to Contact

CEO

Title

Date

502 581 7200

Daytime Telephone Number

Important: Please submit this completed form and/or extension to:

Indiana Department of Revenue, Tax Administration

P.O. Box 6481

Indianapolis, IN 46206-6481

Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



25413111022

Form **990**

Department of the Treasury
Internal Revenue Service

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 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **07/01/16**, and ending **06/30/17**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The Center For Women & Families, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 2048 City or town, state or province, country, and ZIP or foreign postal code Louisville KY 40203	D Employer identification number [REDACTED] E Telephone number 502-581-7200 G Gross receipts\$ 6,362,136
F Name and address of principal officer: Marta Miranda P.O. Box 2048 Louisville KY 40203		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ www.thecenteronline.org		L Year of formation: 1912
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To help victims of intimate partner abuse or sexual violence become survivors through supportive services, community education and cooperative partnerships that foster hope, promote self-sufficiency and rebuild lives.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	158
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,455,368	5,646,331
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	85,631	293,802
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	310,897	335,980
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,558	-28,104
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,907,454	6,248,009
	14 Benefits paid to or for members (Part IX, column (A), line 4)	210,080	188,038
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,119,812	4,340,380
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 353,996	1,929,663	1,637,951
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,259,555	6,166,369
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	-1,352,101	81,640	
19 Revenue less expenses. Subtract line 18 from line 12	21,344,288	21,762,967	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,639,704	3,915,666
	22 Net assets or fund balances. Subtract line 21 from line 20	16,704,584	17,847,301

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Elizabeth Martin Type or print name and title	Date CEO
	Print/Type preparer's name Barbara Lasky	
Paid Preparer Use Only	Preparer's signature Barbara Lasky	Date 05/09/18
	Check <input type="checkbox"/> if self-employed	PTIN P00015280
	Firm's name ▶ Baldwin CPAs, PLLC 943 S 1st Street Firm's address ▶ Louisville, KY 40203	Firm's EIN ▶ [REDACTED] Phone no. 502-584-9793

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
 For Paperwork Reduction Act Notice, see the separate instructions.
 DAA Form **990** (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

To help victims of intimate partner abuse or sexual violence become survivors through supportive services, community education and cooperative partnerships that foster hope, promote self-sufficiency and rebuild lives.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **852,866** including grants of\$) (Revenue \$)

Domestic Violence Services and Emergency Shelter - The Center provides safe living space with (79 beds) and all meals for victims of domestic violence and their children who are at high risk of lethality. Shelter stays can range from a single night to several months. During a client's stay in shelter they receive supportive case management, economic success counseling, and advocacy. Children participate in child enrichment opportunities. The Center also provides supportive case management and legal and medical advocacy for non-residential clients who are survivors of domestic violence.

4b (Code:) (Expenses \$ **2,036,562** including grants of\$ **188,038**) (Revenue \$)

Southern Indiana Program - The Center's program in Southern Indiana (Clark and Floyd counties) serves victims of domestic violence and sexual assault. Residential services include a 30 bed shelter as well as supportive case management and advocacy. Non-residential include supportive case management, and legal and medical advocacy. Additionally, the Southern Indiana Program conducts prevention and education activities in high schools and throughout the community.

4c (Code:) (Expenses \$ **542,009** including grants of\$) (Revenue \$)

Call Center - The Center operates a 24-hour call center that offers crisis stabilization, information and referral for callers who have been victimized by domestic violence and sexual assault. In addition to providing support to callers, staff (Crisis Intervention Advocates) coordinate around-the-clock response to victims in hospital emergency rooms, screen victims at risk of high lethality (in collaboration with Louisville Metro Police Department), and coordinate shelter admissions for those victims without resources and who are at great risk. Additionally, the Call Center manages the area 2-1-1 system for Metro United Way.

4d Other program services (Describe in Schedule O.)

