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 Childengagement coordinator. The CEC will provide confistent & constant support for children & Secure Their physical Safety
CUPPORT DE THO. SQUARM GOCCOLISTED TO TOUR TO THE TOUR TO THE
sipport in the state of instance benefits for one full-time
Child engagement coordinator. The CEC will provide confictent
a constant support top an Idpen & Secure. Their physical Safeta
and the halosoft them to the state of the st
While helping Them to Divercine, feelings of fear & cunicity.
Is this program/project a fundraiser?
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)?
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.
1 1 Section of the se
V \$500 10/31/18
District # Primary Sponsor Signature Amount Date
District # Filliary Sponsor Signature Amount 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.
1
Approved by:
Appropriations ('ammittee ('hairman
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 Lamon & Molvilile	\$1,000 -
Digtaint 11	\$
District 12 Rd Bhlwell	
District 13	\$
District 14	
District 15	

2 | Page Effective May 2016

Applicant/Program: CENTER FOR Women and Families inc. Child Engagement coordinator

Additional Disclosure and Signatures

Additional Disclosu	re and Signatures
Additional Council Office Disclosure List below any personal or business relationship you, your organization, its volunteers, its employees or members	o 6. 11
District 16	\$
District 17	\$
District 18	\$
District 19	\$
District 20 Just Bensum by aw	s 1000.00
District 21	\$
District 22	\$
District 23	
ristrict 24	\$
istrict 25	\$
istrict 26	\$

3 | Page Effective May 2016

Legal Name of Applicant Organization CENTER TOR Women & Family 1	nC
Program Name and Request Amount Child engagement Cordina	
\$39,900	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	X
Is the funding proposed by Council Member(s) less than or equal to the request amount?	y
Is the proposed public purpose of the program viable and well-documented?	9
Will all of the funding go to programs specific to Louisville/Jefferson County?	9
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	9
Has prior Metro Funds committed/granted been disclosed?	9
Is the application properly signed and dated by authorized signatory?	y
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	9
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	NA
Is the entity in good standing with: Kentucky Secretary of State? Louisville Metro Revenue Commission? Louisville Metro Government? Internal Revenue Service? Louisville Metro Human Relations Commission?	У
Is the current Fiscal Year Budget included?	4
Is the entity's board member list (with term length/term limits) included?	9
Is recommended funding less than 33% of total agency operating budget?	9
Does the application budget reflect only the revenue and expenses of the project/program?	y
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	-NA
Is the most recent annual audit (if required by organization) included?	9
Is a copy of Signed Lease (if rent costs are requested) included?	NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	NA
Are the Articles of Incorporation of the Agency included?	U
Is the IRS Form W-9 included?	y
Is the IRS Form 990 included?	9
Are the evaluation forms (if program participants are given evaluation forms) included?	NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	4
Prepared by: Shalama Progles Date: 10-31-1	8

	and the second second	SECTION 1 – APP	LICANT INFORMATION	V
Legal Name of App	licant Orga	anization:		
(as listed on: http://ww		business/records	for Women and Fami	
Main Office Street	& Mailing	Address: PO Box 2048,	Louisville Kentucky 4	0201
Website: www.the	centeronlin	e.org		
Applicant Contact:	Joseph	Higdon	Title:	Director of Grants
Phone:	502-58	1-7212	Email:	joe.higdon@cwfempower.org
Financial Contact:	Mary (Carter	Title:	Finance Manager
Phone:	502-58	1-7215	Email:	mary.carter@cwfempower.org
Organization's Repr	esentative	who attended NDF Trai	ning:Joseph Higdon	y same we mempe we not
		AL AREA(S) WHERE PROG		(WILL BE) PROVIDED
Program Facility Loc	cation(s):	Louisville Kentucky		
Council District(s):		All Council Districts	Zip Code(s):	All Zip Codes
	SECT	ION 2 – PROGRAM REQU	EST & FINANCIAL INF	ORMATION
PROGRAM/PROJECT	NAME:Ch	ild Engagement Coordin	ator	
Total Request: (\$)	39,900	Total Metro A	ward (this program) i	n previous year: (\$) 436,637
Purpose of Request		that apply):		
Operating	Funds (gen	erally cannot exceed 33%	6 of agency's total ope	rating budget)
Programm	ing/service	s/events for direct benef	it to community or qua	alified individuals
Capital Pro	ject of the	organization (equipment	, furnishing, building, e	etc)
The Following are Re	equired Att	achments:		
■ IRS Exempt Status D	eterminatio	n Letter	Signed lease if rent	costs are being requested
■ Current year project			■ IRS Form W9	G 4, 14102
■ Current financial sta			Evaluation forms if (used in the proposed program
Most recent IRS Form 990 or 1120-H				uired by organization)
■ Articles of Incorpora				ation Certification Form, if applicable
Cost estimates from capital expense	proposed ve	endor if request is for		
Covernment for this t	n any ome	I program or expense in	cluding funde received	ceived from Louisville Metro I through Metro Federal Grants, nent Funds). Attach additional
Source:	EAF (\$35,5	600 Crisis; \$5,000 Child	Amount: (\$) 40.	500
Control of the Contro			Victorial Control Cont	600
ource:	<u> </u>		Amount: (\$) 79,	UUU
las the applicant cont	acted the	BBB Charity Review for page 1		
las the applicant met	the BBB Cl	narity Review Standards?	articipation? To Yes	No
		, Standards:	Yes No	

Page 1 Effective May 2016



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 psychoeducational 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.

Page 2 Effective May 2016

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Dana Lackey (Chair)	
Krisin McDonner (Treasurer)	September 2019
Leslie Coyle (Vice Chair)	September 2019
Stephanie Hawkins Smith (Secretary)	September 2018
Carole Alvarez	September 2020
	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	
Shannon Charnas	September 2018
Christopher Colson	September 2020
Steve Conrad	September 2019
Dana Eberle-Peay	September 2019
	September 2020
lease 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

Page 3 Effective May 2016

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 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.

Page 4 Effective May 2016

C: If this request is a fundraison place detail by
C: If this request is a fundraiser, please detail how the proceeds will be spent: Not Applicable
- ver 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 finding result is
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
✓ 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.

Page 5 Effective May 2016

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).

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.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	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:

Non-Metro	ס 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 **	

Page 7 Effective May 2016



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

^{**}Must equal or exceed total in column 2.

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

Page 8 Effective May 2016

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

	Total Value of In-Kind	
	(to match Program Budget Line Item.	
	Volunteer Contribution &Other In Kind)	
F	DONOR INFORMATION REFERS TO WHO MADE ISTED INDIVIDUALLY, BUT GROUPED TOGETHER PERSON PER WEEK Egency Fiscal Year Start Date: July 1st	ETHE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE RON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER
Ĺ	gency riscal real start Date: July 1st	
b	oes your Agency anticipate a significant increase udget projected for next fiscal year? NO	e or decrease in your budget from the current fiscal year to the YES
H	YES, please explain:	

Applicant's Initials

Page 9

Effective May 2016

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.

- 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.
- Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the 2. approval is automatically revoked and the funds will not be disbursed to our organization.
- 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.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 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.
- 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.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal 7.
- 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.
- 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.
- 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

Standard Certifications

- The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- The Agency has a written Affirmative Action/Equal Opportunity Policy.
- 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.
- 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.
- 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 Signature of Legal Signatory: Date: Legal Signatory: (please print): beth Wessels-Martin Title: President/CEO Phone: |502-581-7253 Extension: Email: ewesselsmartin@cwfempower.org

Page 10 Effective May 2016

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

StatusA - ActiveStandingG - GoodStateKY

File Date4/30/1912Organization Date4/30/1912Last Annual Report6/7/2018

Principal Office P. O. BOX 2048

LOUISVILLE, KY 402012048

Registered Agent ELIZABETH MARTIN

927 SOUTH 2ND STREET LOUISVILLE, KY 40203

Current Officers

Chairman <u>Dana Lackey</u>

President <u>Marta Miranda-Straub</u>

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

DirectorStephanie Pearce BurkeDirectorChristopher Colson

DirectorSteve ConradDirectorShelly GibsonDirectorEric GoodmanDirectorJohn D. MarshallDirectorRegina NetheryDirectorDavid L. NicholsonDirectorDiane French Nguyen

DirectorCasey RamageDirectorShelley SantryDirectorKristin Warfield

DirectorRobert WebbDirectorJill Whitehouse

Individuals / Entities listed at time of formation

Director MRS MAXWELL ALLEN

DirectorMRS DON AMOSDirectorMRS EVA BATEMANDirectorMRS JOHN O BLANTONDirectorMRS WALTER BUTT JRIncorporatorHARRIET R GAULBERT

Incorporator PHIL A BECK

IncorporatorHELOISE K BULLITTIncorporatorJULIETT N MARVIN

Incorporator <u>E Y MULLINS</u>

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

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

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 I 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 / CLF	7 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

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.

to the corporate Records Brahon at 602 60+	0001.	
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
Annual Report	7/1/1995	2 pages
Annual Report	7/1/1994	1 page
Statement of Change	8/24/1993	1 page
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 page	5
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 your 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,

Harold M. Browning District Director

The Center for Women and Families, Inc. Total Agency

FY 1	1.8
Revenue Projections	Budget
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	-
otal Projected Revenue	5,823,485
j	
xpense 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
otal Projected Expenses	6,216,759
The state of the s	V,210,/35
ojected Net Income/Loss	(393,274)
The state of the s	(277)4/4)



The Center for Women and Families, Inc.
Independent Auditors' Report
And Financial Statements
For The Years Ended
June 30, 2017 and 2016

Contents

	Page
Independent Auditors' Report	1
Financial Statements:	
Statements of Financial Position	3
Statements of Activities	4
Statements of Functional Expenses	5
Statements of Cash Flows	7
Notes To Financial Statements	8
Schedule of Expenditures of Federal Awards	22
Notes To Schedule of Expenditures of Federal Awards	25
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	26
Independent Auditor's Report On Compliance For Each Major Program And On Internal Control Over Compliance Required By The Uniform Guidance	28
Schedule of Findings And Questioned Costs	30



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

Assets		2017	2016		
Cash and cash equivalents			_		
Restricted cash	\$	272,344	\$	52,604	
Grants receivable		-		14,182	
Promises to give, net		577,989		325,376	
Inventory and prepaid expenses		1,464,283		1,714,183	
Investments		47,058		39,201	
Land, buildings and equipment, net		13,079,945		12,769,329	
Mortgage receivable		5,421,348		5,529,413	
Wortgage receivable		900,000		900,000	
Total assets	\$ 2	21,762,967	\$	21,344,288	
Liabilities and net assets					
Liabilities					
Accounts payable	\$	149,266	\$	47 400	
Accrued expenses	Ψ	259,320	Φ	47,496	
Lines of credit		3,416,413		418,006	
Deferred rent		90,667		4,082,202	
		90,007		92,000	
Total liabilities		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	
		0,021,010		0,720,710	
Total unrestricted	1	4,133,366		13,368,289	
Temporarily restricted		2,041,485		1,663,845	
Permanently restricted	•	1,672,450		1,672,450	
Total net assets	1	7,847,301		16,704,584	
Total liabilities and net assets	\$ 2	1,762,967	\$	21,344,288	

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

	2017			2016				
		Temporarily	Permanently			Temporarily	Permanently	
	Unrestricted	Restricted	Restricted	Total	Unrestricted	Restricted	Restricted	Total
Revenue and support:						rectneted	restricted	- Total
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	Ψ -	
Program and service fees	293,802	_	_	293,802	85,631		-	494,002
Investment income	293,426	42,554	_	335,980	236,446	74,451	-	85,631
Special events	311,243	_	_	311,243	345,569	74,431	-	310,897
Less direct expenses	(114, 127)	-	_	(114, 127)	(99,554)	-	-	345,569
Miscellaneous income	25,256	-	_	25,256	87,643	-	-	(99,554)
	4,545,635	784,874		5,330,509	3,785,352	744 227		87,643
Net assets released from restrictions		,		0,000,000	3,705,352	741,337	-	4,526,689
Restrictions satisfied by payments	978,630	(978,630)	_	-	903,566	(903,566)	_	
Total revenue and support	5,524,265	(193,756)	_	5,330,509	4,688,918	(162,229)		4,526,689
Expenses:								4,020,009
Program services	4 005 400							
Management and general	4,685,430	_	-	4,685,430	4,529,606	_	_	4,529,606
Fund raising	1,126,943	-	-	1,126,943	1,295,703	_	-	1,295,703
•	353,996	_		353,996	434,246	_	-	434,246
Total expenses	6,166,369			6,166,369	6,259,555	•	_	6,259,555
Operating changes in net assets	(642,104)	(193,756)	_	(835,860)	(1,570,637)	(162,229)	_	(1,732,866)
Non-operating revenues and expense	s:							
Capital campaign contributions	_	917,500	_	917,500	200 705			
Impairment loss	_	-	_	917,500	380,765	-	-	380,765
Realized/unrealized gains (losses)	841,391	219,686	-	1 001 077	(6,033,157)	_	~	(6,033,157)
Restrictions satisfied by payments	565,790	(565,790)	-	1,061,077	(97,330)	(82,683)	-	(180,013)
Non-operating change in net assets	1,407,181	571,396		4 070 577	_	-		
specially sharings in hist describ	1,407,101	37 1,390		1,978,577	(5,749,722)	(82,683)	-	(5,832,405)
Total change in net assets	765,077	377,640		4 4 40 5 45				
Net assets at beginning of year	13,368,289	377,640 1,663,845	1 672 <i>45</i> 0	1,142,717	(7,320,359)	(244,912)	-	(7,565,271)
Net assets at end of year	\$14,133,366		1,672,450	16,704,584	20,688,648	1,908,757	1,672,450	24,269,855
1131 2300to at ond or year	Ψ 14, 133,300	\$2,041,485	\$1,672,450	\$17,847,301	\$13,368,289	\$1,663,845	\$1,672,450	\$16,704,584

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

				am Expenses			2017	Supporting Se	ervices
	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 Employee benefits and payroll taxes	\$592,638 109,524	\$1,149,156 221,580	\$275,376 53,542	\$335,610 73,055	\$601,276 96,401	\$2,954,056 554,102	\$ 483,841 83,382	\$224,951 40,048	\$3,662,848 677,532
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 Supplies Telephone Postage Occupancy Printing, publications and advertising Travel, training and conferences Assistance to individuals Insurance Membership dues Interest Bank and investment fees	9,517 29,786 14,268 1,006 59,985 8,343 11,273 6,148 5,355 879	16,934 144,903 26,741 2,527 148,888 22,645 20,870 118,233 10,384 14,646	1,606 9,136 6,364 399 40,488 3,576 16,672 59,160 2,488 2,354	49,254 29,010 8,319 532 11,893 4,767 16,720 637 3,033	6,645 2,615 14,127 2,527 975 22,645 2,907 3,860 5,434	83,956 215,450 69,819 6,991 262,229 61,976 68,442 188,038 26,694 17,879	246,687 18,004 12,547 7,657 9,087 40,733 26,057 - 4,372 7,864 107,134 75,642	13,632 15,661 6,664 3,710 5,488 35,441 3,718 - 2,033 305 -	344,275 249,115 89,030 18,358 276,804 138,150 98,217 188,038 33,099 26,048 107,134 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	\$852,866	\$2,036,562	\$493,829	\$542,009	\$760,164	\$4,685,430	\$ 1,126,943	\$353,996	\$6,166,369

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 Employee benefits and payroll taxes	\$ 16,365 2,896	\$1,061,009 184,525	\$1,319,873 207,283	\$412,905 68,118	\$2,810,152 462,822	\$ 506,474 82,088	\$ 223,126 35,150	\$3,539,752 580,060
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 Supplies Telephone Postage Occupancy Printing, publications and advertising Travel, training and conferences Assistance to individuals Insurance Membership dues Interest Bank and investment fees Miscellaneous	4,773 5,168 928 60 9,215 1,416 986 20,476 1,465 325 - -	71,545 177,034 20,170 815 120,239 14,209 18,025 46,686 11,720 3,135	44,799 47,320 6,552 304 36,998 5,690 22,457 141,357 5,860 2,600	39,260 60,619 3,372 3,742 18,429 17,328 14,912 1,561 2,930 1,190 - - 3,250	160,377 290,141 31,022 4,921 184,881 38,643 56,380 210,080 21,975 7,250	201,353 75,840 117,420 8,392 18,449 39,169 9,632 33 5,860 11,509 106,962 71,790 11,632	64,969 25,077 2,898 7,237 9,215 34,438 7,698 - 1,464 415 - - 8,009	426,699 391,058 151,340 20,550 212,545 112,250 73,710 210,113 29,299 19,174 106,962 71,790 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	\$ 78,623	\$1,874,917	\$1,899,350	\$676,716	\$4,529,606	\$ 1,295,703	\$434,246	\$6,259,555

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

Change in net assets \$ 1,142,717 \$ (7,565,271) 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: \$ 290,998 Depreciation 182,079 290,998 Impairment loss (1,061,077) 180,013 Realized/unrealized (gains)/losses (917,500) (380,765) In-kind donations of equipment (7,995) (7,995) (Increase) decrease in operating assets: (252,613) (13,823) 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: (7,857) (17,714) Increase (decrease) in operating liabilities: (56,916) 63,582 Deferred rent (1,333) (1,333) (1,333) Net cash provided (used) by operating activities (72,600) (1,167,379) Cash flows from investing activities (269,944) (247,661) Sales of investments (1,020,405) <th></th> <th colspan="2">2017</th> <th colspan="2">2016</th>		2017		2016	
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities: Depreciation Impairment loss Realized/unrealized (gains)/losses In-kind donations of equipment Increase) decrease in operating assets: Grants receivable Inventory and prepaid expenses Increase (decrease) in operating liabilities: Accounts payable and accrued expenses Deferred rent Increase of investments Sales of investments Sales of investments Sales of investments Sales of investments Suproperty or equipment Change in board designated and restricted cash Net cash provided (used) by investing activities Cash flows from financing activities: Contributions restricted for long-term purposes Payments on lines of credit Borrowings on lines of credit Cash and cash equivalents at end of year Supplemental disclosures: Interest paid Department of activities at the department of the provided (used) by financing of year Supplemental disclosures: Interest paid Department of activities Purchases of property or equipment (74,014) Cash flows from financing activities Contributions restricted for long-term purposes Payments on lines of credit (665,789) Cash and cash equivalents at beginning of year Cash and cash equivalents at the dof year Supplemental disclosures: Interest paid Department of activities activities (252,344) Supplemental disclosures: Interest paid	Cash flows from operating activities:				
Depreciation		\$	1,142,717	\$	(7,565,271)
Depreciation					
Impairment loss					
Realized/unrealized (gains)/losses (1,061,077) 180,013 Contributions restricted for long-term purposes In-kind donations of equipment - (7,995) (Increase) decrease in operating assets: - (7,995) Grants receivable (252,613) (13,823) Promises to give Inventory and prepaid expenses (7,857) (17,714) Increase (decrease) in operating liabilities: - (7,857) (17,714) Increase (decrease) in operating liabilities: - (56,916) 63,582 Deferred rent (1,333) (1,333) (1,333) Net cash provided (used) by operating activities (722,600) (1,167,379) Cash flows from investing activities: - (269,944) (247,661) Sales of investments (269,944) (247,661) (3,011,576) Sales of investments (269,944) (247,661) (3,011,576) Change in board designated and restricted cash 14,182 20,033 Net cash provided (used) by investing activities 690,629 (2,287,181) Cash flows from financing activities: 917,500 380,765 <tr< td=""><td></td><td></td><td>182,079</td><td></td><td>290,998</td></tr<>			182,079		290,998
Contributions restricted for long-term purposes			-		6,033,157
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) Net cash provided (used) by operating activities (722,600) (1,167,379) Cash flows from investing activities: Purchases of investments (269,944) (247,661) Sales of investments (209,405) (30,11,576) Sales of investments (74,014) (30,11,576) Change in board designated and restricted cash (74,014) (30,11,576) Change in board designated and restricted cash (14,182) (20,033) Net cash provided (used) by investing activities (690,629) (2,287,181) 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 (665,789) (132,105) Borrowings on lines of credit (23,470,604) Cash and cash equivalents at beginning of year (23,434) (23,377,900) Cash and cash equivalents at end of year (23,244) (23,377,900) Cash and cash equivalents at end of year (23,244) (23,376,604) Cash and cash equivalents at end of year (23,244) (23,376,604) Cash and cash equivalents at end of year (23,244) (23,376,604) Cash and cash equivalents at end of year (23,244) (23,260,604) Cash and cash equivalents at end of year (23,244) (23,260,604) Cash and cash equivalents at end of year (23,244) (23,260,604) Cash and cash equivalents at end of year (23,244) (23,260,604) Cash and cash equivalents at end of year (23,244) (23,260,604) Cash and cash equivalents at end of year (23,244) (23,260,604) Cash and cash equivalents at end of year (23,244) (23,260,604) Cash and cash equivalents at end of year (23,244) (23,260,604) Cash and cash equivalents at end of year (23,244) (23,260,604) Cash and cash equivalents at end of year (23,244) (23,260,			(1,061,077)		180,013
(Increase) decrease in operating assets: (252,613) (13,823) Promises to give 249,900 251,772 Inventory and prepaid expenses (7,857) (17,714) Increase (decrease) in operating liabilities: (7,857) (17,714) Accounts payable and accrued expenses (56,916) 63,582 Deferred rent (1,333) (1,333) Net cash provided (used) by operating activities (722,600) (1,167,379) Cash flows from investing activities: (269,944) (247,661) Purchases of investments (269,944) (247,661) Sales of investments (269,944) (3,011,576) Change in board designated and restricted cash (74,014) (3,011,576) Change in board designated and restricted cash 14,182 20,033 Net cash provided (used) by investing activities 690,629 (2,287,181) Cash flows from financing activities: 917,500 380,765 Payments on lines of credit 665,789) (132,105) Borrowings on lines of credit - 828,000 Net cash provided (used) by financing activities			(917,500)		(380,765)
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: (7,857) (17,714) Deferred rent (1,333) (1,333) Net cash provided (used) by operating activities (722,600) (1,167,379) 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 Net cash provided (used) by investing activities 690,629 (2,287,181) Cash flows from financing activities: Contributions restricted for long-term purposes 917,500 380,765 Payments on lines of credit - 828,000 Net cash provided (used) by financing activities 251,711 1,076,660 Net increase (decrease) in cash 219,740 (2,377,900) Cash and cash equivalents at			-		(7,995)
Promises to give					
Inventory and prepaid expenses			(252,613)		(13,823)
Increase (decrease) in operating liabilities: Accounts payable and accrued expenses (56,916) 63,582 Deferred rent (1,333) (1,333) Net cash provided (used) by operating activities (722,600) (1,167,379) 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 Net cash provided (used) by investing activities 690,629 (2,287,181) Cash flows from financing activities: (665,789) (132,105) Payments on lines of credit (665,789) (132,105) Borrowings on lines of credit 251,711 1,076,660 Net cash provided (used) by financing activities 251,711 1,076,660 Net cash provided (used) by financing activities 251,711 1,076,660 Net increase (decrease) in cash 219,740 (2,377,900) Cash and cash equivalents at beginning of year \$2,604 2,430,504 Cash and cash equivalents at end of year \$272,344 \$52,604 Supplemental disclosures: Interest paid \$107,134 \$106,962 Descriptions of activities \$107,134 \$106,962 Descriptions of activities \$107,134 \$106,962			249,900		251,772
Increase (decrease) in operating liabilities: Accounts payable and accrued expenses (56,916) 63,582 Deferred rent (1,333) (1,333) Net cash provided (used) by operating activities (722,600) (1,167,379) 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 Net cash provided (used) by investing activities 690,629 (2,287,181) Cash flows from financing activities: (665,789) (132,105) Payments on lines of credit (665,789) (132,105) Borrowings on lines of credit 251,711 1,076,660 Net cash provided (used) by financing activities 251,711 1,076,660 Net cash provided (used) by financing activities 251,711 1,076,660 Net increase (decrease) in cash 219,740 (2,377,900) Cash and cash equivalents at beginning of year \$2,604 2,430,504 Cash and cash equivalents at end of year \$272,344 \$52,604 Supplemental disclosures: Interest paid \$107,134 \$106,962 Descriptions of activities \$107,134 \$106,962 Captions of activities \$107,134			(7,857)		(17,714)
Deferred rent (1,333) (1,333) Net cash provided (used) by operating activities (722,600) (1,167,379) Cash flows from investing activities:	Increase (decrease) in operating liabilities:				,
Deferred rent (1,333) (1,333) Net cash provided (used) by operating activities (722,600) (1,167,379) Cash flows from investing activities: (269,944) (247,661) 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 Net cash provided (used) by investing activities 690,629 (2,287,181) Cash flows from financing activities: 917,500 380,765 Payments on lines of credit (665,789) (132,105) Borrowings on lines of credit - 828,000 Net cash provided (used) by financing activities 251,711 1,076,660 Net increase (decrease) in cash 219,740 (2,377,900) Cash and cash equivalents at beginning of year 52,604 2,430,504 Cash and cash equivalents at end of year \$ 272,344 \$ 52,604 Supplemental disclosures: Interest paid \$ 107,134 \$ 106,962	Accounts payable and accrued expenses		(56,916)		63,582
Net cash provided (used) by operating activities (722,600) (1,167,379) 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 Net cash provided (used) by investing activities 690,629 (2,287,181) 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 (665,789) (132,105) Borrowings on lines of credit 251,711 1,076,660 Net cash provided (used) by financing activities 251,711 1,076,660 Net increase (decrease) in cash 219,740 (2,377,900) Cash and cash equivalents at beginning of year 52,604 2,430,504 Cash and cash equivalents at end of year \$272,344 \$52,604 Supplemental disclosures: Interest paid \$107,134 \$106,962	Deferred rent		-		
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 Net cash provided (used) by investing activities 690,629 (2,287,181) Cash flows from financing activities: 20,033 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 Net cash provided (used) by financing activities 251,711 1,076,660 Net increase (decrease) in cash 219,740 (2,377,900) Cash and cash equivalents at beginning of year 52,604 2,430,504 Cash and cash equivalents at end of year \$ 272,344 \$ 52,604 Supplemental disclosures: Interest paid \$ 107,134 \$ 106,962			<u> </u>		(1)
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 Net cash provided (used) by investing activities 690,629 (2,287,181) Cash flows from financing activities: 917,500 380,765 Payments on lines of credit (665,789) (132,105) Borrowings on lines of credit - 828,000 Net cash provided (used) by financing activities 251,711 1,076,660 Net increase (decrease) in cash 219,740 (2,377,900) Cash and cash equivalents at beginning of year 52,604 2,430,504 Cash and cash equivalents at end of year \$ 272,344 \$ 52,604 Supplemental disclosures: Interest paid \$ 107,134 \$ 106,962	Net cash provided (used) by operating activities		(722,600)		(1,167,379)
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 Net cash provided (used) by investing activities 690,629 (2,287,181) 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 Net cash provided (used) by financing activities 251,711 1,076,660 Net increase (decrease) in cash 219,740 (2,377,900) Cash and cash equivalents at beginning of year 52,604 2,430,504 Cash and cash equivalents at end of year \$272,344 \$52,604 Supplemental disclosures: Interest paid \$107,134 \$106,962	Cash flows from investing activities:				
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 Net cash provided (used) by investing activities 690,629 (2,287,181) Cash flows from financing activities: Section 100,000 380,765 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 Net cash provided (used) by financing activities 251,711 1,076,660 Net increase (decrease) in cash 219,740 (2,377,900) Cash and cash equivalents at beginning of year 52,604 2,430,504 Cash and cash equivalents at end of year \$ 272,344 \$ 52,604 Supplemental disclosures: \$ 107,134 \$ 106,962 Contributions of equivalents at each of year \$ 107,134 \$ 106,962	Purchases of investments		(269,944)		(247.661)
Purchases of property or equipment Change in board designated and restricted cash Net cash provided (used) by investing activities Cash flows from financing activities: Contributions restricted for long-term purposes Payments on lines of credit Borrowings on lines of credit Net cash provided (used) by financing activities Net cash provided (used) by financing activities Net cash provided (used) by financing activities Net increase (decrease) in cash Cash and cash equivalents at beginning of year Cash and cash equivalents at end of year Supplemental disclosures: Interest paid (74,014) (3,011,576) 20,033 (2,287,181) 380,765 (665,789) (132,105) 5251,711 1,076,660 (2,377,900) 2,430,504 52,604 Supplemental disclosures: Interest paid	Sales of investments				
Change in board designated and restricted cash Net cash provided (used) by investing activities 690,629 (2,287,181) Cash flows from financing activities: Contributions restricted for long-term purposes Payments on lines of credit Borrowings on lines of credit Net cash provided (used) by financing activities Net cash provided (used) by financing activities Net increase (decrease) in cash Cash and cash equivalents at beginning of year Cash and cash equivalents at end of year Supplemental disclosures: Interest paid Net cash provided (used) by financing activities 144,182 20,033 489,765 690,629 (2,287,181) 380,765 (665,789) (132,105) 828,000 251,711 1,076,660 219,740 (2,377,900) 2,430,504 Cash and cash equivalents at end of year \$272,344 \$52,604	Purchases of property or equipment				
Cash flows from financing activities: Contributions restricted for long-term purposes Payments on lines of credit Borrowings on lines of credit Net cash provided (used) by financing activities Net increase (decrease) in cash Cash and cash equivalents at beginning of year Cash and cash equivalents at end of year Supplemental disclosures: Interest paid Cash and cash equivalents at such at the supplemental disclosures: Interest paid Cash and cash equivalents at such at the supplemental disclosures: Supplemental disclosures: Supplemental disclosures: Supplemental disclosures: Supplemental disclosures: Supplemental disclosures: Cash and cash equivalents at end of year Supplemental disclosures: Supplemental disclosures: Supplemental disclosures: Cash and cash equivalents at end of year Supplemental disclosures: Supplemental disclosures: Cash and cash equivalents at end of year Supplemental disclosures: Supplemental disclosures: Cash and cash equivalents at end of year Supplemental disclosures: Cash and cash equivalents at end of year Supplemental disclosures: Cash and cash equivalents at end of year Supplemental disclosures: Cash and cash equivalents at end of year	Change in board designated and restricted cash				•
Contributions restricted for long-term purposes Payments on lines of credit Borrowings on lines of credit Net cash provided (used) by financing activities Net increase (decrease) in cash Cash and cash equivalents at beginning of year Cash and cash equivalents at end of year Supplemental disclosures: Interest paid	Net cash provided (used) by investing activities		690,629		(2,287,181)
Contributions restricted for long-term purposes Payments on lines of credit Borrowings on lines of credit Net cash provided (used) by financing activities Net increase (decrease) in cash Cash and cash equivalents at beginning of year Cash and cash equivalents at end of year Supplemental disclosures: Interest paid	Cash flows from financing activities:				
Payments on lines of credit Borrowings on lines of credit Net cash provided (used) by financing activities Net increase (decrease) in cash Cash and cash equivalents at beginning of year Cash and cash equivalents at end of year Supplemental disclosures: Interest paid Interest paid (665,789) (132,105) 828,000 251,711 1,076,660 (2,377,900) 2,430,504 272,344 52,604 \$ 52,604	Contributions restricted for long-term purposes		917.500		380 765
Borrowings on lines of credit Net cash provided (used) by financing activities Net increase (decrease) in cash Cash and cash equivalents at beginning of year Cash and cash equivalents at end of year Supplemental disclosures: Interest paid Interest paid September 1,076,660 1,076,660 2,377,900) 2,430,504 52,604 \$52,604 \$52,604 \$107,134 \$106,962			•		
Net increase (decrease) in cash Cash and cash equivalents at beginning of year Cash and cash equivalents at end of year Cash and cash equivalents at end of year Supplemental disclosures: Interest paid Supplemental disclosures: Interest paid Net increase (decrease) in cash 219,740 2,377,900) 2,430,504 \$ 52,604 \$ 106,962			-		
Cash and cash equivalents at beginning of year 52,604 2,430,504 Cash and cash equivalents at end of year \$ 272,344 \$ 52,604 Supplemental disclosures: Interest paid \$ 107,134 \$ 106,962	Net cash provided (used) by financing activities		251,711		1,076,660
Cash and cash equivalents at beginning of year 52,604 2,430,504 Cash and cash equivalents at end of year \$ 272,344 \$ 52,604 Supplemental disclosures: Interest paid \$ 107,134 \$ 106,962	Net increase (decrease) in cash		219.740		(2.377 900)
Supplemental disclosures: Interest paid \$ 107,134 \$ 106,962	Cash and cash equivalents at beginning of year				· · · · · · · · · · · · · · · · · · ·
Interest paid \$ 107,134 \$ 106,962	Cash and cash equivalents at end of year	\$	272,344	\$	52,604
Interest paid \$ 107,134 \$ 106,962	Supplemental disclosures:				-
Donations of equipment or vehicles \$ - \$ 7,995		\$	107,134	\$	106,962
	Donations of equipment or vehicles	\$	_	\$	7,995

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:

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

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

<u>Permanently Restricted Net Assets</u>: 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.

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:

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

<u>Level 2</u> – 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.

<u>Level 3</u> – 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.

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.

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

<u>Cash</u> - 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.

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

<u>Investments</u> - 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.

Note 3. Promises To Give

Promises to give consist of the following:

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

Note 4. Investments/Fair Value

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

					ı	Unrealized	
June 30, 2017		Cost Basis		Fair Value	Gain (loss)		
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)		_	
	\$	11,064,727	\$	13,079,945	\$	2,015,218	
June 30, 2016	(Cost Basis		Fair Value		Jnrealized Sain (loss)	
June 30, 2016 Cash equivalents							
	-	308,454 962,244 #		308,454		Gain (loss)	
Cash equivalents	-	308,454				Pain (loss) - 9,636	
Cash equivalents Mutual funds - bonds	-	308,454 962,244 #		308,454 971,880		Gain (loss)	
Cash equivalents Mutual funds - bonds Corp. and foreign bonds	-	308,454 962,244 # 2,423,055		308,454 971,880 2,481,703		- 9,636 58,648	
Cash equivalents Mutual funds - bonds Corp. and foreign bonds Government notes	-	308,454 962,244 # 2,423,055 726,782		308,454 971,880 2,481,703 744,570		9,636 58,648 17,788	

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

						Total
		Level 1	Level 2			fair value
June 30, 2017						
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		nee.		618,561		618,561
Equities		8,830,523		-		8,830,523
Limited partnerships		(22,273)		-		(22,273)
Totals	\$	9,843,572	\$	3,236,373	\$	13,079,945
June 30, 2016						
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)
Totals	\$	9,543,056	\$	3,226,273	\$	12,769,329
	-	5,0 10,000	<u> </u>	0,220,270	Ψ ======	12,703,323

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:

June 30, 2017	Unre	stricted	emporarily estricted	ermanently Restricted		Total
Endowment fund	\$	_	\$ 671,020	\$ 1,672,450	\$	2,343,470
June 30, 2016						
Endowment fund	\$	-	\$ 522,162	\$ 1,672,450	_\$	2,194,612

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.

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

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

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.

Note 6. Land, Buildings and Equipment

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

	2017			2016		
Land Buildings and improvements Construction in progress Furniture and equipment Vehicles	\$	951,987 5,362,337 - 360,421 148,521	\$	951,987 5,016,201 291,813 360,398 148,521		
Less accumulated depreciation		6,823,266 (1,401,918)		6,768,920 (1,239,507)		
Land, buildings and equipment, net	\$	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 2^{nd} 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.

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:

December	 2017	2016		
Programs: Individual development accounts CHI - Jewish Other	\$ \$ - 46,758 60,118		14,182 48,909 7,179	
Total restricted for programs	 106,876		70,270	
Subsequent years' activities:				
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.

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	 Amount
2018 2019 2020 2021	\$ 46,704 44,364 32,980 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

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.



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

Program Title	Federal CFDA Number	Pass-through Agency	Pass-through Agency Number	Federal Expenditures	Total Federal Expenditures by CFDA Number
Department of Housing and Urban Deve	elopment				
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 Depart	ment 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
					•

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

Program Title	Federal CFDA Number	Pass-through	Pass-through Agency Number	Federal Expenditures	Total Federal Expenditures by CFDA Number
Department of Justice - continued:					
Violence Against Women Formula Grants	16.588	Kentucky Justice Cabinet - VAWA Kentucky Justice Cabinet - VAWA Indiana Criminal Justice Institute	VAWA-2015-TheCent-00429 VAWA-2014-TheCent-00380 15ST3954	10,683 10,624 33,265	54,572
Grants to Encourage Arrest	16.590	Louisville Metro Police - Crimes Against Persons	2011-WEAX0026	2,207	2,207
Transitional Housing for Victims of Domestic Violence	16.736		2015 WH-AX-0055	105,495	105,495
			Total Department of Justice	1000	845,614
Department of Health and Human Serv	vices:				
Injury Prevention and Control Research and State and Community Based Programs	93.136	ICADV KY Assoc. of Sexual Assault Prog.	VFIC002222 RPE	29,428 26,263	55,691
TANF - Cluster Temporary Assistance for Needy					
Families	93.558	KY Domestic Violence Assoc.	17-D	147,382	
Total TANF Cluster				147,382	147,382

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

					Total Federal
	Federal		Pass-through		Expenditures
	CFDA	Pass-through	Agency	Federal	by CFDA
Program Title	Number	Agency	Number	Expenditures	Number
Department of Health and Human Ser	vices - cor	ntinued:			
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	93.671	KY Domestic Violence Assoc.	17-D	121,420	
Services/Domestic Violence Shelter		Indiana Criminal Justice Institute	15FVPSA4572	13,733	
and Supportive Services		Indiana Criminal Justice Institute	23FFV-1339	27,020	162,173
Preventive Health and Health	93.991	KY Assoc. of Sexual Assault Prog.	PHHS	7,341	
Services Block Grant		Indiana Criminal Justice Institute	15SOS-4822	1,287	
		Indiana Criminal Justice Institute	14SOS-3589	3,951	12,579
		Total Depa	rtment of Health and Hui	man Services	442,162
		TOTAL EX	(PENDITURES OF FEDERA	AL 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

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	104.20
Board Designated Cash	0	0	10,934	104.38
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)	
Pledges Receivable	815,211	1,027,899	(212,688)	84.75 79.31
Other Receivable	650	308	342	210.98
Prepaid Expenses	47,042	27,272	19,769	172.49
CIP	0	0	19,709	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
Total Assets	21,552,778	21,741,462	(188,683)	99.13
Liabilities and Net Assets				
PNC Line of Credit	300,000	400,415	(100,415)	74.00
Construction LOC	2,997,320	3,022,464	(25,144)	74.92 99.17
Accounts Payable	75,126	7,982	67,144	99.17
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
Total Liabilities	4,084,846	4,182,645	(97,798)	07.66
Net Assets	,,	1,102,010	(91,190)	97.66
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
Total Unrestricted	13,753,699	13,948,339	(194,640)	98.61
Temporary Restricted	2,041,783	1,938,028	103,755	105,35
Permanently Restricted	1,672,450	1,672,450	0	100.00
Total Restricted	3,714,233	3,610,478	103,755	102.87
Total Liabilities and Net Assets	21,552,778	21,741,462	(188,683)	99.13

UNAUDITED

CENTER FOR WOMEN AND FAMILIES INCOME STATEMENT

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

			FOR TH	E PERIOD ENDE	D MAR 31, 2018				
	Annual	Month	Month	(\$) Diff	YTD	YTD	(\$) Diff	YTD	\$ Diff
	Budget	Budget	Actual	Act-Bud	Budget	Actual	Act-Bud	Actual	Act-Act
	Curr Year	Curr Year	Curr Year	Curr Year	Curr Year	Curr Year	Curr Year	Prev Year	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					,	,	1,770	10,931	(0,062)
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				,	,		(11,000)	104,321	101,272
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	22,092
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)		
Building Occupancy	205,535	17,195	16,061	(1,134)	154,155	137,528	(16,627)	11,835 176,321	1,240
Repair & Maint.	99,065	8,912	13,373	4,461	75,908	88,269	12,361	71,148	(38,793)
				,	,	55,255	12,501	71,148	17,121

CENTER FOR WOMEN AND FAMILIES INCOME STATEMENT

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

					,				
	Annual	Month	Month	(\$) Diff	YTD	YTD	(\$) Diff	YTD	\$ Diff
	Budget	Budget	Actual	Act-Bud	Budget	Actual	Act-Bud	Actual	Act-Act
	Curr Year	Prev Year	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	(270.407)
Capital Contributions	0	0	179	179	0	14,385	14,385	852,848	(278,197)
						. 1,000		032,046	(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)

BOUK 00504 0797

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;

BOUK 00504 0799

- (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 dully 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 <u>Distribution of Assets Upon Dissolution</u>

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

- 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 of 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.