(Expenses \$ **1,253,993** including grants of\$) (Revenue \$)

4e Total program service expenses **4,685,430**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form 990 (2016) **The Center For Women & Families,**
Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2016) **The Center For Women & Families,** [REDACTED]

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	8		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	158		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3a			X
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			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
4a			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			X
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?		X
6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2016) **The Center For Women & Families,** [REDACTED] Page **6**
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section 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 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.	1a	28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **► KY, IN**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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 interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **►**

The Company
Louisville

PO Box 2048

KY 40203

502-581-7200

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Ann Bauer	1.00									
Chair	0.00	X		X			0	0	0	
(2) Dana Lackey	1.00									
Chair Elect	0.00	X		X			0	0	0	
(3) Stephanie Hawkins Smith	1.00									
Secretary	0.00	X		X			0	0	0	
(4) Kristin McDonnor, CPA	1.00									
Treasurer	0.00	X		X			0	0	0	
(5) Leslie Coyle	1.00									
Vice Chair	0.00	X		X			0	0	0	
(6) Diane Everse	1.00									
Board Member	0.00	X					0	0	0	
(7) Laurie Kemp	1.00									
Board Member	0.00	X					0	0	0	
(8) Lori Moore	1.00									
Board Member	0.00	X					0	0	0	
(9) Mary Bacon	1.00									
Board Member	0.00	X					0	0	0	
(10) Richard Banta, Jr.	1.00									
Board Member	0.00	X					0	0	0	
(11) Connie Barker, RN MSN	1.00									
Board Member	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Heather Bass, PsyD Board Member	1.00 0.00	X						0	0	0
(13) Nancy Bottoms Board Member	1.00 0.00	X						0	0	0
(14) Stephanie Pearce Burke Board Member	1.00 0.00	X						0	0	0
(15) Christopher Colson Board Member	1.00 0.00	X						0	0	0
(16) Steve Conrad Board Member	1.00 0.00	X						0	0	0
(17) Shelly Gibson Board Member	1.00 0.00	X						0	0	0
(18) Eric Byck Goodman Board Member	1.00 0.00	X						0	0	0
(19) Dr. John D. Marshall Board Member	1.00 0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								322,031		22,092
d Total (add lines 1b and 1c)								322,031		22,092

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Form 990 (2016) **The Center For Women & Families,**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 408,648					
	b Membership dues	1b					
	c Fundraising events	1c 250,476					
	d Related organizations	1d					
	e Government grants (contributions)	1e 2,228,331					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,758,876					
	g Noncash contributions included in lines 1a-1f: \$	93,438					
	h Total. Add lines 1a-1f		5,646,331				
Program Service Revenue	Busn. Code						
	2a MUW 211 calls		258,746	258,746			
	b SAFE exam reimbursements		18,926	18,926			
	c Prevention education training		13,882	13,882			
	d Other		2,248	2,248			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		293,802				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		335,980			335,980	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
		c Rental inc. or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 250,476 of contributions reported on line 1c). See Part IV, line 18	a 60,767					
		b Less: direct expenses	b 114,127				
		c Net income or (loss) from fundraising events		-53,360			
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a Miscellaneous Revenue			25,256	25,256			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			25,256				
12 Total revenue. See instructions.			6,248,009	319,058	0	335,980	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	188,038	188,038		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 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 Other salaries and wages	3,662,848	2,954,056	483,841	224,951
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	677,532	554,102	83,382	40,048
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,159		25,159	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	319,116	83,956	221,528	13,632
12 Advertising and promotion	138,150	61,976	40,733	35,441
13 Office expenses	107,388	76,810	20,204	10,374
14 Information technology				
15 Royalties				
16 Occupancy	276,804	262,229	9,087	5,488
17 Travel	98,217	68,442	26,057	3,718
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	107,134		107,134	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	182,079	175,798	3,936	2,345
23 Insurance	33,099	26,694	4,372	2,033
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.)				
a Supplies	249,115	215,450	18,004	15,661
b Bank Investment Fees	75,642		75,642	
c Membership Dues	26,048	17,879	7,864	305
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,166,369	4,685,430	1,126,943	353,996
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	
Assets	1	Cash—non-interest bearing	52,604	1	272,344
	2	Savings and temporary cash investments	14,182	2	
	3	Pledges and grants receivable, net	2,039,559	3	2,042,272
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	900,000	7	900,000
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	39,201	9	47,058
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,823,266		
	b	Less: accumulated depreciation	10b 1,401,918	5,529,413	10c 5,421,348
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	12,769,329	12	13,079,945
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	21,344,288	16	21,762,967	
Liabilities	17	Accounts payable and accrued expenses	465,502	17	149,266
	18	Grants payable		18	
	19	Deferred revenue	92,000	19	90,667
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, 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	4,082,202	23	3,416,413
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	259,320
	26	Total liabilities. Add lines 17 through 25	4,639,704	26	3,915,666
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	13,368,289	27	14,133,366
	28	Temporarily restricted net assets	1,663,845	28	2,041,485
	29	Permanently restricted net assets	1,672,450	29	1,672,450
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	16,704,584	33	17,847,301	
34	Total liabilities and net assets/fund balances	21,344,288	34	21,762,967	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,248,009
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,166,369
3	Revenue less expenses. Subtract line 2 from line 1	3	81,640
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,704,584
5	Net unrealized gains (losses) on investments	5	1,061,077
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,847,301