- 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 of 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.

A12487

Document No: 1997012681

Lodged By: MAIL

Recorded On: Jan 31, 1997 09:23:26 A.M.

\$21.00 Total Fees:

County Clerk: Rebecca Jackson

Deputy Clerk: CHERYL

END OF DOMESTICE -8-

(Rev. November 2017) Department of the Treasury Internal Revenue Service

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.

	and the same state of the same	est intoffication.									
	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											
	Business name/disregarded entity name, if different from above										
page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)									
e. ns on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC										
t b	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner										
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member on LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the canother LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own	Exemption from FATCA reporting code (if any)									
Şċ	X Other (see instructions) > Nonprofit Organization	(Applies to accounts maintained outside the U.S.)									
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	nd address (optional)								
See	P.O. Box 2048										
,	6 City, state, and ZIP code										
	Louisville, KY 40201										
	7 List account number(s) here (optional)										
Par											
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.											
Part											
	penalties of perjury, I certify that:										
1. 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 2. 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											
3. I am a U.S. citizen or other U.S. person (defined below); and											
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.											
you hav acquisi	cation instructions. You must cross out item 2 above if you have been notified by the IRS that yo ve falled to report all interest and dividends on your tax return. For real estate transactions, item 2 tion or abandonment of secured property, cancellation of debt, contributions to an individual retire nan interest and dividends, you are not required to sign the certification, but you must provide you	does not apply. For	mortgage interest paid,								
Sign Here	Signature of U.S. person > Catherine & Legust 1	Date ▶ 4-2	16-2018								

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.



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: 50<u>2/540-7316</u>

Cell: 50 Fax: 502/540-7366

Email: Dana.Lackey@oldnational.com

Joined Board 2012 (2019) (2) 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 **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)(I) 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.



Updated 4/5/2018

DIRECTORS

Carol Alvarez Brown Forman Rep

Louisville, KY 40210

Cell: 50 Email: 1

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 Residential - Commercial Realtor

Cell:

Joined Board 2016 (2019) (1) Bullitt

Connie Barker, RN MSN

Baptist Health 304 Wakefield Trace Louisville, KY 40245 Work: (502) 896-7386

Cell:

Jefferson

connie.barker@bhsi.com Joined Board 2016 (2019)(1)

Ann Bauer

CIA CRMA CRP, SV Internal Audit

Manager

Republic Bank & Trust 601 West Market Street Louisville, KY 40202 Work: 502/561-7138

Cell:

Fax: 502/498-1032

Fmail: ABauer@republicbank.com

Joined Board 2014 (2020)(2)Jefferson

Heather Bass, PsvD

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

HomePage Realty

4050 Westport Rd, St Matthews, KY 40207

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:

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 Streeet 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.



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

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

Email: 6

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)

Dr. John D. Marshall,

Jefferson

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

Louisville, KY 40207 Work: 502/595-3055 Cell:

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:

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

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

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.



Updated 4/5/2018

Jill Whitehouse

Director, Community Services Multi-Purpose Community Action Agency 207 Washington Street Shelbyville, KY 40066

Home: Cell:

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.



Updated 4/5/2018

ADVISORY BOARD

Marie K. Abrams Prospect, KY 40059 Phone: Cell: (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)

502/629-2975 Work: 502/629-3520 Fax:

Email: kim.tharp-barrie@nortonhealthcare.org

(AB) Clark

Toni Clem

Louisville, KY 40207 Home: Cell: (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:

Email: cgrauel@wyattfirm.com

(2016)(2)Harrison

Laurie Kemp

Partner Kightlinger & Gray, LLP Bonterra Building, Ste 200 3620 Blackiston Boulevard New Albany IN 47150 812/949-2300 Work: 812/949-8555 Fax:

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.



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





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

<u>A</u> _	For t	he 2016 d	calendar year, or tax year beginning $07/01/16$, and ending $06/30/1$	L7		
В	Check if	f applicable:	C Name of organization The Center For Women & Families,		D Employ	yer identification number
لــا	Address	s change	Inc.			
	Name c	hange	Doing business as			
\Box	Initial re	turn	Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 2048	Room/suite		one number
	Final ret		City or town, state or province, country, and ZIP or foreign postal code		502-	-581-7200
	terminat					
	Amende	ed return	Louisville KY 40203 F Name and address of principal officer:	1	G Gross re	eceipts\$ 6,362,136
\Box	Applicat	ion pending	Marta Miranda	H(a) Is this a or	oup return fo	r subordinates Yes X No
	, ippout	Jon panding				
			P.O. Box 2048	H(b) Are all sub		the same of the sa
			Louisville KY 40203	If "No,"	' attach a lis	t. (see instructions)
		empt status;	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
	Websit		ww.thecenteronline.org	H(c) Group exe		
VARIABLE SALE	SECRETARION CONTRACTOR	organization:	T4 10	ar of formation: 1	912	M State of legal domicile: KY
	art I		mmary			
d)	1		scribe the organization's mission or most significant activities:			
Š		10 n	elp victims of intimate partner abuse or sexual v	iolence	becom	e
E		surv	ivors through supportive services, community educ	ation an	d coo	perative
Activities & Governance	١.	part	nerships that foster hope, promote self-sufficien	cy and r	ebuil	d lives.
ŏ			s box if the organization discontinued its operations or disposed of more than 2	25% of its net	assets.	
حق دی			of voting members of the governing body (Part VI, line 1a)		. 3	28
iţi	4	Number of	of independent voting members of the governing body (Part VI, line 1b)		. 4	28
ţi	5	Total num	nber of individuals employed in calendar year 2016 (Part V, line 2a)		5	158
Ac			nber of volunteers (estimate if necessary)		6	200
			elated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrela	ated business taxable income from Form 990-T, line 34		. 7b	0
		Contributi	one and grante (Dest VIII line 4h)	Prior Yea		Current Year
Revenue			ons and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)	4,455		
Ver			nt income (Part VIII, inle 2g)		,631	293,802
&			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,897	335,980
					,558	-28,104
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,907		6,248,009
			d similar amounts paid (Part IX, column (A), lines 1–3)	210	,080	188,038
			raid to or for members (Part IX, column (A), line 4)	4 110	010	0
Expenses	160	Drofossio	other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,119	,812	4,340,380
ا <u>چ</u>	luar	Total fund	nal fundraising fees (Part IX, column (A), line 11e)		inerili kapalahan	
X I			raising expenses (Part IX, column (D), line 25) > 353,996	1 000		
İ			enses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,929		1,637,951
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses. Subtract line 18 from line 12	6,259		6,166,369
៦ន	13 1	Kevenue	The state of the s	-1,352 leginning of Curr		81,640 End of Year
Net Assets or Fund Balances	20	Total asse	sto (Dord V. line 4C)	21,344		21,762,967
ASS			lities (Part X, line 26)	4,639		3,915,666
ᇎ			s or fund balances. Subtract line 21 from line 20	16,704		17,847,301
	art II	34.9	nature Block	10//01	/ J U I	17,017,001
			erjury, I declare that I have examined this return, including accompanying schedules and state	ments and to the	ne heet of	my knowledge and helief it is
tru	e, corre	ect, and co	mplete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	ledge.	my knowledge and belief, it is
		A			<u> </u>	THE STATE OF THE S
Sig	n	Sig	nature of officer		Date	
ler	e e		Elizabeth Martin CEO			
			pe or print name and title			
		Print/Type	preparer's name Preparer's signature	Date	Check	if PTIN
Paid	l	Barbara	a Lasky Barbara Lasky	05/09/	18 self-em	LJ"
rep	oarer	Firm's nam			n's EIN	
Jse	Only		943 S 1st Street	()()		
		Firm's addr	m 1 1 m m	Phy	one no.	502-584-9793
/lay	the IR		s this return with the preparer shown above? (see instructions)	LEIG	JIIC IIU.	Yes No
			ction Act Notice, see the separate instructions.			Form 990 (2016)

Form 990 (2016) The Center For Women & Families,	Page 2
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Bort III.	
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:	X
To help victims of intimate partner abuse or sexual violenc survivors through supportive services, community education partnerships that foster hope, promote self-sufficiency and	and doomomatin-
2 Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ? 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	Yes X No
services?	Yes X No
 If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to content the total expenses, and revenue, if any, for each program service reported. 	red by others,
the total expenses, and revenue, if any, for each program service reported.	
Domestic Violence Services and Emergency Shelter - The Center living space with (79 beds) and all meals for victims of dor and their children who are at high risk of lethality. Shelter range from a single night to several months. During a client shelter they receive supportive case management, economic succunseling, and advocacy. Children participate in child enriopportunities. The Center also provides supportive case manalegal and medical advocacy for non-residential clients who adomestic violence.	mestic violence er stays can t's stay in uccess ichment
· · · · · · · · · · · · · · · · · · ·	
4b (Code:)(Expenses\$ 2,036,562 including grants of\$ 188,038) (Revenue \$ Southern Indiana Program - The Center's program in Southern and Floyd counties) serves victims of domestic violence and Residential services include a 30 bed shelter as well as supmanagement and advocacy. Non-residential include supportive management, and legal and medical advocacy. Additionally, the Indiana Program conducts prevention and education activities schools and throughout the community.	Indiana (Clark sexual assault portive case case

Ic (Code:) (Expenses \$ 542,009 including grapts of \$) (Payonia 6	
Call Center - The Center operates a 24-hour call center that stabilization, information and referral for callers who have victimized by domestic violence and sexual assault. In addit providing support to callers, staff (Crisis Intervention Adv coordinate around-the-clock response to victims in hospital rooms, screen victims at risk of high lethality (in collabor Louisville Metro Police Department), and coordinate shelter	e been ion to ocates) emergency ation with admissions for

d Other program services (Describe in Schedule O.) (Expenses \$ 1,253,993 including grants of\$) (Revenue \$	
te Total program service expenses 4 695 430	

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

4	le the organization described in the second		Ye	s No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	. 2	X	
	candidates for public office? If "Yes," complete Schedule C, Part I			v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	. 3		X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	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? If "Yes," complete Schedule C,	İ		
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-	1	1-22
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ļ		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D, Part III	8		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			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	14.10		
а	VII, VIII, IX, or X as applicable.		in in the second	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	l	Ī	
h	***************************************	11a	X	
~	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b	X	ļ
Ů	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	v	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1445	v	
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	-21	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b	İ	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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
'	bld the diganization report a total of more than \$15,000 of expenses for professional fundraising services on		Ţ	
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
	Part VIII. lines 16 and 892 If "You" complete School to C. Roof II.			
9	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		l	
	If "Yes," complete Schedule G, Part III	19		<u> </u>
		E0	aan	100401

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

			Yes	No
20:	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1.00	X
k		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		 	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1-		<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	İ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	1 00		٦,
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	1		37
b		24a		X
С		24b		
	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?	24c		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess hareful transaction with a disqualified person during the year?	25a		<u>X</u>
~	and a start is on gaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			ı
26		25b		_X_
20	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		l	
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
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		ŀ	
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	İ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		<u> </u>	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		$\neg +$	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		$\neg \dagger$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>	_	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
		Form		2016)

Form 990 (2016) The Center For Women & Families

100	Part V Statements Regarding Other IRS Filings and Tax Compliance			Pa	3
_	Check if Schedule O contains a response or note to any line in this Part V				
1			T	Yes	-
ı	I Enter the number of Forms W.2C included in the 4 - 5 to 2 to				三
	Did the organization comply with backup with with backup with with backup with backup with backup with backup with backup with backup with with backup with with backup with with with with with with with with			1.	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				問題問
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	3	X	, 100
	Statements, filed for the calendar year and in a with a wi				
k	Statements, filed for the calendar year ending with or within the year covered by this return 2a 158				
	and the control of the Za, did the oldanization file all required tederal amplicument to the	21	s :	x	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				温温度
b	and a second make unfolded business arose income of \$1 000 or more during a d	3a	,	1,42,70,103,4 (1)	1917
4a	The artificial to this year? If two to line 30 provide an evolunation in Cabadata	3b	,	$\neg \uparrow$	_
	and during the calefular year, did the organization have an interest in or a signature or attendance in		\top	\top	_
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		İ		
b	· · · · · · · · · · · · · · · · · · ·	4a	1	ł	2
~	See instructions for filing requirements for 51 050 5				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	(1.674.7).	190			
b	any time during the tay year?	5a	1		X
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	T^{-}	\top	_
- Ou	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1		_
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
~	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	.		+	-
7	and there has tax deductible;	6b			
a	Organizations that may receive deductible contributions under section 170(c).				
u	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	and services provided to the payor?	7a	X		,818
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		-
Ŭ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<u>├</u>	+-	_
d	If "Yes" indicate the number of Farman agency.	7c		2	τ
e	If "Yes," indicate the number of Forms 8282 filed during the year 7d		職體		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Catalog Av	3	280 [
g g	and diganization, during the year, pay premitims, directly or indirectly, on a normal base of the second bas	7f		<u> </u>	
_	The organization received a contribution of qualified intellectual property, did the expension of a second	7g		X	
8	and the second distribution of Cars, many arrivations of other vehicles did the second of	7h		X	
Ü	are a substantial maintaining donor advised funds. Did a donor advised fund maintained by the	100001773300	6000 AT	# 11 min	
9	openioring organization have excess business holdings at any time during the year?	8		A 24 A 250	27
a	Sponsoring organizations maintaining donor advised funds.	1.00			
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a decrease the sponsoring organization make a distribution to a decrease the sponsoring organization make a distribution to a decrease the sponsoring organization make a distribution to a decrease the sponsoring organization make any taxable distribution to a decrease the sponsoring organization make any taxable distributions under section 4966?	9a	Local Sec	242000	200
	a distribution to a distribution to a donor, donor advisor, or related persons	9b		†	-
a	Goodien 30 (c)(1) organizations. Enter:				
b	Initiation fees and capital contributions included on Part VIII, line 12			I	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	7		H	
• •	details 30 ((c)(12) organizations. Enter:	771			
a b	Gross income from members or shareholders				
D	Gross income from other sources (Do not net amounts due or paid to other sources	7 / 1			
2a	against amounts due or received from them.) Section 4947(a)(1) non exercited from them.)				
b	Sourch 4347 (a)(1) non-exempt charitable trusts. Is the organization filing Form 000 in liquid 5 and 40440	12a			20
~	received or accrued during the year				
•	section so (c)(29) qualified nonprofit health insurance issuers	1			
a l	s the organization licensed to issue qualified health plans in more than one state?	13a	A43-92-93	al anglige	Fig.
'	Note. See the instructions for additional information the organization must report on Schodulo O	CONTRACTOR 100		4.41	
٠.	afficient of reserves the organization is required to maintain by the states in which				护
ı	the organization is licensed to issue qualified health plans		1		蒙
	130				
b l	and the organization receive any payments for indoor tanning services during the tox year?	14a	o rational Party	X	8
AA	"Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	\neg		-
'			- 1		

<u>Fc</u>	rm 990 (2016) The Center For Women & Families, Covernance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8h, or 10h below describe the six of the second of			Page (
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to appulies in this B. A. W.	w, and	d for a	a "No"
Se	ection A. Governing Body and Management	<u></u>		X
			Tv	Т.:-
18	1 1 2 0		Y	s No
	If there are material differences in voting rights among members of the governing body, or	\dashv		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			li i
k				
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?	1		-until the entertaint
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		X
	supervision of officers, directors, or trustees, or key employees to a management company or attended to			,_
4	Did the diganization make any significant changes to its governing documents since the prior forms one	3		X
5	and any different 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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6	-	X
	one or more members of the governing body?			1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u>7a</u>	-	<u> </u>
	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follo	7b	an slatera	X
а	The governing body?	Ι.	1	2503.0
b	Each committee with authority to act on behalf of the governing body?	8a	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	X	 _
	the organization's mailing address? If "Yes." provide the names and addresses in Schodule O	1.		
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	9	۷.	<u> </u>
	, assar policies not required by the internal Reven	ue C		
0a	Did the organization have local chapters, branches, or affiliates?	T4.2	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such charters	10a	-	X
	annates, and branches to ensure their operations are consistent with the organization's example purposes?			
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	in Workson
2a	Did the organization have a written conflict of interest policy? If "No." go to line 13		77	100 Million (1965) 1988 (1985)
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict a	12a	X	
С	The the organization regularly and consistently monitor and enforce compliance with the policy? If "Vos."	12b	X	
	describe in Schedule () how this was done			
3	Did the organization have a written whistleblower policy?	12c	v	<u>X</u>
4	Did the organization have a written document retention and destruction policy?	13	X	
5	Did the process for determining compensation of the following persons include a review and approved by	14	X	Section 1
	independent persons, comparability data, and contemporaneous substantiation at the contemporaneous substanti		-1	
а	The organization's CEO, Executive Director, or top management official			
b		15a	<u> </u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	ded.	X
a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	WILL 3 TAXABLE ENTITY during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	a and	X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			, j.,
	organization's exempt status with respect to such arrangements?	SERVICE STATE		Nie Bi
ect	ion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶ KY . IN			
	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.			
	X Own website X Another's website X Upon request X Other (explain in Schedule O)			
•	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	inancial statements available to the public during the tax year.			
;	State the name, address, and telephone number of the person who possesses the organization's books and records:			
Гh	Company PO Box 2048 PO Box 2048			
	isville		_	
	KY 40203 502-	·581	<u>-72</u>	200
			$\alpha \alpha \alpha$	

Form 990 (2016) The	Center	For	Women	۶	Families

Form **990** (2016)

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

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

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

- 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) (B) (D) (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other officer and a director/trustee) (list any the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) stitutional trustee nployee dividual trustee organization organizations employee and related below dotted compensat organizations line) (1) Ann Bauer 1.00 Chair 0.00 X X 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 Х 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, 1.00 Board Member 0.00 X 0 0 0 (11) Connie Barker, RNMSN 1.00 Board Member 0.00 0 0 DAA