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2016) **The Center For Women & Families,**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Regina Nethery	1.00									
Board Member	0.00	X						0	0	0
(21) David Nicholson	1.00									
Board Member	0.00	X						0	0	0
(22) Diane French Nguyen	1.00									
Board Member	0.00	X						0	0	0
(23) Casey Ramage	1.00									
Board Member	0.00	X						0	0	0
(24) Shelley Santry	1.00									
Board Member	0.00	X						0	0	0
(25) Kristin Warfield	1.00									
Board Member	0.00	X						0	0	0
(26) Robert Webb	1.00									
Board Member	0.00	X						0	0	0
(27) Jill Whitehouse	1.00									
Board Member	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2016) **The Center For Women & Families,** [REDACTED]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) Marta Miranda President	40.00 0.00			X				123,627	0	6,288
(29) Tamara Reif VP of Programs	40.00 0.00			X				69,029	0	5,247
(30) Jeanine Triplett VP Development/Comm	40.00 0.00			X				65,311	0	5,274
(31) Christie Maloney VP of Administration	40.00 0.00			X				64,064	0	5,283
(32) Elizabeth Martin CEO	0.00 0.00			X				0	0	0
1b Sub-total								322,031		22,092
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Name of the organization **The Center For Women & Families, Inc.**

Employer identification number

[REDACTED]

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 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 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s):

[REDACTED]

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,496,745	16,123,421	7,699,553	4,455,368	5,646,331	38,421,418
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,496,745	16,123,421	7,699,553	4,455,368	5,646,331	38,421,418
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)						1,787,946
6 Public support. Subtract line 5 from line 4.						36,633,472

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	4,496,745	16,123,421	7,699,553	4,455,368	5,646,331	38,421,418
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,708	62,885	350,905	310,897	335,980	1,131,375
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,547	6,740		87,643		99,930
11 Total support. Add lines 7 through 10						39,652,723
12 Gross receipts from related activities, etc. (see instructions)					12	559,444

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	92.39%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	90.38%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
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						
6 Total. Add lines 1 through 5						
7a 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below. <ol style="list-style-type: none"> a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

\$ 99,930

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization The Center For Women & Families, Inc.	Employer identification number <div style="background-color: black; width: 100px; height: 15px;"></div>
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization The Center For Women & Families,	Employer identification number [REDACTED]
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Kosair Charities Committee, Inc. P.O. Box 37370 Louisville KY 40233-7370	\$ 221,139	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Louisville/Jefferson County Metro Go 611 W. Jefferson St, Suite A Louisville KY 40202-2743	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	James Graham Brown Foundation 4350 Brownsboro Rd Ste 200 Louisville KY 40209	\$ 501,025	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Name of the organization

The Center For Women & Families, Inc.

Employer identification number

[Redacted]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,194,612	2,314,867	2,319,966	2,297,322	2,204,923
b Contributions					
c Net investment earnings, gains, and losses	262,240	-8,232	103,011	343,725	190,148
d Grants or scholarships					
e Other expenditures for facilities and programs	113,382	112,023	108,110	321,081	97,749
f Administrative expenses					
g End of year balance	2,343,470	2,194,612	2,314,867	2,319,966	2,297,322

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 71.00 %
 - c Temporarily restricted endowment 29.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		951,987		951,987
b Buildings		5,362,336	1,401,918	3,960,418
c Leasehold improvements				
d Equipment		360,421		360,421
e Other		148,522		148,522
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,421,348

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other Equities	8,808,250	
(A) Bonds and Government Notes	3,236,373	
(B) Mutual Funds - Bond	997,958	
(C) Cash Equivalents	37,364	
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,079,945	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Accrued expenses	259,320	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	259,320	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,248,009
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,248,009
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,248,009