	Coation & Office	- Dinaskana 7	~ · - 4		17				ies,		Page 8
Part VII	(A)	1	rust	ees,			ploy	/ees	, and Highest Compensa		ued)
N	ame and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe	erson	than of the than of the than the than the than the than the the than the the the the the the the the the the	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) He	ather Bass	, PsyD 1.00									
Board Me	mber	0.00	X						o	o	0
(13) N a	ncy Bottom	s									<u> </u>
Board Me		1.00 0.00	x						O	0	0
(14) St	ephanie Pe	arce Bu:	rke								
Board Me		0.00	X						0	o	0
		Colson 1.00									
Board Me		0.00	X		[4	0	0	0
(16) St	eve Conrad	1.00		Ì		ĺ					
Board Me		0.00	x						0	0	0
(17) Sh	elly Gibso	n 1.00			1						
Board Mei	nber	0.00	$ \mathbf{x} $				Í		o	o	0
(18) Er	ic Byck Go	odman								- 0	0
Board Mer	nber	1.00	$ \mathbf{x} $								_
		Marshall		$\neg \dagger$	\dashv	\dashv		+	0	0	0
		1.00				ŀ					
Board Mer		0.00	X						0	0	0
							🕽	-	200 001		
	m continuation she							<u> </u>	322,031 322,031		22,092
2 Total nun	nber of individuals (in	cluding but not	limit	ed to	tho	se li	sted	abov	ve) who received more that	n \$100,000 of	22,092
reportabl	e compensation from	the organization	on 📐	<u> </u>							
employee 4 For any in	e on line 1a? <i>If "Yes,"</i> ndividual listed on line	<i>complete Sche</i> and the sum the sum of the	e <i>dule</i> n of re	<i>J fo.</i> eport	<i>r suc</i> table	ch ir e cor	<i>idivia</i> mper	<i>lual</i> Isatio	loyee, or highest compens	 1 from the	Yes No
<i>individua</i> 5 Did any p	erson listed on line 1	a receive or ac	crue	com	 pens	satio	n fro	m ar	complete Schedule J for s	 or individual	4 X
	es rendered to the or		Yes,	" con	nple	te S	ched	ule J	for such person		5 X
1 Complete	this table for your fiv	e highest com	ensa	ated	inde	pen	dent	cont	ractors that received more dar year ending with or wit	than \$100,000 of	
pono	(A) usiness address	omp	C1129	atiOI)	101	ine C	aieil	dar year ending with or with (B Description		x year. (C) Compensation
	Mama and h	Heinore address									

4	Computate this total for the state of the st		
1	Complete this table for your five highest compensated independent	ent contractors that received more than \$100 000	0 of
	compensation from the organization. Report compensation for the	e calendar year ending with or within the organi-	zation's toy year
	(A)		zation's tax year.
	(A) Name and business address	Description of services	(C)
	Hame and business address	Description of services	Compensation
		*** · · · · · · · · · · · · · · · · · ·	
			ł
	711 7111 - 71111 - 71111 - 7111 - 7111 - 7111 - 7111 - 7111 - 7111 - 7111 - 711		
			ļ
			Í
2	Total number of independent contractors (including but not limit		
~	Total number of independent contractors (including but not limited	to those listed above) who	
	received more than \$100,000 of compensation from the organiza	tion >	

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 Total revenue	f	art	VIII State	ement of Rev	enue O contoir	30.0 0000000				Page
Table Investigation Table Investigation	1000		Onec	k ii Schedule	O contair	is a respon	se or note to any		<u>′111</u>	
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	4	Ži —					Total revenue	exempt function	Unrelated business	Revenue excluded from tax under sections
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	ran	1	a Federated ca	ampaigns		408,648	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	വ്		b Membership	dues		· ·				A SECTION AND ADDRESS.
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	ifts	5	c Fundraising	events	1c	250,476				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	ດີ:	5	d Related orga	inizations						
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond procesch 5 Royalties (i) Real (ii) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) 4 Net rental income or (loss) b Less: cost or other loss is sales eps. c Gain or (loss) 6 Net gain or (loss) 6 Net gain or (loss) 7 Sa Gross income from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events 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 Miscellinance Revenue Busin. Code 11a Miscellaneous Revenue Busin. Code 25,256 125,256 135,980 335,980	Sis	5	Government grant	ts (contributions)	1e 2	2,228,331	1 1 1 1			
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	ĘĘ.	5	All other contributi and similar amount	ons, gifts, grants,						
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	£5	5		L						
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	i d	3 9				93,438				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	200	<u>' </u>	1 Total. Add III	1es 1a-1f	·····					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	Ven	2.	MITTER OFF			Busn. Code				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	8	1 2								
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	<u>;</u> ;] ;				·				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	Sen	,		Ton education	n trainir	ja				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	E		· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •	-	2,248	2,248		
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 6 Ga Gross rents b Less: rentse eps. c Rental income or (loss) d Net rental income or (loss) A Net rental income or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) d Net gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Gain or (loss) b Less: cost or other basis & sales eps. c Gain or (loss) c Royalties c Net income or (loss) from fundraising events (not including \$ 250,476 of contributions reported on line tc). See Part IV, line 18 a 60,767 b Less: direct expenses b 114,127 c Net income or (loss) from fundraising events \$ 5 c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory \$ c Net incom	g									
and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental args. C Rentalian or foss d Net rental income or (loss) A Net rental income or (loss) b Less cost or other bas a Sade rops as a sade rops (ii) Securities (iii) Cherr sales of assets the fine amounts (iii) Securities (iii) Cherr sales of assets the fine amounts (iii) Securities (iii) Cherr sales of assets the fine amounts (iii) Securities (iii) Cherr sales of assets the fine amounts (iii) Securities (iii) Cherr sales of assets the fine amounts (iii) Securities (iii) Cherr sales of assets the fine amounts (iii) Securities (iii) Cherr sales of assets the fine amounts (iii) Securities (iii) Cherr sales of assets the fine amounts (iii) Securities (iii) Cherr sales of assets the fine amounts (iii) Securities (iii) Cherr sales of assets (iv) Cherr sales of assets	ڇ	g	Total. Add lin	es 2a–2f		D	293-802			
and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personel 6a Gross rents b Less: entel ergs. c Rental in corp loss d Net rental income or (loss) 7a Gross amount from size of agests other than eventor b Less cost or other case & sales erge c Gain or (loss) 4 A Standard Stand			Investment in	come (including	dividends, ir	nterest.	223,002			
A Income from investment of tax-exempt bond proceeds Royalties Royalties (i) Personal (ii) Personal				ilar amountal		L .	335,980			335 000
S Royalties Comparison Com		4			-exempt bor	nd proceed				335,980
(i) Personal (ii) Personal (iii) Personal (iiii) Personal (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		5								
b Less cost or other basis & sales exps c Gain or (loss) d Net rental income or (loss) page 1	i									= i/ = i = i = i
The second of th		6a	Gross rents							
The second of th		b	Less: rental exps.				i (1. 1. 1. 1.			
The service of assets of a							de Superiori			
sales of assets of the remainment of the remainm		d 7a	Net rental inco						A THE CONTRACTOR OF THE PROPERTY OF THE PROPERTY AND A STATE OF THE PROPERTY AND A STA	
a Ref 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 See Part IV, line 19 a b Less: direct expenses b 1 c Net income or (loss) from gaming activities See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 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 a C C C C C C C C C C C C C C C C C C				(i) Securities		(ii) Other				
a Ref 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 See Part IV, line 19 a b Less: direct expenses b 1 c Net income or (loss) from gaming activities See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 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 a C C C C C C C C C C C C C C C C C C	ļ		1	1						
a Ref 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 See Part IV, line 19 a b Less: direct expenses b 1 c Net income or (loss) from gaming activities See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 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 a C C C C C C C C C C C C C C C C C C	İ	a			ŀ					
a Ref 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 See Part IV, line 19 a b Less: direct expenses b 1 c Net income or (loss) from gaming activities See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 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 a C C C C C C C C C C C C C C C C C C		_	' F							
8a Gross income from fundraising events (not including \$ 250,476 of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities To Returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory. Miscellaneous Revenue Busn. Code 11a Miscellaneous Revenue Busn. Code 11a Miscellaneous Revenue C d All other revenue e Total. Add lines 11a–11d 25,256 6,248,009 319,058 0 335,980	ļ			00)						
Continuity Co		u Ωa	Gross income from	om fundroining over	<u></u>				SCOTAL December 1	
of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a Miscellaneous Revenue 11a Miscellaneous Revenue 25,256 25,256 25,256 12 Total revenue. See instructions. 6,248,009 319,058 0 335,980	ă	ou								
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19	Š						a filler bed			
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19	æ				a	60 767				
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19	the	b			b	114 - 127				
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 C d All other revenue e Total. Add lines 11a–11d P 25,256 12 Total revenue. See instructions. 6,248,009 319,058 0 335,980	0				aising event	s b				
See Part IV, line 19 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 25,256 b c d All other revenue e Total. Add lines 11a–11d P 25,256 12 Total revenue. See instructions. 6,248,009 319,058 0 335,980						1				
c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a Miscellaneous Revenue 25,256 25,256 c d All other revenue e Total. Add lines 11a–11d Total revenue. See instructions. b C,248,009 319,058 0 335,980						T. Carlotte				
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	İ	b	Less: direct ex	penses						
Nest income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code	- 1				ng activities	· · · · · · · · · · · · · · · · · · ·	TO THE SERVICE WITH THE PROPERTY OF THE SECTION OF			
Nest income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code		10a								
Nest income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code	Ì				a					
Nest income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code	ļ									
11a Miscellaneous Revenue 25,256 25,256 b 25,256 c 4 All other revenue 25,256 e Total. Add lines 11a-11d ≥ 25,256 12 Total revenue. See instructions. ≥ 6,248,009 319,058 0		С			of inventory	<u>'</u>			A STATE OF THE PROPERTY OF THE	many or transcription (ALPA) State Telephone
11a Miscellaneous Revenue 25,256 25,256	H	44-				Busn, Code				
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			Miscellan	eous Revenue						** Commission Sand Michiganie.
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			• • • • • • • • • • • • • • • • • • • •							
e Total. Add lines 11a-11d ▶ 25,256 1			ΔII other race							
12 Total revenue. See instructions.		u e	Total Addiise	ue			OF 05 5			
1 333/300].	12	Total revenue	See instructions	· · · · · · · · · · · · · · · · · · ·				A CAPPACITY OF THE PROPERTY OF	
			. July 15 Vellue.	. GCC manuchions	•		0,248,009	319,058	0	

Form 990 (2016) The Center For Women & Families, Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other area

Sec	ction 501(c)(3) and 501(c)(4) organizations mu Check if Schedule O contains a re	st complete all columns. All	other organizations mu	st complete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	The same and the same as a same a same a same a same a same a same a same a same a same a same a same a sa		охроново		expenses
_	and domestic governments. See Part IV, line 21				
2	and and additional to domication				
_	individuals. See Part IV, line 22	188,038	188,038		
3					
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
J	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
Ū	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	2 054 056	400 041	
8	Pension plan accruals and contributions (include	3,002,040	2,954,056	483,841	224,951
_	section 401(k) and 403(b) employer contributions)]		ļ	
9	Other employee benefits				
10		677,532	554,102	02 202	40.040
11	Payroll taxes Fees for services (non-employees):	011,332	334,102	83,382	40,048
а	Management	į			
b	Legal				
	Accounting	25,159		25,159	
d	Lobbying			23,139	
	Professional fundraising services. See Part IV, line	7		20 (20)	
f	Investment management fees			2017 CONTRACT CONTRACTOR CONTRACTOR AND ADDRESS OF A CONTRACTOR CONTRACTOR AND ADDRESS OF A CONTRACTOR AND ADDRESS	
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	S			
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest	107,134		107,134	
21 22	Payments to affiliates	100 0-0			
23	Depreciation, depletion, and amortization	182,079	175,798	3,936	2,345
	Insurance Other expenses. Itemize expenses not covered	33,099	26,694	4,372	2,033
27	above (List miscellaneous expenses in line 24e. If				it in a per alla
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Supplies	249,115	215,450	the property of the property o	
b	Bank Investment Fees	75,642	213,430	18,004	15,661
С	Membership Dues	26,048	17,879	75,642 7,864	205
d			±1,1013	7,004	305
е	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			_,,	333,330
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 📗 if				
DAA	following SOP 98-2 (ASC 958-720)				
JAA					Form 990 (2016)

	all						
		Check if Schedule O contains a response or not	te to any l	ine in this Part X	 		
					(A)		(B)
	т.		***************************************		Beginning of year	 	End of year
	1	Cash—non-interest bearing			52,604		272,344
	2	Savings and temporary cash investments			14,182		
	3	Pledges and grants receivable, net		2,039,559	3	2,042,272	
	4	Accounts receivable, net			BUSINO WA URINING STATES TO STATE OF THE PROPERTY OF THE PROPE	4	
	5	Loans and other receivables from current and former		,			
		trustees, key employees, and highest compensated en	mployees.	•			
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified pe					
		4958(f)(1)), persons described in section 4958(c)(3)(B			nd Colonia (Colonia)		
		sponsoring organizations of section 501(c)(9) voluntar					
Assets		organizations (see instructions). Complete Part II of Se				6	
SS	7	Notes and loans receivable, net			900,000	7	900,000
•	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	y		39,201	9	47,058
	10a	Land, buildings, and equipment: cost or					Edd at the same than
		other basis. Complete Part VI of Schedule D		6,823,266			
	1	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		21,762,967
	17	Accounts payable and accrued expenses	465,502		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			Ewillion of the Color of the Co	21	
Liabilities	22	Loans and other payables to current and former officer		rs,		5 10 (1)	
Ē		trustees, key employees, highest compensated employ	yees, and			Jaka Baran Harangan	
Ľ.		disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated thi	rd 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					
		parties, and other liabilities not included on lines 17-24					050 000
	26	of Schedule D			4 620 704	25	259,320
	20	Total liabilities. Add lines 17 through 25			4,639,704	26	3,915,666
Balances		complete lines 27 through 29, and lines 33 and 34.	ck nere ₽	A and			
auc	27	Unicated and and an article					
Bal	28			13,368,289	27	14,133,366	
þ	29	Temporarily restricted net assets Permanently restricted net assets			1,663,845		2,041,485
or Fund	23	Organizations that do not follow SFAS 117 (ASC 95	· · · · · · · · · · · · · · · · · · ·	here and	1,672,450	29	1,672,450
ō		complete lines 30 through 34.	o), check	nere 🛌 and			
ets	30	Canital stock or trust principal, or current funds					
SSI	31	Paid-in or capital surplus, or land, building, or equipment	لم من باگ الم			30	
Net Assets	32	Retained earnings, endowment, accumulated income,		ınde		31	
ž	33	Tatal and annual and all I			16,704,584	32	17 047 201
	34	Total liabilities and net assets/fund balances			21,344,288	33	17,847,301
لــــــ		Total habilities and het assets/fully balances			41,344,488	34	21,762,967

Form **990** (2016)

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) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments	Fo	mm 990 (2016) The Center For Women & Families,			_	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of 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. Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis. Both consolidated and separate basis Consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both: X Separate basis Consolidated basis and separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidate		Reconciliation of Net Assets			P	age 1
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and the period and separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both: X Separate basis Consolidated basis both and the period of the sudit, review, or compilation of its financial statements and selection of 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: X Separate basis Consolidated basis both consolidated and separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separat		Check if Schedule O contains a response or note to any line in this Part XI				
Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Ret assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Prior period period adjustments Prior period adjustments Prior period adjustments Prior period adjustments Prior period adjustments Prior period adjustments Prior period adjustments Prior period adjustments Prior period adjustments Prior period adjustme	1	THE TOTAL COURT FAIL VIII. COUNTY (A) IND 17)	1 T	<u></u>	240	000
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities To linvestment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements and dependent 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: Separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separat		Total expenses (must equal Fait IX, column (A), line 25)	1 2			
Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis and the process or selection process during the tax year, explain in Schedule O. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did the organization undergo the required audit or audits? If the organization did the organization undergo the required audit or audits? If the organization did the organization undergo the required audit or audits? If the organization did the organization undergo the required audit or audits? If the organization did the organization undergo the required audit or audits? If the organization did to the organization undergo the required audit or audits? If the organization did to the organization undergo the required audit or audits? If the organization did to the organization undergo the required audit or audits? If	_	Revenue less expenses. Subtract line 2 from line 1	2	0,		
Donated services and use of facilities Investment expenses Prior period adjustments Prior Pri	-	rest about of failed balances at beginning of year (must equal Part X. line 33, column (A))	13	16 '		
7 Investment expenses 6 Prior period adjustments 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 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		and a game (199969) on investments		10,	7 0 4 ,	284
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual 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. Both consolidated and separate basis 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: X Separate basis. Consolidated basis. Both consolidated and separate basis 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. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not a good and the audit of a did the organization undergo the required audit or audits? If the organization did not a did to a did not a did to	-	and the second and the second			JOT,	0//
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual 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: Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2 a 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. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did extended the set of the programization did not the strong and the counter of the security of the organization did extended to the security of the organization undergo the required audit or audits? If the organization did extended to the security of the organization undergo the required audit or audits? If the organizat	-	mreeament expenses				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 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: Separate basis Consolidated basis Both consolidated and separate basis 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 on both: Separate basis, consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis on both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2 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. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did the organization undergo the required audit or audits as set forth in	_					
33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual 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: Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis 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. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not process the process of the set of the progenization and the progenization of the sequired audit or audits? If the organization did not process the process of the process o		and shariges in not assets of fund parances (explain in Schedule O)				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual 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: Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis 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. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9			
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	140,020	33, column (B))				
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	P	art XII Financial Statements and Reporting	10	17,8	347,	<u> 301</u>
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis 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 years and selection.		2a	X	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	3a	As a result of a federal award, was the organization required to undergo an audit or audits as act for the				neila Liebs Resid
1. 100; did the organization undergo the required audit or audits? If the organization did not undergo the		the Single Addit Act and OMB Circular A-133?		2-		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<u>sa</u>	-	
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		21	.	

Form **990** (2016)

Form 990 (2016) The Cent Part VII Section A. Office	er For I	Wor	ner	1 &	Fr	am	<u>il</u>	ies,	sated Employees (contin	Page 8
(A) Name and title	(B) Average hours per week (list any	(d	lo not o	(0	C) ition more rson	than	one n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	hours for related organizations below dotted line)	ar director		Officer	Key emplayee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(20) Regina Nethe	-					ä				
Board Member	1.00	X						o	0	
(21) David Nichol	son								0	0
Board Member	1.00	x						0	o	0
(22) Diane French Board Member	Nguyen 1.00 0.00	37								
(23) Casey Ramage	0.00	X						0	0	0
Board Member	1.00	X						0	0	0
(24) Shelley Sant	_								<u> </u>	0
Board Member (25) Kristin Warf	1.00 0.00	x					_	0	0	0
Board Member	1.00	x						0	0	0
(26) Robert Webb				1			\dashv		0	0
Board Member	1.00	х						O	o	0
(27) Jill Whitehou	1.00									
Board Member 1b Sub-total	0.00	X						0	0	0
c Total from continuation she	ets to Part VII,	Sec	tion	Α		▶ . ▶		7112		
d Total (add lines 1b and 1c)						b	•			
2 Total number of individuals (in reportable compensation from	the organizatio	limit in ▶	ed to	thos	se li	sted	abo [,]	ve) who received more th	an \$100,000 of	
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, di	recto	or, or	trust	tee,	key	emp			Yes No
4 For any individual listed on line organization and related organ	e 1a, is the sum nizations greate	of re	eport n \$1	able 50,00	con	npen <i>If</i> "Y	sati 'es,"	on and other compensation on and other complete Schedule J for	on from the	3
bid any person listed on line 1	a receive or acc	crue	com	pens	atio	n fra	m ai	n v unrelated organization	or individual	
for services rendered to the or Section B. Independent Contracto	yanızadon <i>i il</i> Frs	yes,	con	пріет	e So	cnea	uie .	J for such person	***********	5
Complete this table for your five compensation from the organization.	zation. Report c	ensa omp	ated ensa	inder ition	oend for t	dent	cont alen	tractors that received mondar year ending with or w	re than \$100,000 of	ax vear
Name and b	A) usiness address							Descriptio	B) on of services	(C) Compensation
								The state of the s	- Wide 4 14-14-14-14-14-14-14-14-14-14-14-14-14-1	
								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2 Total number of independent or received more than \$100,000 c	ontractors (inclu of compensation	uding fror	but n the	not l orga	imite aniz	ed to ation	tho:	se listed above) who		

Form 990 (2016) The Cent Part VII Section A. Office	er For V	Non	ner	1 &	: F	am	<u>il</u>	ies,		Page
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(de	o not o x, unlo icer a	Pos check ess pe	C) sition more	than is both cr/trus Highest compensated	one n an	(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
		tee	ustee			ensated				
(28) Marta Mirand	la 40.00									14.14
President	0.00			x				123,627	o	6,288
(29) Tamara Reif								123,027		0,286
·	40.00									
VP of Programs	0.00			Х				69,029	0	5,247
(30) Jeanine Trip	40.00									
VP Development/Comm	0.00			x				65,311	o	E 07/
(31) Christie Mal				-22			_	03,311	U	5,274
	40.00									
VP of Administration	0.00			Х				64,064	0	5,283
(32) Elizabeth Ma										
CEO	0.00			x				o	o	C
									THE COLUMN TWO IS NOT THE COLUMN TWO IS NOT	
4h Sub total			:				_	200 001		
1b Sub-total						1	▶	322,031		22,092

Yes 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 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

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

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of

Total from continuation sheets to Part VII, Section A

reportable compensation from the organization

Total (add lines 1b and 1c)

5 Section B. Independent Contractors 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.

Name and business address	(B) Description of services	(C) Compensation
	7-1-1-1 W44	
	We will be a second of the sec	

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)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

The Center For Women & Families, Inc.

Employer identification number

Pa	rt	Rea	son for Public Charit	ty Status (All organization	ons mu	st comp	lete this part.) See insti	uctions.					
The d	orga			ause it is: (For lines 1 through									
1				ssociation of churches describ									
2				ed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3				cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	\Box			arch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and sta						. the hospital's hame,					
5		An organiza	ation operated for the benef	fit of a college or university ow	ned or or	erated b	v a governmental unit describ	ed in					
			D(b)(1)(A)(iv). (Complete P				, a governmental and accord	cu m					
6				r governmental unit described	in sectio	n 170(b)	(1)(A)(v).						
7	X	An organiza		a substantial part of its suppo				public					
8				n 170(b)(1)(A)(vi). (Complete	Part II.)								
9				escribed in section 170(b)(1)		perated in	conjunction with a land-gran	t college					
		or university university:	or a non-land grant colleg	e of agriculture (see instruction	ns). Enter	the nam	e, city, and state of the colleg	e or					
10		An organiza	tion that normally receives:	(1) more than 33 1/3% of its s	support fr	om contr	ibutions, membership fees, a	nd gross					
		receipts from support from	n activities related to its exe n gross investment income	empt functions—subject to cer and unrelated business taxabl	tain exce le in c ome	ptions, ar	nd (2) no more than 33 1/3% ction 511 tax) from businesse	of its					
				: 30, 1975. See section 509(a									
11				d exclusively to test for public									
12		An organiza	tion organized and operate	d exclusively for the benefit of	, to perfo	rm the fui	nctions of, or to carry out the	purposes					
		Check the h	ox in lines 12a through 12d	nizations described in section I that describes the type of sup	509(a)(1) or sect	ion 509(a)(2). See section 5	09(a)(3).					
	а			pperated, supervised, or contro									
	a [the supr	orted organization(s) the n	ower to regularly appoint or ele	ect a mai	s s upport ority of th	ed organization(s), typically b	y giving					
		supporti	ng organization. You must	complete Part IV, Sections	A and B.	Officy Of the	e directors or trustees of the						
	b			supervised or controlled in con			pnorted organization(s), by h	avina					
		control c	r management of the supp	orting organization vested in th	ne same i	persons t	hat control or manage the sui	onorted					
		organiza	ition(s). You must comple	te Part IV, Sections A and C.			net some of the manage the ea	sported					
	с [Type III	functionally integrated. A	supporting organization operanstructions). You must compl	ated in co	nnection	with, and functionally integra	ted with,					
	d [Type III	non-functionally integrate	ed. A supporting organization	operated	in conne	ction with its supported organ	ization(s)					
		that is no	ot functionally integrated. Ti	he organization generally must	t satisfy a	distribut	ion requirement and an attent	tiveness					
		requirem	nent (see instructions). You	must complete Part IV, Sec	tions A a	ınd D, an	id Part V.						
	e	Check th	nis box if the organization re	eceived a written determination	from the	IRS that	t it is a Type I, Type II, Type II	1					
	£	iunctions Enter the pu	mber of supported organization	on-functionally integrated supp	porting or	ganizatio	n.						
				the supported organization(s).									
					T								
(1) 15		of supp o rted inization	(ii) EIN	(iii) Type of organization (described on lines 1-10	1''	organization or governing	(v) Amount of monetary support (see	(vi) Amount of					
	Ŭ			above (see instructions))	1	ment?	instructions)	other support (see instructions)					
					Yes	No	,	,					
(A)													
(B)								***************************************					
(C)													
•••													
(D)				THE STATE OF THE S				***************************************					
(E)													
Total			THE SECOND CONTRACTOR OF THE SECOND CONTRACTOR										

Schedule A (Form 990 or 990-EZ) 2016 The Center For Women & Families,

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

Se	ection A. Public Support	on falls to qual	ny under the t	esis listed bei	ow, please col	mplete Part III.)	l
Cal	lendar 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					(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,433,366	5,646,331	38,421,41
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	38,421,41
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)						
6	Public support. Subtract line 5 from line 4.						1,787,946
Sec	ction B. Total Support			11.0000011.000012.0001011			36,633,472
Cale	endar 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		5,646,331	
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	38,421,418 1,131,375
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,547	6,740		87,643	Wangan Managan Sang Sang	99,930
12	Gross receipts from related activities, etc			The state of the s			39,652,723
13	First five years. If the Form 990 is for the	. (see msmuchons) e organization's fin	of accord think			12	559,444
	organization, check this box and stop he	e organization s iir					
Sec	tion C. Computation of Public S	unnorf Percei	ntage	<u></u>			_
14	Public support percentage for 2016 (line	6 column (f) divide	d by fire 44	(6)			
15	Public support percentage from 2015 Sch	nedule A Part II lir	to by line 11, cold	ımn (r))			92.39%
16a	33 1/3% support test—2016. If the organ	nization did not ch	ack the how on lin			15	90.38%
	box and stop here. The organization qua	difias as a publicly	cupported areas	e 13, and line 14	is 33 1/3% or mor	e, check this	
b	33 1/3% support test—2015. If the orgal	nization did not ch	supported organi	2alion			▶ X
	this box and stop here. The organization	qualifies as a nub	lick a box on line	no or roa, and lin	ie 15 is 33 1/3% o	r more, check	. —
17a	10%-facts-and-circumstances test—20	16. If the organiza	tion did not check	yanızadon	40 405		▶ 📙
	10% or more, and if the organization mee	ts the "facts-and-c	ircumetancee" tes	t check this bay	, ioa, or iob, and	line 14 is	
	Part VI how the organization meets the "fa	acts-and-circumsta	inces" test. The o	ragnization qualif	and stop nere. E	xpiain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization	15. If the organization meets the "facts-a	tion did not check	a box on line 13,		and line	> []
	Explain in Part VI how the organization me supported organization					-	▶ □
8	Private foundation. If the organization di instructions	a not check a box	un ane 13, 16a, 1	op. I/a. or I/n c	theck this hav and	600	
							—

P	'ag	е	:

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.)

Se	ction A. Public Support				acc complete t	aren.)	
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(F) T. ()
1	Gifts, grants, contributions, and membership			(0) 2011	(4) 2013	(e) 2016	(f) Total
	fees received. (Do not include any "unusual grants.")						1
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		<u> </u>	-			
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	1					
	to or expended on its behalf						
5	The value of services or facilities		<u> </u>	<u> </u>	 		
	furnished by a governmental unit to the				1		
	organization without charge				ĺ	ĺ	
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					n i i i i i i i i i i i i i i i i i i i	
<u> </u>	line 6.)						
Sec	tion B. Total Support					A STATE OF THE PROPERTY OF THE	
	idar 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 husinesses						
	acquired after June 30, 1975					,	
С	Add lines 10a and 10b						
	4		·				
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on					ĺ	
2	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12 \						
	First five years. If the Form 990 is for the	organization's fir	st second third	fourth or fifth town			-
	organization, check this box and stop ne	re					
Sect	ion C. Computation of Public S	upport Perce	ntage				
5	Public support percentage for 2016 (line t	3, column (f) divide	ed by line 13 col	umn (fl)		15	0/
	delia support percentage nom 2015 Scr	lequie Α. Paπ III. I	ine 15			16	<u>%</u> %
	on D. Computation of myestill	ent income Pa	ercentage				
7	nvestment income percentage for 2016 (line 10c, column (f) divided by line	13, column (f))		17	%
	Avoidation income percentage nom 2013	ochedule A, Pan	i III, line 1/			1401	%
	TO THE POST OF THE COLUMN	iinzalion did Hol C	neck ine box on i	IDA 14 and IIDA 15	ie moro than 22 1	1/20/	
	iv is not more than 33 1/3%, check this b	ox and stop here	, The organizatio	n qualifies as a nul	hlicly supported a	raanization	
~ .	o trom support tests—2015. If the orga	inization did not c	neck a box on lin	e 14 or line 19a ar	nd line 16 is more	than 32 1/20/ and	1
,	the 10 is not more than 55 1/5%, check tr	iis box and stop i	1 ere. The organiz	ation qualifies as a	a publicly cupport	od organi -ati a	.
- '	Private foundation. If the organization di	u not cneck a box	on line 14, 19a,	or 19b, check this I	box and see instrι	ctions	▶ 🗀

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

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- 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.
- 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).
- 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).
- 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.
- 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.
- 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.)

- Control of the Cont	Υe		No
1			
	follows:		
1		- 1	
Tr.			
2	- al thurstage offi		sisteming restrong
			8.07
3a	212 2452 2416-5219	THE REAL PROPERTY.	inned attraction
l ii l	11		
3b			aupmana:
			111
3c		SEED 1	
	441		1111
4a			
768164 Uji 1684 TG			a di ili
100000000000000000000000000000000000000			
4b		199 189	3 (2 g) (S2
4c	18647790		a valendario
		1	
5a		1	
5b		\perp	
5c			
	1. 1.	1	4
6		1	
	Ĭ.		
7		1	
R		ļ	
1. 1.			
9a			
9b		ESSESSES.	
9c	urq/rei/Rei	LATERAL AL	and the same
10a	10000000	海陽南	
iva			
	HE SHE		
10b rm 990 or 9	990-F	Z) :	2016

	dule A (Form 990 or 990-EZ) 2016 The Center For Women & Families,	Page 5
Pa	art IV Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	y and (c)	
	below, the governing body of a supported organization?	11a
	A family member of a person described in (a) above?	11b
	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.	11c
Sec	tion 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.	1
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.	
Sect	tion C. Type II Supporting Organizations	2
		I Vaa I Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Yes No
	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).	
Sect	ion D. All Type III Supporting Organizations	1
		I V I N-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Yes No
	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?	2010年度至17月1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1
_	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	2
	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.	
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	3
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	
a	The organization satisfied the Activities Test. Complete line 2 below.	ructions).
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 (se	
_	the digametation dupperted a governmental entity. Describe in Fait VI now you supported a government entity (se	e instructions).
2 /	Activities Test. Answer (a) and (b) below.	Van Na
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Yes No
	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		2a
~	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 2. If I'Vee I' evertain in Part Miles	
	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	
2	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
ل	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a
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.	3b

Schedule A (Form 990 or 990-EZ) 2016

tina Ovac	ni- n4i n	
ting Organ	nizations	
Trust on Nov.	20, 1970 (explain in Part	VI). See
izations must	Complete Sections A thro	
	(A) Prior Year	(B) Current Year
		(optional)
	(A) Prior Year	(B) Current Year (optional)
ii est all		
[10]		
1a		A CONTRACT OF THE PROPERTY OF
1b		
1c		
1d		**
300		
2		
3		
4		
		Current Year
	4 1 200	
1 5		
- 5		
tograte - T		
negrated Type	e iii suppoπing organizati	on (see
	trust on Nov. izations must 1	1 2 3 4 5 5 6 6 7 8 8 4 5 5 6 6 7 8 8 5 6 6 7 8 8 6 7 8 8 6 7 8 8 7 8 8 8 8 8 8

Schedule A (Form 990 or 990-EZ) 2016

occurrence de la	dule A (Form 990 or 990-EZ) 2016 The Center For W	Nomen & Famil	ies,		Page
	Irt V Type III Non-Functionally Integrated 509(a)(<u> ३) Supporting Orga</u>	inizations (continued		
1	Amounts paid to supported organizations to accomplish exempt po	urnacac		Current Y	'ear
2	Amounts paid to perform activity that directly furthers exempt purp	ases of supported	*** · * ** *** *** *** *** *** *** ***	 	
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of s	upported 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.		TA TATAL AND AND AND AND AND AND AND AND AND AND		7000
	Total annual distributions. Add lines 1 through 6.		9		
8	Distributions to attentive supported organizations to which the orga	nization is responsive			
	(provide details in Part VI). See instructions.			1	
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				WIS INC.
	Cooling F. Distable C. All	(i)	(ii)	(iii)	
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributa	ble
1	Distributable amount for 2016 from Continue C. II.		Pre-2016	Amount for	2016
	Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016				
2	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2016:				NAME OF TAXABLE PARTY.
a					
b	The state of the s				
	From 2013				11
	From 2014			Ne Se para total	
	From 2015				
	Total of lines 3a through e				
	Applied to underdistributions of prior years	10.50			
- 11	Applied to 2016 distributable amount				
<u>'</u> _	Carryover from 2011 not applied (see instructions)				
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from				
•	Section D, line 7:				
а	Applied to underdistributions of prior years				1
	Applied to 2016 distributable amount				
	Remainder, Subtract lines 4a and 4b from 4.				Andrews
	Remaining underdistributions for years prior to 2016, if				2000
	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			ar atemali i a cenari a co	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2017. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				P. 7 . 117
a					10.10
				and a mile file	
	Excess from 2016				
	=x3000 noni 2010	grassing as the least to the state of the st	Excel Interest respective to the excellent of the excellent of the ex-	CONTRACTOR CONTRACTOR AND AND AND AND AND AND AND AND AND AND	4444 44 SEE SEE SEE

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Fo	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 I	I, Line 10 - Other Income Detail
	\$ 99,930
• • • • • • • • • • • • • • • • • • • •	
	······································

	······································

• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

2016

The Center Fo	or Women & Families,	Employer Identification number
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 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	
Note: Only a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special I	Rule. See
instructions.		
General Rule		
For an organization fi or more (in money or contributor's total con	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling property) from any one contributor. Complete Parts I and II. See instructions for deter tributions.	ι \$5,000 mining a
Special Rules		
regulations under sec 13, 16a, or 16b, and t	escribed in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^{1}/3$ % support tions $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), hat received from any one contributor, during the year, total contributions of the greate e amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Par	Part II, line er of (1)
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from year, total contributions of more than \$1,000 exclusively for religious, charitable, scie purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II,	entific,
contributor, during the contributions totaled n during the year for an	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from year, contributions exclusively for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were re exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., con	eceived the
totaling \$5,000 or mor	e during the year	> \$
990-EZ, or 990-PF), but it mu	is isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fist answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Forcertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or certify that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that it doesn't meet the filing that meet the filing that meet the filing that meet the filing that meet the filing that meet the filing that meet the filing that meet the filing that meet the filing that meet the filing that meet the filing that meet the filing that meet the fil	rm 990-EZ or on its

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

Name of organization

The Center For Women & Families,

	ay		_4_	$_{-}$	ㅗ			Page	4
•	Fn	าท	over	id	ρņ	tifica	tion	number	

Part	Contributors (See instructions). Use duplicate copies	of Part I if additional space	e 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 X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)	Louisville/Jefferson County Metro (611 W. Jefferson St, Suite A Louisville KY 40202-2743	\$ 300,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	James Graham Brown Foundation 4350 Brownsboro Rd Ste 200 Louisville KY 40209	\$ 501,025	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
		Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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

Open to Public Inspection.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number The Center For Women & Families, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 Assets included in Form 990, Part X

	eddie D (Form 990) 2016 THE CEN	ret tot wow	en & Famil	les,				Page
	art III Organizations Maintain	ing Collections of	of Art, Historica	l Treasu	res, or (Other Similar	Assets (continue
3	Using the organization's acquisition, acc collection items (check all that apply):	ession, and other reco	rds, check any of the	e following	that are a	significant use of	its	
а	Public exhibition	d l	oan or exchange pr	ograms				
b				-				
С								
4	Provide a description of the organization	's collections and expla	ain how they further t	the organiz	zation's exe	empt purpose in F	Part	
	XIII.							
5	During the year, did the organization soli	cit or receive donations	s of art, historical tre	asures, or	other simil	ar	_	
D.	assets to be sold to raise funds rather the	an to be maintained as	part of the organiza	tion's colle	ction?		····· \	Yes No
	Complete if the organization	Arrangements. tion answered "Ye	s" on Form 990	Part IV	lino O. o	r roported an		
	990, Part X, line 21.	non answered Te	s on Form 990,	raitiv,	line 9, o	r reported an a	amount o	n Form
1a	Is the organization an agent, trustee, cus	todian or other interme	ediary for contribution	ns or other	assets not			
								res No
b	If "Yes," explain the arrangement in Part	XIII and complete the f	ollowing table:			**************	····· [_] '	163 [] 140
			_				Amou	nt
	Beginning balance					1c		
đ	Additions during the year					1d		
E	Distributions during the year					1e		
	Ending balance					1f		
Za	Did the organization include an amount o	n Form 990, Part X, lin	e 21, for escrow or c	custodial a	ccount liab	ility?	L Y	'es 📗 No
Pa	If "Yes," explain the arrangement in Part) If V Endowment Funds.	KIII. Check here if the e	explanation has beer	n provided	on Part XI	<u> </u>]
	Complete if the organizat	ion answered "Ve	s" on Form 000	Dort IV	lina 10			
	Complete ii tile diganizat	(a) Current year	(b) Prior year	(c) Two ye		/ A) T(
1a	Beginning of year balance	2,194,612	2,314,867		19,966	(d) Three years bac		ur years back
b	Contributions		2/311/00/	2,3	19,900	2,297,3	22 2,	204,923
	Net investment earnings, gains, and							
	losses	262,240	-8,232	1	03,011	343,7	25	190,148
d	Grants or scholarships							150,110
	Other expenditures for facilities and							
	programs	113,382	112,023	1	08,110	321,0	81	97,749
f	Administrative expenses							
g	End of year balance	2,343,470	2,194,612	2,3	14,867	2,319,9	66 2,2	297,322
2	Provide the estimated percentage of the c		ce (line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment ▶ Permanent endowment ▶ 71.00 %	%						
	Temporarily restricted endowment ▶ 2	9 000						
	The percentages on lines 2a, 2b, and 2c s							
	Are there endowment funds not in the pos		ation that are hold a	ad adminia	4 d & 4 l-			
	organization by:	session of the organiza	ation that are new ar	iu aumimis	tered for th	e	1	Van Na
	(i) unrelated organizations						3a(i)	Yes No
	(ii) related organizations						3a/ii)	X
b	If "Yes" on line 3a(ii), are the related organ	izations listed as requ	ired on Schedule R?	- • • • • • • • • • • • • • • • • • • •			3b	A
4	Describe in Part XIII the intended uses of t	the organization's endo	owment funds.		• • • • • • • • • • • •		[55]	<u>-</u>
Pai	t VI Land, Buildings, and Eq	uipment.						
	Complete if the organization	<u>on answered "Yes</u>	<u>" on Form 990, F</u>	Part IV, li	ne 11a.	See Form 990	, Part X,	line 10.
	Description of property	(a) Cost or other bas	is (b) Cost or oth			cumulated	(d) Book	
<u> </u>		(investment)	(other)			reciation		
	Land		95	1,987				1,987
a	Buildings		5,36	2,336	1,	401,918	3,96	0,418
d d	Leasehold improvements			0 401	· · · · · · · · · · · · · · · · · · ·			
e	Equipment Other	1		0,421 8,522				0,421
	Add lines 1a through 1e. (Column (d) mus		t X column (B) line	10c)				8,522
	5 · · · · (a) mac	1-a 5.111 000, 1 al	, oolanii (D), iiile	, 50.,			0,42	1,348