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,166,369
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,166,369
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,166,369

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statements of activities or accrued in the statements of financial position.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

**The Center For Women & Families,
Inc.**

Employer identification number

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Celebration of</u>		<u>None</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	311,243		311,243
	2	Less: Contributions	250,476		250,476
	3	Gross income (line 1 minus line 2)	60,767		60,767
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	49,823		49,823
	8	Entertainment			
	9	Other direct expenses	64,304		64,304
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-53,360

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
		7	Direct expense summary. Add lines 2 through 5 in column (d)			
		8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization **The Center For Women & Families, Inc.** Employer identification number [REDACTED]

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Basic necessities	6797	188,038		FMV	Various
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

See Schedule I Supplemental Information Worksheet

SCHEDULE I (Form 990)	Supplemental Information	2016
	For calendar year 2016, or tax year beginning <u>07/01/16</u> , and ending <u>06/30/17</u>	

Name of the organization The Center For Women & Families, Inc.	Employer identification number <div style="background-color: black; width: 100px; height: 15px;"></div>
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Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds
 Procedures for monitoring the use of grant funds documentation for assistance qualification are kept in a file for each individual receiving assistance. Most of the assistance is funded by annual donations, and in-kind gifts, but one federal grant supports housing assistance. The government may, at any time, choose to review these files.

Part IV - Additional Information

Part III, Line 1 -

(a) Type of grant assistance - Basic necessities

(f) Description of non-cash assistance - clothing vouchers, gas, medical prescriptions, bus tickets, etc.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open To Public
Inspection**

**The Center For Women & Families,
Inc.**

Employer identification number

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		27,316	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X		51,687	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Gift cards)	X		14,435	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	29
----	----

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Dotted lines for supplemental information input.

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

**The Center For Women & Families,
Inc.**

Employer identification number

Form 990, Part III, Line 4d - All Other Accomplishment

Prevention Education and Sexual Assault Services

In addition to providing services to victims of domestic violence and sexual assault, the Center is committed to violence prevention and allocates resources to that that end. Activities include projects with youth through Green Dot and PACT in Action; OWN It, an initiative to engage men as allies; community education through collaborative partnerships; and training for professionals in medical, human resources, legal and law enforcement fields.

The Center's additional services for victims of sexual assault include 24-hour on-site advocacy in emergency rooms at area hospitals, and a specially equipped examining room at our JET campus where individuals may choose to undergo a sexual assault forensic exam instead of going to a hospital emergency room. The Center also provides individual therapy and legal advocacy for victims.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Prior to its filing, the form 990 is reviewed by the finance committee and is distributed to the full board of directors.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
Upon hiring the President/CEO, the board compared her salary to President/CEO's of other similar organizations. The President/CEO is

Name of the organization

Employer identification number

The Center For Women & Families,



evaluated like all employees on an annual basis and any merit raise is given with regard to budget constraints. In addition, salaries are periodically reviewed by the human resources committee to confirm that the organization is offering salaries and increases commensurate with other similar organizations.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation

The Organization makes its 990 and other documents available on its own website, through Guidestar, and is also available to the public upon request.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

**The Center For Women & Families,
Inc.**

Employer identification number



Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Domestic Violence Housing Limited P P.O. Box 2048 Louisville KY 40201 61-1315091	Housing	KY	N/A	Related						N/A	X	
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													



Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (See instructions).

Area with horizontal dotted lines for supplemental information.

Indiana Statements

FYE: 6/30/2017

Statement 1 - IN Form NP-20, Line 3 - Current Officers

<u>Officer Name</u>	<u>Title</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Address</u>				
Ann Bauer	Chair			
Marta Miranda P.O. Box 2048	President	Louisville	KY	40203
Dana Lackey	Chair Elect			
Stephanie Hawkins Smith	Secretary			
Kristin McDonnor, CPA	Treasurer			
Leslie Coyle	Vice Chair			
Christie Maloney	VP of Administration			
Tamara Reif	VP of Programs			
Jeanine Triplett	VP Development/Comm			
Elizabeth Martin	CEO			

Statement 2 - IN Form NP-20, Line 4 - Purpose of Mission of Organization

Description

To help victims of intimate partner abuse or sexual violence become survivors through supportive services, community education and cooperative partnerships that foster hope, promote self-sufficiency and rebuild lives.