Part VII Investments—Other Securities. Complete if the organization answered "Yes" o	n Form 990, Part I\	/, line 11b. See Form 990. Part X. line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)	***	Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests (3) Other Equities	0 000 050	to provide the second s
(A) Bonds and Government Notes	8,808,250	
(A) Bonds and Government Notes (B) Mutual Funds - Bond	3,236,373	
(C) Cash Equivalents	997,958 37,364	
(D)	37,309	
(E)		
(F)		
(G)		
(H)		
Fotal. (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" or	n 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.		The state of the
Complete if the organization answered "Yes" or	Form 990 Part IV	line 11d See Form 990 Part X line 15
(a) Description	11 01111 000, 1 411 1	(b) Book value
(1)		(3) 250/(14/00
(2)		
(3)		
(4)		
(5)		
(0)		
(6)		
	71-44	
(7) (8)		
(7) (8) (9)		
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.		**************************************
Complete if the organization answered "Yes" on	ı Form 990, Part IV,	to the second of
(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 line 25.		line 11e or 11f. See Form 990, Part X,
(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 line 25. (a) Description of liability	ı Form 990, Part IV,	line 11e or 11f. See Form 990, Part X,
(7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (1) Federal income taxes	(b) Book value	line 11e or 11f. See Form 990, Part X,
(7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (1) Federal income taxes (2) Accrued expenses		line 11e or 11f. See Form 990, Part X,
(7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (1) Federal income taxes (2) Accrued expenses (3)	(b) Book value	line 11e or 11f. See Form 990, Part X,
(7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (1) Federal income taxes (2) Accrued expenses (3) (4)	(b) Book value	line 11e or 11f. See Form 990, Part X,
(7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (1) Federal income taxes (2) Accrued expenses (3) (4) (5)	(b) Book value	line 11e or 11f. See Form 990, Part X,
(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 line 25. (a) Description of liability (1) Federal income taxes (2) Accrued expenses (3) (4) (5) (6)	(b) Book value	line 11e or 11f. See Form 990, Part X,
(7) (8) (9) Potal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (1) Federal income taxes (2) Accrued expenses (3) (4) (5) (6) (7)	(b) Book value	line 11e or 11f. See Form 990, Part X,
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (1) Federal income taxes (2) Accrued expenses (3) (4) (5) (6) (7) (8)	(b) Book value	line 11e or 11f. See Form 990, Part X,
(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 line 25. (a) Description of liability (1) Federal income taxes	(b) Book value 259,320	line 11e or 11f. See Form 990, Part X,

Schedule D (Form 990) 2016 The Center For Women & Part XI Reconciliation of Revenue per Audited Financia	Families,		Page 4
Part Xf Reconciliation of Revenue per Audited Financia Complete if the organization answered "Yes" on Fo	I Statements With Re	venue per Retu	rn.
1 Total revenue, gains, and other support per audited financial statements	ann 330, r ait rv, ime 12	<u>a.</u>	C 240 000
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	6,248,009
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	20		
Fire your granto	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d 3 Subtract line 2e from line 1		2e	
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 			6,248,009
Investment expanses not included on Farm one D. (AVIII):		- 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 Financia	al Statements With Ex	penses per Ret	urn.
Complete if the organization answered "Yes" on For	m 990, Part IV, line 12	a.	
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	1.04	
u Other (Describe in Part XIII.)	[2d]		
C Add inles za tillough zu		20	
3 Subtract line 2e from line 1 4 Amounts included on Form 200 Part IV line 25 had a series of the se		3	6,166,369
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			0,100,309
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
		76868	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	. 18)	4c 5	C 166 260
Part XIII Supplemental Information.	. 10.)	5	6,166,369
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 1: Dort IV lines the and Ob.	D-11/1 (D 1)	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	to provide any additional info	Paπ V, line 4; Paπ X rmation.	., line
Parr x - Fin 48 Footboto			
Management has concluded that any tax p	oositions that	would not	meet the
more-likely-than-not criterion of FASB			
the financial statements taken as a who	ole. According	ly, the ac	companying
financial statements do not include any	provision fo	r uncertai	n tax
positions, and no related interest or p	enalties have	been reco	rded in the
statements of activities or accrued in	the statement	s of financ	cial
position.			
• • • • • • • • • • • • • • • • • • • •			
		• • • • • • • • • • • • • • • • • • • •	

Schedule D (Form 990) 2016 The Center For Women & Families, Part XIII Supplemental Information (continued)	Page 5
	•••••••••••••••••••••••••••••••••••••••

	••••••
	•••••
· ····································	
	••••••
······································	••••••
	•••••

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.

OMB No. 1545-0047

Department of the Treasury		Attach to Fo	orm 990	or Fo	rm 990-EZ.		2010
Internal Revenue Service	ormation about Scl	nedule G (Form 990 or	990-EZ) and	its instructions is at www.i	rs.gov/form990.	Open to Public Inspection
Name of the organization The Cente.	r For Wo	omen & Fa	mil	ie	s,	Employer identifi	cation number
Part I Fundraising Activitie	es Complete	e if the organiz	ation	200	owered "Vee" en	Farms 000 D. (1)	/ Li /
TOTH JOU-LZ IIICIS ale	e not reduite	u to complete	this i	part	_		/, line 1/.
1 Indicate whether the organization rais	sed funds throu	gh any of the follo	wing a	activi	ties. Check all that ap	vla.	
a Mail solicitations		<u> </u>			overnment grants	1	
b Internet and email solicitations					nment grants		
c Phone solicitations		g Special fu			-		
d In-person solicitations		g opeciarit	murais	nig e	events		
2a Did the organization have a written or	oral agreemen	t with any individu	ual (inc	cludir	na officers, directors, t	rustaas	
or key employees listed in Form 990,	Part VII) or enti	ity in connection v	vith pro	ofess	sional fundraising serv	ices?	Yes N
b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the order.	duals or entities organization.	(fundraisers) pur	suant '	to ag	reements under whic	h the fundraiser is to l	be
		T		d fund	-	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	custo	have dy or	(iv) Gross receipts	(or retained by)	(or retained by)
			contrib	rol of utions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No		()	
1							
2							
-						1	
3			1 1				
		İ					
4							
			1				
5							
						ļ	
6						****	
				ĺ	1		
	***			ĺ	i		
7							
8							
						ļ	
9							
0				\dashv			
-4-1							
otal		<u></u>	· · · · · · · ·				
3 List all states in which the organization registration or licensing.	is registered or	licensed to solicit	contri	butio	ons or has been notifie	ed it is exempt from	

							• • • • • • • • • • • • • • • • • • • •
	• • • • • • • • • • • • • • • • • • • •						

Schedule G (Form 990 or 990-EZ) 2016 The Center For Women & Familie

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

		(a) Event #1	(b) Event #2	(c) Other events	
		Celebration of			(d) Total events
a		(event type)	(event type)	<u>None</u>	(add col. (a) through
2		(07011.355)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	311,243	3		311,243
	2 Less: Contributions3 Gross income (line 1 minus)	250,476	5		250,476
	line 2)	60,767	,		
	4 Cash prizes				60,767
	5 Noncash prizes				
enses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages	49,823			49,823
Dire	8 Entertainment				
	9 Other direct expenses	64,304			64,304
	10 Direct expense summary.	Add lines 4 through 9 in column) (d)		774
3135334	11 Net income summary. Sub	otract line 10 from line 3, column ete if the organization and Form 990-F7 line 6a	n (d)		114,127 -53,360
P	art III Gaming, Comp	lete if the organization an	swered "Yes" on Form 9	90. Part IV line 19, or	-53,360
	than \$15,000 or	n Form 990-EZ, line 6a.		,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,	reported more
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1 Gross revenue				
nses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direc	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes %	Yes %	
	7 Direct expense summary. A	Add lines 2 through 5 in column		No	
	8 Net gaming income summa	ry. Subtract line 7 from line 1, c	olumn (d)		
0					
9	Is the organization lineared to	organization conducts gaming ac	ctivities:		
a h	If "No," explain:	conduct gaming activities in each	of these states?	*****************************	Yes No
-					

10a \ b I	Were any of the organization's organization's organi	gaming licenses revoked, suspe	nded, or terminated during the	tax year?	Yes No

DAA					

Sch	edule G (Form 990 or 990-EZ) 2016 The Center For Women & Families,		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes N
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
40	formed to administer charitable gaming?		Yes N
13	Indicate the percentage of gaming activity conducted in:	1 1	
a b	The organization's facility	13a	<u>%</u>
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and	13b	%
•	records:		
	Name ▶		
			• • • • •
	Address •		
4=			
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
h	revenue? If "Ves " enter the amount of gaming revenue received by the averagination between	l	Yes No
D	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$		
С	If "Yes," enter name and address of the third party:		
	,		
	Name ▶		
	Address Address Address		
4.0			
16	Gaming manager information:		
	Name 🌬		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Director/officer		
17	Mandatoni distributiona		
ı, a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_		Г	□ Vaa □ Na
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	L	Yes No
	spent in the organization's own exempt activities during the tax year		
Par	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	informat	tion.
	See instructions		

		• • • • • • • • • • • • • • • • • • • •	
	· · · · · · · · · · · · · · · · · · ·		
	Schedule G (Foi	m 990 or	990-EZ) 2016



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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

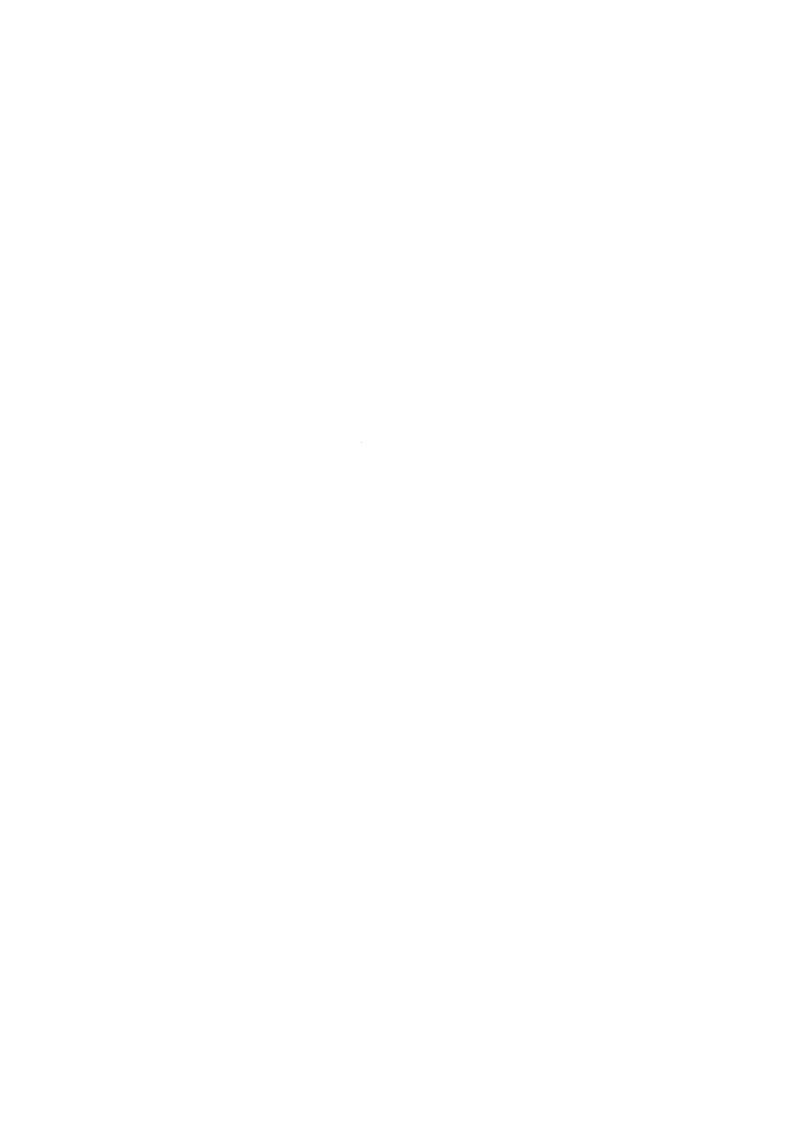
Open to Public Inspection

Part General Information on Grants ar	id Assistanc	e					
Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures.	e the amount of t tance?	the grants o	or assistance, the gran	ntees' eligibility for th	e grants or assistan	ace and	
2 Describe in Part IV the organization's procedures for n Part II Grants and Other Assistance to F	nonitoring the us	e of grant f	unds in the United Sta	ates.		·····	Yes X
990 Part IV line 21 for any resident	omestic Org	ganizatio	ns and Domesti	C Governments			
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipie (a) Name and address of organization Of Government	nt that receiv	ed more t	han \$5,000. Part	Il can be duplica	ated if additiona	e organization a	answered "Yes" on For
or government	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-			iea.
		(if applicable)	grant	cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	(h) Purpose of grant or assistance
							or assistance
	· · · · · · · · · · · · · · · · · · ·				 		
		 					
]					
				_		}	
						j	
		-					
	ł						
	į	1			Ì		
	ļ						
					1		
	1						
Enter total number of section 501(c)(3) and government of Enter total number of other organizations listed in the line						}	

Schedule I (Form 990) (2016) The Center	For Women & H	Famil			
Part III Grants and Other Assistance	e to Domestic Individual	duals Complete if the	ne organization ans	wered "Yes" on Form 000	Page 2
	7	led.	gameator and	wered les offform 990	o, Part IV, line 22.
(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. P	rovide the information	required in Part Lii	no 2: Dort III. anti-		
See Schedule I Supplement	al Informatio	n Worksheet			
		••••••			

	•••••				
			••••••		

SCHEDULE I	Supplemental Information	1 0040
(Form 990)	For calendar year 2016, or tax year beginning $07/01/16$, and ending $06/30/1$	₇ 2016
Name of the organization	The Center For Women & Families, Inc.	identification number
	ine 2 - Procedures for Monitoring the Use of Grant F	
	s for monitoring the use of grant funds documentation	
assistance	e qualification are kept in a file for each individu	al receiving
assistance	e. Most of the assistance is funded by annual donat	ions, 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) Descri	ption of non-cash assistance - clothing vouchers, ga	as, medical
prescription	ons, bus tickets, etc.	
••••••••••••		
		••••
•••••		
•••••		***************************************
••••		••••••
		•••••



SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

The Center For Women & Families,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990.
 ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Employer identification number

1750	Inc.					
	Part I Types of Property	· · · · · · · · · · · · · · · · · · ·				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on	(d) Method of determ	*
1	Art — Works of art	арризавів	items contributed	Form 990, Part VIII, line 1g	noncash contribution	amounts
2	Art — Historical treasures					
3	Art — Fractional interests					
4	Books and publications	ļ				
5	Clothing and household				1300	
J	goods	X		27,316		
6	Cars and other vehicles			2,,010		
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				20002	
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				The same of the sa	
24	Archeological artifacts					
25	Other ► (Gift cards)	Х		14,435	1000	
26	Other ►()					
27	Other ►()					
28	Other ►()					
29	Number of Forms 8283 received by	the organ	ization during the tax ye	ar for contributions for		
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknow	/ledgement	29	
						Yes No
30a	During the year, did the organization	receive b	y contribution any prop	erty reported in Part I, line	es 1 through	
	28, that it must hold for at least three	e years fro	m the date of the initial	contribution, and which is	sn't required	
	to be used for exempt purposes for t	the entire	holding period?	************************		30a X
	If "Yes," describe the arrangement in					
31	Does the organization have a gift ac	ceptance	policy that requires the	review of any nonstandar	d	
20-	contributions?			*********************		31 X
32a	Does the organization hire or use thi	ird parties	or related organizations	s to solicit, process, or sel	ll noncash	
.	contributions?					32a X
	ii res, describe in Part II.					
33	If the organization didn't report an an	nount in c	olumn (c) for a type of p	roperty 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.
	, a satisfied in the sa
	······································
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	
	······································
• • • • • • • • • • • • • • • • • • • •	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization The Center For Women & Families,

Employer identification number

Inc.
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; an
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 special
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

DAA

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page 2
The Center For Women & Families,	ber
evaluated like all employees on an annual basis and a	ny 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 commer	surate with other
similar organizations.	
Form 990, Part VI, Line 18 - No Public Disclosure Expl	anation
The Organization makes its 990 and other documents ava	
website, through Guidestar, and is also available to t	he public upon
request.	
Form 990, Part VI, Line 19 - Governing Documents Disclotte organization makes its governing documents, conflict and financial statements available to the public upon 19	ct of interest polic

F	Page 1 of 1

SCHEDUL	E	R
(Form 990)	

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 ▶ 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.

n to Public pection

(a) Name, address, and EIN (if applicable) of disregarded entity (1)	(b) Primary act	ivity Legal dom or foreign		(d) otal income	(e) End-of-year assets	(f) Direct controlling
						entity
(2)						
(2)						
(3)						
······································						
4)						
······			10.			
5)						
			i	Í		
Part I Identification of Related Tax-Exempt Organization	Complete if the					
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations during	s Complete if the tax year.	ne organization a	answered "Yes"	on Form 990,	Part IV, line 34	because it had
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations during (a) Name, address, and EIN of related organization		Legal domicite (state	(d)	(e)	/6	
rvanie, address, and EIN of related organization	s Complete if the tax year. (b) Primary activity	(c) Legal domicile (state or foreign country)	answered "Yes" (d) Exempt Code section		(f)	(g) Section 512(b)(13 controlled entity?
related organization		Legal domicite (state	(d)	(e) Public charity state	(f) Direct controlling	
1)		Legal domicite (state	(d)	(e) Public charity state	(f) Direct controlling	(g) Section 512(b)(13 controlled entity?
Name, address, and EIN of related organization (2)		Legal domicite (state	(d)	(e) Public charity state	(f) Direct controlling	(g) Section 512(b)(13 controlled entity?
1)		Legal domicite (state	(d)	(e) Public charity state	(f) Direct controlling	(g) Section 512(b)(13 controlled entity?
Name, address, and EIN of related organization (1)		Legal domicite (state	(d)	(e) Public charity state	(f) Direct controlling	(g) Section 512(b)(13 controlled entity?
Name, address, and EIN of related organization 1)		Legal domicite (state	(d)	(e) Public charity state	(f) Direct controlling	(g) Section 512(b)(13 controlled entity?
Name, address, and EIN of related organization (2)		Legal domicite (state	(d)	(e) Public charity state	(f) Direct controlling	(g) Section 512(b)(13 controlled entity?
Name, address, and EIN of related organization (1)		Legal domicite (state	(d)	(e) Public charity state	(f) Direct controlling	(g) Section 512(b)(13 controlled entity?
1) 2)		Legal domicite (state	(d)	(e) Public charity state	(f) Direct controlling	(g) Section 512(b)(13 controlled entity?

Part III Identification of Related Organiz because it had one or more related	d organization	ble a	s a PartnersI ated as a par	nip Complete tnership durin	if the organ	nization answere	ed "Yes'	" on	Form	990, Part I	V, li	ne 34	Page 4
Name, address, and EIN of related organization (1)Domestic Violence Housing Limited	(b) Primary activity	(c) Legal domicil (state of foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of to income	(g)	nd-of- l ets po	(h) Dispro ortiona alloc.1	o- Co ate amo ? of S	(i) ode V—UBI ount in box 20 ochedule K-1 form 1065)	(j Gener mana partn	ral or Peging of	(k) ercentage wnership
P.O. Box 2048 Louisville KY 40201 61-1315091	Housing	KV	N/A				Y	es N	10	N/A	Yes	No	
(2)	uoing	I I	N/A	Related				K	ζ	/	x		
(3)													
(4)													
Part IV Identification of Related Organiza line 34 because it had one or more	itions Taxab related organ	le as	a Corporations treated as	on or Trust Co	omplete if t	the organization	answer	ed	"Yes" o	n Form 99	00, F	Part I	
(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	9	(g) Share	·	(h) Percentag ownership	e	Sei 512(cont	(i) ction (b)(13) trolled
1)		\dashv										Yes	No No
2)		_											
3)													
						" 							

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

Part V Transactions With Related Organizations Complete if the organizations Complete line 1 if any entity is listed in Dart II III any entity is listed in Dart II II II II any entity in II II II II II II II II II II II II II	medion answered res	on Form 990, Part I\	/, line 34, 35b, or 30	3 .			
and the state of the dry childy is listed in Parts if the or the ache dut-			, , , , , , , , , , , , , , , , , , , ,				
During the tax year, did the organization engage in any of the following transactions with one Receipt of (i) interest, (ii) annuities, (iii) revalties, or (iv) rept from a controlled activity	e or more related organization	ns listed in Parts II_IV2		Et ann Fin	Ye	es l	
b Gift, grant, or capital contribution to related and it is in the contributed entity							
c Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to a formula in the contribution from related organization(s)	***************************************			<u>1a</u>	╄	_ 2	
d Loans or loan guarantees to or for related organization(s)	********			<u>1b</u>		7	
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)	***************************************			1c	 	7	
guarantees by related organization(s)				1d	╂──	_ X	
					il Tolas	<u> </u>	
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)				1f		X	
h Purchase of assets from related organization(s)		***********	******************	1g	┼	X	
h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization		***************************************		1h	+-	+ x	
i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s)		*******		1i	1-	X	
is to routed organization(s)		*******************		1j		$\frac{\lambda}{x}$	
k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership as fundraising solicitations for related organization(s)							
Performance of services or membership or fundraising solicitations for related organization/s	 \		**********	1k	i ingili Sai Bil	X	
m Performance of services or membership or fundraising solicitations by related organization(s))		***********	11	-	x	
I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s)						x	
o Sharing of paid employees with related organization(s)			************	1m		X	
						x	
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses							
Reimbursement paid by related organization(s) for expenses				1p	12/14/2003/60/0	X	
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related expensions:				1q		Х	
r Other transfer of cash or property to related organization(s) Solution of the control of the	***************************************			1r		x	
If the answer to any of the above is "Yes," see the instructions for information on who must co	mplete this line, including cov	ered relationships and to	<u> </u>	1s		X	
(a) Name of related organization	(b)	(c)	saction thresholds.				
realite of fetaled organization	Transaction	Amount involved	(d) Method of determining				
	type (a-s)		method of determining	amount involv	ed		
	1						

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

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	Legal domicile (state or foreign country)	unrelated, excluded from tax under	Are all se 501 organi	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man par	(i) eral or aging tner?	(k) Percentage ownership
(1)					Tes	INO	** ** *** ***		Yes	No		Yes	No	<u> </u>
(2)							-							
(3)														
(4)														
(5)					-									
(6)										ĺ				
		i												
(7)														
(8)														
					İ									
(9)							*						_	
10)									\dashv	\dashv				
	••••••										į			
11)														
• • • • • • • • • • • • • • • • • • • •					ŀ		Ī				£			

Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (See instructions).
	The state of the s
* ************	
• • • • • • • • • • • • • • • • • • • •	
* * * * * * * * * * * * * * * * * * * *	

•••••••	
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	
,,,,	
• • • • • • • • • • • • • • • • • • • •	



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-20

State 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

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

Telephone Number

Check if:

THE CENTER FOR WOMEN & FAMILIES, INC.

502 581 7200

Address

City

County CLARK

Indiana Taxpayer Identification Number

Date

P.O. BOX 2048

Zip Code

Federal Identification Number

LOUISVILLE Printed Name of Person to Contact 40203

Contact's Telephone Number

502 581 7200

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

State

KY

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 officersSEE STATEMENT 1
- 4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 2

Email 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

CEO

Title

502 581 7200

ELIZABETH MARTIN Name of Person(s) to Contact

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.



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)

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

Department of the Treasury Internal Revenue Service

Ā	For	the 2016 ca	alendar	year, or tax year beginnir	$\frac{10000170111990}{1007/01/1}$	6 and ending 0	s at www.ii 6/20/	r <u>s.gov/form990.</u> 1			nspection
В	Check	if applicable:	C Name of	forganization The Cen	ter For W	omen & Famil:	0/30/ ies		Employ	yer identificat	tion number
	Addres	ss change		Inc.			100,		pio.	y er rechancer	ion number
	Name	change		usiness as							
<u> </u>	i i			and street (or P.O. box if mail is not	delivered to street ac	dress)	T	Room/suite	Telepho	one number	
L	Initial return P.O. Box 2048 Final return City or town, state or province, country, and ZIP or foreign postal code									-581-7	200
	termina				ZIP or foreign postal	code					
	Amend	ded return		sville	KY 4020)3			Gross re	eceipts\$	6,362,13
	,	ation pending		nd address of principal officer:							
] Applica	ation bendang		ta Miranda				H(a) Is this a group	return fo	r subordinates [Yes X N
		ŀ		. Box 2048				H(b) Are all subore	dinates in	cluded?	Yes N
				isville		40203		If "No," at	ttach a lis	t. (see instruct	ions)
<u> </u>		xempt status:		01(c)(3) 501(c) ()	(insert no.)	4947(a)(1) or	527				
<u>J</u>				necenteronline	org			H(c) Group exemp	tion num	ber 🕨	
700000000	and the second second	of organization:	X Corp		on Other >		L Ye	ear of formation: 19			legal domicile: K
	art I		nmary							***************************************	
a)	1	Briefly des	cribe the	e organization's mission or r	most significant	activities:					
ĕ		To he	Tb A	ctims of intimat	te partne	abuse or se	xual v	iolence be	ecome	 ∋	
T.		survı	vors	through support	ive servi	es, communit	y educ	ation and	coor	perativ	 7 е
Governance	_	partn	ersnı	ps that foster h	lope, pron	note self-suf	ficien	cy and rel	ouila	llives	3 .
ŏ	2	Check this	box 🚩	if the organization discon	itinued its opera	tions or disposed of r	nore than	25% of its net as	sets.		
Activities &	3	Number of	voting n	nembers of the governing b	odv (Part VI lin	e 1a)			3	28	
ţį	4	Number of	indepen	ident voting members of the	governing bod	v (Part VI_line 1h)			4	28	
Ę	٦ ا	Total Hullip	er or me	ilviduais employed in calend	dar year 2016 (I	Part V, line 2a)			5	158	
Αc	1	Total numb	er or vo	iunteers (estimate if necess	ary)				6	200	
	7a	Total unrela	ated bus	iness revenue from Part VI	II, column (C), ti	ne 12			7a		0
	b	Net unrelate	ed busir	ness taxable income from F	orm 990-T, line	34			7b		0
	۰	Contribution	na and a	monte (Deut VIII Bure 41)				Prior Year		Curr	rent Year
Revenue				grants (Part VIII, line 1h)				4,455,			<u>646,331</u>
Ver	10	Invoctment	incomo	venue (Part VIII, line 2g)	·			85,			293,802
æ	11	Other rever	mcome	(Part VIII, column (A), lines	3, 4, and /d)			310,			335,980
	12	Total royon	iue (Pai	t VIII, column (A), lines 5, 6	d, 8c, 9c, 10c, a	and 11e)		<u>55,</u>	558		-28,104
	13	Grante and	cimilar o	d lines 8 through 11 (must e	qual Part VIII, c	olumn (A), line 12)		4,907,			248,009
	14	Penefite nei	id to or f	amounts paid (Part IX, colu	mn (A), lines 1–	3)		210,	080		188,038
G	15	Salarios of	har aam	or members (Part IX, colum	in (A), line 4)						0
Expenses	162	Professiona	l fundro	pensation, employee benef	its (Part IX, colu	mn (A), lines 5–10)		4,119,	812	4,	340,380
ben	10a	Total fundra	ii iunura	ising fees (Part IX, column	(A), line 11e)		(Tangen)	revenue dell'Assuration dell'A			0
Ä	17	Other exper	asang ex	penses (Part IX, column (D), line 25) ▶	353,996					
	18	Total expen	1969 (Le	art IX, column (A), lines 11a	–11d, 11f–24e)			1,929,			637,951
	10	Pevenue le	ses. Au	d lines 13–17 (must equal F nses. Subtract line 18 from l	aπ IX, column (A), line 25)		6,259,		6,	166,369
58		revenue les	ss exper	ises. Subtract line 18 from	ine 12		<u>-</u>	-1,352,			81,640
Net Assets or Fund Balances	20	Total assets	(Part X	. line 16)				eginning of Current			of Year
A B		Total liabiliti		X line 26)				21,344,			762,967
돌				palances. Subtract line 21 fr				4,639, 16,704,	704		915,666
P	art II	Sign	ature		0.11 tine 20	<u> </u>		10,/04,:	084	1/,8	347,301
Un	ider pe	nalties of per	jury. I de	clare that I have examined this	return including	accompanying schodule					
tru	e, com	ect, and comp	plete. De	claration of preparer (other tha	n officer) is based	on all information of wh	ich prepare	ments, and to the l Ir has any knowled	best of r	ny knowledo	ge and belief, it i
							1 - 1		90.		
Sig	n	Signa	ture of offic	сег					Date		
Her	·e	E	liza	beth Martin		۵.	EO		240		
				ne and title		<u> </u>	10				
		Print/Type pre	parer's na	me	Preparer's signat	ture		Date	Charle	if PTIN	
Paid		Barbara :	Lasky		Barbara La	skv			Check	L "	015000
Prep		Firm's name)	Baldwin CPAs,	PLLC			05/09/18		ioyed POO	015280
Use	Only			943 S 1st Str				Firm's	EIN I		
		Firm's address	s)	Louisville, R	Y 4020	3				502 5	0/ 0702
May	the IR	RS discuss th	his retur	n with the preparer shown a	bove? (see inst	ructions)	·	Phone	no.		84-9793
For F	aperw	vork Reducti	on Act N	otice, see the separate instri	uctions.	,	······				Yes No (2016)
UMM										ro	an JJU (2016)

Form 990 (2016) The Center For Women & Families,	Doga 2
Part III Statement of Program Service Accomplishments	Page 2
Check if Schedule O contains a response or note to any line in this Part III	X
1 Briefly describe the organization's mission: To help victims of intimate partner abuse or sexual visurvivors through supportive services, community educations that foster hope, promote self-sufficiency	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	e Yes X 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?	
If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services	Yes X No
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowed the total expenses, and revenue, if any, for each program service reported.	, as measured by ocations to others,
4a (Code:)(Expenses\$ 852,866 including grants of\$)(I) Domestic Violence Services and Emergency Shelter - The living space with (79 beds) and all meals for victims and their children who are at high risk of lethality. range from a single night to several months. During a shelter they receive supportive case management, econo counseling, and advocacy. Children participate in chil opportunities. The Center also provides supportive cas legal and medical advocacy for non-residential clients domestic violence.	of domestic violence Shelter stays can client's stay in mic success d enrichment
4b (Code:)(Expenses\$ 2,036,562 including grants of\$ 188,038)(Resolution of the content of the c	thern Indiana (Clark e and sexual assault. as supportive case rtive case
4c (Code:)(Expenses \$ 542,009 including grants of \$) (Recall Center - The Center operates a 24-hour call center stabilization, information and referral for callers who victimized by domestic violence and sexual assault. In providing support to callers, staff (Crisis Interventic coordinate around-the-clock response to victims in hosp rooms, screen victims at risk of high lethality (in col Louisville Metro Police Department), and coordinate she those victims without resources and who are at great rithe Call Center manages the area 2-1-1 system for Metro	that offers crisis have been addition to on Advocates) wital emergency laboration with
d Other program services (Describe in Schedule O.) (Expenses \$ 1,253,993 including grants of\$) (Revenue \$	
e Total program service expenses 4 695 430)

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

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ	Y	es No
	complete Schedule A	1	1 3	7
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
•	b Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		† -	-
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
-	• Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b)		1	
	election in effect during the tax year? If "Yes," complete Schedule C. Part II	4	1	х
5	$\frac{1}{2}$ $\frac{1}$.	1	_ <u></u> -
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C	1		
_	Рап III	5		X
6	and any definition and definition and see tunds of any similar funds or accounts for which denote			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
7	res, complete Schedule D, Part I	6		x
7	Bid the digarization receive or noid a conservation easement, including easements to preserve open space			
٥	the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II	7	İ	x
8	and organization maintain collections of works of art, historical treasures, or other similar assets 2 If "Voc."		1	
^	complete Schedule D, Part III	8		X
9	and any anguing a second frequency and amount in Fart A, line 21, for escrow or custodial account liability, serve as a		1	 -
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	İ		
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			<u></u>
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.		1	
а	and organization report an amount for land, buildings, and equipment in Part X. line 102 If "Voc."	- Tourise Parison		1 02 05 02 0 Q 1 (1)
h	complete Schedule D, Part VI	11a	x	ł
L	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	or its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII	11b	x	1
С	and a significant report an amount for investments—program related in Part X. line 13 that is 5% or more			
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	and organization report an amount for other assets in Part X. line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
٠	and a significant of separate of consolidated financial statements for the tax year include a footnote that addresses			
122	the organization's hability for uncertain tax positions under FIN 48 (ASC 740)2 If "Ves." complete Schodule D. Bert V.	11f	X	
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			
b	Was the organization included in consultated the	12a	X	1
-	The time of Same attention included in collection and the first of the second of the s			
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		_X_
	fundraising, business, investment, and program continuous activities particle to the investment and the investment and the			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u>X</u>
	101 ally toreign organization? If "Yes" complete Schodule F. Dorde H IV			
6	Did the organization report on Part IX column (A) line 3 more than 05 and 6	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		ĺ	
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u>X</u>
	Fait IX, Column (A), lines 6 and 11e? If "Yes" complete Schodulo C. Dort Lines in the standard of the standard		İ	
8	Did the organization report more than \$15,000 total of fundraising event group income and and the	17		<u>X</u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. It is a complete Schedule G.			
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
	If "Yes," complete Schedule G, Part III		l	
	If "Yes," complete Schedule G, Part III	19	200	<u>X</u>

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

			Yes	s No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	201	,	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			T
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
20	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	 -	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		┼
	to defease any tax-exempt bonds?			1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	<u> </u>	
2 5 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			, ,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	İ		
	If "Yes," complete Schedule L, Part I	25b		-
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		X
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		- 41
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			111123333
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	\$2502564+421Eq3	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	l	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
^	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
	***************************************	31		X
-	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		ĺ	
		32		X
,	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
4 \	Nas the organization related to any tay exempt an taughte scribble and to 2 to 2 to 2 to 2 to 2 to 2 to 2 to	33		X
•	Nas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1			
5a l	Did the organization have a controlled ontity within the magning of a stirry 540/1/400	34	X	
b l	Did the organization have a controlled entity within the meaning of section 512(b)(13)? f "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
~ .	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		l	
; ;	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
r	elated organization? If "Ves." complete Schodule B. Bort V. Krist o			
· ' [Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
a	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
F	Part \/I			37
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<u>X</u>
1	9? Note. All Form 990 filers are required to complete Schedule O.		.	
			<u> </u>	2016)

	Part V Statements Regarding Other IRS Filings and Tax Compliance			P	а
	Check if Schedule O contains a response or note to any line in this Part V				
1a			1	Yes	Γ
k	and the state of the box 3 of 1 of 11 1090. Enter -U- if not applicable		000000		13886
	The state of the s	1			熱傷
`	and a summer of the summer of				机侧
2 <i>a</i>	reportable gaming (gambling) winnings to prize winners?	10	2	X	1.3
	ransmittal of Wage and Tay				
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 158				
	and the reported of this 2d, did the ordanization tile all required federal employment to a return of	21	elatrik i Surak	X	100
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		CONTRACT BY AND	327 W.S. 11	
b	Bid the diganization have unrelated business gross income of \$1,000 or more during the year?	3a	PERSONAL ALIENSA	STEPPENS (FILE)	-72
_	The artiful art of this year? If two to line 30, provide an evolunation in Cabadula O	3b		十	_
4 a	At any time during the calendar year, did the organization have an interest in or a signature or other subject.	-		\dashv	-
	ever, a infancial account in a foreign country (such as a bank account, securities account, or other financial				
h	accounty:	4a			
b	and the following Country.				200
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
F				100 点	
Ja L	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1		100
	bid any taxable party notify the organization that it was or is a party to a prohibited tay shelter transcribed	5b		+	5
C	1 765 to line 5a of 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	55	+	+	-
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		ı	3
b	Thes, and the organization include with every solicitation an express statement that such contributions as	Ua Ua	 	+	_
7	girls were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	Contract	B Water		総
а	the diganization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
L	and services provided to the payor?	7a	X		施
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		-
С	the diganization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.5		+	-
	required to life Form 8282?	7c		١,	X
d	If "Yes," indicate the number of Forms 8282 filed during the year Old the organization receives are first.	7.0			<u> </u>
-	the organization receive any tunds, directly or indirectly to nay premiums on a personal horsest and	7e	- HERROSCO	2	jii
f	the organization, during the year, pay premiums, directly or indirectly, on a personal hopefit contracts	7f		1 3	
g	the organization received a contribution of qualified intellectual property, did the organization file Form 2000	7g		1 3	_
	The organization received a contribution of Cars, poars, airplanes, or other vehicles, did the arrestication of	7 <u>9</u>		1 2	_
	are a supplied that the suppli				
	operisoning organization have excess business holdings at any time during the year?	8		19 110	學
J	Sponsoring organizations maintaining donor advised funds.		esial no	14 SEE 3.5	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	a replaced of garried or make a distribution to a donor, donor, advisor, or related persons	9b		+-	-
10	Section 501(c)(7) organizations. Enter:				1
a	Initiation fees and capital contributions included on Part VIII, line 12			l	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				1
•	dection so (c)(12) organizations. Enter:				
а .	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.)	1)			朝朝
2a :	1047 (d)(1) Holl-exempt Charitable trusts. Is the organization filing Form 990 in liqu of Form 10442	12a		iidiii	
~ .	res, enter the amount of tax-exempt interest received or accrued during the year	Construction of the Construction of			
,	section 50 ((c)(29) qualified nonprofit health insurance issuers.				W.W.
a i	s the organization licensed to issue qualified health plans in more than one state?	13a	100 E 100 C		25
,	Note. See the instructions for additional information the organization must report on Schedulo O	ısa			107
	arried the arribunt of reserves the organization is required to maintain by the states in which				
L	rie organization is licensed to issue qualified health plans				
C E	Inter the amount of reserves on hand				
ta [and the organization receive any payments for indoor tanning services during the tax year?	CONTRACTOR OF THE		7 <i>7</i>	
וו מ	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X	-
\A		14b			

Fo	Governance, Management, and Disclosure For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response or note to any line in this Part VI	es in	Schedule	O. See	e instr	Page 6 "No" ructions.
Se	ection A. Governing Body and Management			<u> </u>	 .	X
					Yes	al No
18	and of the fax year	1a	28		res	s No
	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	ļ			1	
	committee, explain in Schedule O.	}				
, t	and the mast 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	and the second	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			1		
	supervision of officers, directors, or trustees, or key employees to a management company or other name 2			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form coo	filed?		4		X
5	2.3 and diganization become aware during the year of a significant diversion of the organization's assets?			5	1	X
6	2.5 the organization have members of stockholders?			6	 	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<u> </u>	_	
	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,				1	
	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 follo	wing:		
a L	me gevening body!	•	•	8a	X	126600000000000000000000000000000000000
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
Sac	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		· · · · · · · · · · · · · · · · · · ·	9		x
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the	nterr	al Rever	nue Co	ode.)	
10a					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
-	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form?	11a	Х	
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conditional first the c					
b	and a game at written connict of interest policy? If 100, "do to line 13	<i></i>		12a	X	
С	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to	conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done				1	
13	Did the organization have a written whistleblower policy?			12c		<u>X</u>
14	Did the organization have a written document retention and destruction policy?			13	X	
15	Did the process for determining compensation of the following persons include a review and approval by			14	X	
	independent persons, comparability data, and contemporaneous substantiation of the datile	_				
а	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	1?				
b	Other officers or key employees of the organization			15a	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b	and the sa	X
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			1 1	ibitane-estrale \$10.	
b	fit "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a	talifornia in a	<u>X</u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					1
	organization's exempt status with respect to such arrangements?					
	ion of bisciosare		<u></u>	16b		
7	List the states with which a copy of this Form 990 is required to be filed ► KY, IN					P-0
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T. (Section	 501(a)	(3)e onka			
	available for public inspection, indicate now you made these available. Check all that apply	-01(0)	(U)S UIIIY)			
i	⚠ Own website X Another's website X Upon request X Other (explain in Schedulo O)					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	reet n	olicy and			
	mandar statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's backs and a second	ords.	•			
~	PO Box 2048	J143.	-			
	lisville KY 40203		502	-581	-70	0.0
AA					990 0	

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

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

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 ore	(B)				C)			(D)		T
Name and Title	Average hours per week (list any hours for	bo	ox, unl	Po check ess p	sition more erson	than o is both or/truste	an	Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Ann Bauer	1.00									
Chair	0.00	X		х				0	0	o
(2)Dana Lackey										<u>U</u>
Chair Elect	1.00	x		x				o	0	0
(3)Stephanie Hawkij		ф								0
Secretary	1.00	x		x				o	0	0
(4) Kristin McDonno									-	<u> </u>
Treasurer	1.00	x		х				o	0	0
(5)Leslie Coyle									<u> </u>	U
Vice Chair	1.00	x		x				o	0	0
(6)Diane Everse							\top		<u> </u>	0
Board Member	1.00 0.00	x						0	0	0
(7) Laurie Kemp							T		0	
Board Member	1.00	x						o	0	0
(8) Lori Moore					T					<u> </u>
Board Member	1.00 0.00	х						0	0	0
(9) Mary Bacon							T			
Board Member	1.00	x						o	0	0
(10) Richard Banta, J	r.						T		<u> </u>	U
Board Member	1.00	x				į		o	0	0
(11)Connie Barker, R	N MSN	T					T		0	0
Board Member	1.00	x						o	0	

Form 990 (2016) The Center For Women & Families

Part VII Section A. Officer				-				s, and Highest Compens	ated Employees (contin	rage c
(A) Name and title	(B) Average hours per week (list any hours for	(de	o not o x, unle	Pos check ess pe	C) sition more erson	than is both or/trus	one n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2)1033-WIGG)	organization and related organizations
(12) Heather Bass	1.00									
Board Member (13) Nancy Bottom	0.00	X		_		_		0	0	0
Board Member	1.00	х						0	0	0
(14) Stephanie Pe		kε								
Board Member	1.00	х						o	o	0
	Colson	^							0	
	1.00									
Board Member	0.00	X						0	0	0
(16) Steve Conrad	1.00									
Board Member	0.00	х						0	0	0
(17) Shelly Gibso								· ·		
Board Member	1.00	x						o	0	0
(18) Eric Byck Go		Λ						<u> </u>	<u> </u>	0
Board Member	1.00	X						0	0	0
(19) Dr. John D.	Marshall	•							:	
Board Member	1.00	х						0	0	0
1b Sub-total	ets to Part VII	Sec	tion	 1 Δ			>	322,031		22,092
d Total (add lines 1b and 1c)							>	322,031		22,092
Total number of individuals (i reportable compensation from				o the	ose	listed	ab.	ove) who received more t	han \$100,000 of	I Voo I No
3 Did the organization list any f employee on line 1a? If "Yes,										Yes No
4 For any individual listed on lir organization and related orga individual	inizations greate	er th	an \$	150,	000	? <i>İf '</i>		tion and other compensat	tion from the	4 X
5 Did any person listed on line for services rendered to the c		crue	e cor	nper	nsati	ion fr			n or individual	5 X
Section B. Independent Contract									H 0400 000 - f	
Complete this table for your fi compensation from the organ										tax year.
Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
			····							
2 Total number of independent	contractors (inc	ludi	na h	ut no	t lim	nited	to #	nose listed above) who		
received more than \$100,000									0	SW SELECTION
DAA										Form 990 (2016)

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

		Chec	ck if Schedule	O contai	ns a respoi	nse or note to an	y line in this Part	\/III	
sti	1 1 2					(A) Total revenue	(B) Related or exempt function reverue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ìrar	딁	1a Federated o	ampaigns	1a	408,64	8 11 2 11			
o,	Ĕ	c Fundraising	dues events	1b 1c	250 47				
≝.	ie i	d Related orga	anizations	1d	250,47				
Š.	Ē	e Government gran	its (contributions)		2,228,33	1			
Ę		f All other contribut	tions, gifts, grants.						
Ę	Ĕ	and similar amou	nts not included above	1f	2,758,87				
out			tions included in lines 1a		93,43	8			
Program Service Revenue Contributions, Gifts, Grants	0	h Total. Add li	nes 1a-1f	· · · · · · · · · · · · · · · · · · ·		22 TWO SECRET AND DESCRIPTION OF THE PROPERTY	1		
Veni	١,	a MUW 21			Busn. Cod	and places provide the Proposition of Section 19 and 19 an	the property of the control of the c		
å	1		l calls xam reimburse			258,74			
<u>Vice</u>			tion education			18,92 13,88			
Se		d Other	575.77.77.77.77.77.77.77.77.77.77.77.77.		.i.a	2,24			
E		е					2,21		
Jo g			gram service reve						
	-	g Total. Add lin	nes 2a-2f	<u>.</u>	>	293,80	2		
	3		ncome (including			225 22			
	4		nilar amounts) investment of tax	ovoment be		335,98	0		335,980
	5	Rovalties		-exempt bo	na proceeas				
		, , , , , , , , , , , , , , , , , , , ,	(i) Real		ii) Personal				
	6	a Gross rents							
		Less: rental exps.							
	١ ،	Rental inc. or (loss							
	7	Net rental inc Gross amount from	ome or (loss)					and the state of the control of the state of	(2) 日本日本の本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の
		sales of assets	(i) Securities		(ii) Other				
	١,	other than inventor Less: cost or other	/						
	`	basis & sales exps.							
	,	Gain or (loss)				1-1-1-1-1			
			oss)						
ne	88	Gross income fr	om fundraising ever	ts					
evenue		(not including \$		7.6					
			reported on line 1c).						
Other R	h	See Part IV, line Less: direct ex		a	60,767				
ŏ			(loss) from fundr	aising oven		E2 260			
			om gaming activities		io ,	-53,360			
			19						
	b	Less: direct ex	openses	b					
ı	С	Net income or	(loss) from gami	ng a <u>ctivities</u>)		The state of the s		
1	10a		f inventory, less						
		returns and all		a					
		Less: cost of g	loods sold (loss) from sales	b					
ŀ			ellaneous Revenue	or inventor	Busn, Code				
	11a		eous Revenue		24371. 0008	25,256	25,256		
	b		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		23,230	43,436		
	С	* * * * * * * * * * * * * * * * * * * *					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			ue						
		Total. Add line				25,256	the same of the sa		
	12	i otal revenue	. See instructions	S		6,248,009	319,058	0	335,980

Form 990 (2016) The Center For Women & Families, Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete all columns.

Sec	tion 501(c)(3) and 501(c)(4) organizations mu- Check if Schedule O contains a re	st complete all columns. A	All other organizations mu	st complete column (A).											
Do	Do not include amounts reported on lines 6b, Total expenses (A) (B) (C) (D) Total expenses (Program service expenses (Program service expenses) Total expenses (Program service expenses) Total expenses (Program service expenses) Total expenses (Program service expenses)														
		Total expenses	Program service	Management and	Fundraising										
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):														
а															
b	Legal														
С	Accounting	25,159		25,159											
d	Lobbying														
е	Professional fundraising services. See Part IV, line 1	7													
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 expense	s													
	for any federal, state, or local public officials														
19	Conferences, conventions, and meetings														
20	Interest	107,134		107,134											
21	Payments to affiliates	100 0==	4												
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.)	240 115	015 450	CONTRACTOR VINE TO SERVICE AND SERVICE SERVICES.											
a	Supplies	249,115	215,450	18,004	<u> 15,661</u>										
b	Bank Investment Fees Membership Dues	75,642	17 080	75,642											
c.	Memberanth Dues	26,048	17,879	7,864	305										
d	All other eveness														
	All other expenses	6 166 260	4 605 400	1 100 000	250 255										
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	6,166,369	4,685,430	1,126,943	353,996										
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here														
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2016)										
-, -,					- uun ,,,,,,										

1	art						
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			52,604	1	272,344
	2	Savings and temporary cash investments			14,182		
	3	Pledges and grants receivable, net			2,039,559		2,042,272
	4	Accounts receivable, net			1	4	
	5	Loans and other receivables from current and former					
		trustees, key employees, and highest compensated e	•				
	1	Complete Part II of Schedule I			अस्य स्थापना स् र स्थापना	5	त्राह्मा प्रदेश कर के जाने कर हैं। विशास का देश के देश हैं। यह से अपने का कि का कि का कि का कि का कि का कि का विकास के का कि का कि का कि का कि का कि का कि का कि का कि का कि का कि का कि का कि का कि का कि का कि का कि का कि
	6	Loans and other receivables from other disqualified p	ersons (as	s defined under sec	tion (
		4958(f)(1)), persons described in section 4958(c)(3)(E	sand IIIII				
		sponsoring organizations of section 501(c)(9) volunta					
sts	1	organizations (see instructions). Complete Part II of S	chedule L			6	
Assets	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	6,823,26			
		Less: accumulated depreciation	10b	1,401,91	<u>.8 5,529,413</u>	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			01 044 000	15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)		21,344,288		21,762,967
	17 18	Accounts payable and accrued expenses					149,266
	19	Grants payable Deferred revenue		18	00 667		
	20				92,000	19	90,667
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV	of Schod	ulo D		20	
ý		Loans and other payables to current and former office				21	
Liabilities		trustees, key employees, highest compensated emplo				ė.	
abil		disqualified persons. Complete Part II of Schedule L	yccs, and			22	Antonia sententa in proportional antonia sententa del proportional del pro
Ë	23	Secured mortgages and notes payable to unrelated th	ird parties		4,082,202	23	3,416,413
		Unsecured notes and loans payable to unrelated third				24	3,110,113
		Other liabilities (including federal income tax, payables		d third			
		parties, and other liabilities not included on lines 17-24					
		of Schedule D				25	259,320
	26	Total liabilities. Add lines 17 through 25			4,639,704	26	3,915,666
S		Organizations that follow SFAS 117 (ASC 958), che	ck here I	▶X and			
nce		complete lines 27 through 29, and lines 33 and 34.					
ala		Unrestricted net assets			13,368,289	27	14,133,366
Net Assets or Fund Balances		Temporarily restricted net assets				28	2,041,485
, i	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 98)			1,672,450	29	1,672,450
P.			58), checl	k here			
ţţ		complete lines 30 through 34.				A THE REAL PROPERTY.	
SSe		Capital stock or trust principal, or current funds		30			
t A		Paid-in or capital surplus, or land, building, or equipme				31	7100
Ş	32	Retained earnings, endowment, accumulated income,			16 704 504	32	17 047 005
		Total net assets or fund balances Total liabilities and net assets/fund balances			16,704,584		17,847,301
	57	Total habilities and het assets/fullu balances			21,344,288	34	21,762,967

Form **990** (2016)

	or VI Personalisation of Net Assets			Pa	age 12
#I	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1		1	6,2	48,	009
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,1	66,	369
3	Nevertue less expenses. Subtract line 2 from line 1	3			640
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,7		
5	Net unrealized gains (losses) on investments	5			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 halances (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	<u> </u>			
	33, column (B))	10	17,8	47	301
P	art XII Financial Statements and Reporting	1 10 1	+ / , 0	<u> </u>	<u> </u>
	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: Cash X Accrual Other			1 165	NO
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		- []		
	Schedule O.		111		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				v
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			I Al Holes	X
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		1		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b	X	764000606
	separate basis, consolidated basis, or both:				2.4
_			E 12		
ŭ	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?		2c	X	Table 1
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			2001	
2~			- 1 d	18230 8340	
Jä	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
L	the Single Audit Act and OMB Circular A-133?		3a	X	
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			T	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	\mathbf{x}	

Form **990** (2016)

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

Section A. Office	rs, Directors,	rust	ees,	Ke	y Eı	mplo	yee	s, and Highest Compens	sated Employees (contin	nued)
(A) Name and title	(B)	İ		,	(C)			(D)	(E)	(F)
Name and ane	Average hours per	(d	o not		sitior mor		one	Reportable compensation	Reportable compensation from	Estimated
	week (list any	bo	x, unle ficer a	ess p	ersor	ı is bo	th an	from	related	amount of other
	hours for	-					· ·	the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	dire	stitu	Officer	ey e	mg i	Former	(W-2/1099-MISC)		organization
	below dotted line)	ctor	tiona		Key employee	yee o	1			and related organizations
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or director	Institutional trustee		yee	employee				
		0	tee			saled				
(20) Regina Nethe	. –									
Board Member	1.00									<u> </u>
(21) David Nichol	0.00	X			_	┼	-	0	0	
	1.00									
Board Member	0.00	Х						0	ol	
(22) Diane French	J 1									
Board Member	1.00									
(23) Casey Ramage	0.00	X	-			_		0	0	
-1	1.00			ł						
Board Member	0.00	Х						o	0	,
(24) Shelley Sant	-									
Board Member	1.00								į	
(25) Kristin Warf	0.00 leld	X	\dashv	\dashv				0	0	(
	1.00			-						
Board Member	0.00	X						0	0	(
(26) Robert Webb	1 00									
Board Member	1.00	х				j				
(27) Jill Whitehou	ıse	^	\dashv	\dashv			-	0	0	
	1.00				- [
Board Member	0.00	X						0	o	(
1b Sub-total			· · · · ·			J	▶			
c Total from continuation sheed d Total (add lines 1b and 1c)						J	<u> </u>			
2 Total number of individuals (in-	cluding but not	limite	d to	tho	se li	sted	abo	ve) who received more th	an \$100,000 of	
reportable compensation from	the organizatio	n 🕨							an \$100,000 or	
3 Did the organization list any fo	rmer officer di	recto	r or	trus	taa	kov	amn	Novoo or highest		Yes No
ciriployee on line ray it yes.	complete Sche	anne	.i tor	CIT	h ir	rdiviic	leuk			Same and the state of the state
4 For any individual listed on line organization and related organ	∶1a, is the sum izations greate:	of re	port	able	COP	mper	ısatio	on and other comment - 1:-	6	
muividuai										4
5 Did any person listed on line 1a for services rendered to the org	a receive or acc	rue (comp	ens	atio	n fro	m ar	ny unrelated organization	or individual	
Section B. Independent Contractor	'S	100,	COII	ρισι	6 3	cried	uie J	i for such person		5
Complete this table for your five compensation from the organization.	highest comp	ensa	ted i	nde	pen	dent	cont	ractors that received more	e than \$100,000 of	
INDIVIDUE IN TOTAL LIC ORGANIZ	ation. Report c) siness address	ompe	ensa	tion	for 1	the c	alen	dar year ending with or w	ithin the organization's tax	
Name and bu	siness address							Description	3) n of services	(C) Compensation

AND THE RESERVE THE PROPERTY OF THE PROPERTY O						\perp				
	w					+				
Total number of independent co	ntrootoro (i!	di	h .							
received more than \$100,000 of	compensation	aing from	but i the	orga	ımite aniz	ed to atior	thos	se listed above) who		
AA										Form 990 (2016)

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

Part VII Section A. Officers Directors Trustees Key Employees and High

	1	rust	ees,	Ke	y En	nplo	yees	s, and Highest Compens	sated Employees (continu	ued)
(A) Name and title	(B) Average				(C) sition			(D) Reportable	(E)	(F)
	hours per week			check	more	than		compensation	Reportable compensation from	Estimated amount of
	(list any					or/trus		from the	related organizations	other compensation
	hours for related	or c	Inst	Officer	6	e Hig	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	vidua	Institutional	हि	emp	hest o	Former	,		and related
	line)	Individual trustee or director	nal tri		key employee	omp				organizations
		tee	trustee			Highest compensated employee				
(28) Marta Mirand	la			-	 	<u> </u>				
<u> </u>	40.00									
President (29) Tamara Reif	0.00			X				123,627	0	6,288
(29) Tamara Reif	40.00									
VP of Programs	0.00			х				69,029		
(30) Jeanine Trip	lett			42				09,029	0	5,247
	40.00									
VP Development/Comm (31) Christie Mal	0.00			X				65,311	0	5,274
(31) Christie Mal	oney 40.00									
VP of Administration				x			Ī	64,064		5 000
(32) Elizabeth Ma			_			\dashv	\dashv	04,004	0	5,283
· <u></u>	0.00									
CEO	0.00			X				0	0	0
							- 1			
				ļ						
		\neg	\top			$\neg \dagger$	_			
								:		
		\dashv			_	_	_			
		-								
1b Sub-total)	•	322,031		22,092
c Total from continuation she	ets to Part VII,	Sect	ion	Α)	•			
d Total (add lines 1b and 1c) . Total number of individuals (in	scluding but not	limite					<u> </u>			
reportable compensation from	the organizatio	n 🕨	נט נט	טוו) ו	se ii	stea	apo	ve) who received more th	an \$100,000 of	
3 Did the organization list any fo	55"									Yes No
employee on line 1a? If "Yes,"	" complete Sche	dule	J for	r suc	ch in	divic	lual			3
4 For any individual listed on line	e 1a, is the sum	of re	hode	able	e cor	nner	sati	on and other compensation	on from the	
organization and related organindividual	lizations greate	r thai	n \$1:	50,0	00?	If "Y	'es,"	complete Schedule J for	such	
bid any person listed on lifte i	a receive or acc	crue (com	pens	satio	n tro	m a	ny unrelated organization	or individual	4
for services rendered to the or Section B. Independent Contractor	ganization? <i>If "</i>	Yes,'	' con	nple	te S	ched	ule .	J for such person	*************	5
1 Complete this table for your five	e highest comp	ensa	ited	inde	pen	dent	cont	tractors that received mor	e than \$100,000 of	
compensation from the organiz	zation, Report C	omp	ensa	tion	for	he c	alen	dar year ending with or w	rithin the organization's tax	year.
Name and b	(A) Jusiness address					_		(l Descriptio	B) n of services	(C) Compensation
						\dashv				
						\top		**************************************		
						\perp			-	
	4									
2 Total number of independent c	ontractors (inclu	ıding	but	not	limit	ed to	tho	se listed above) who		
received more than \$100,000 c	n compensation	tron	1 the	org	aniz	atior	1 🕨		me	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Inc.

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

Open to Public Inspection

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. The Center For Women & Families,

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) ElN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Total

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.)

Se	ction A. Public Support		.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ooto notog ber	ow, picase coi	ilpiete Fait III.)	
Cal	endar 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				38,421,41
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	39 437 41
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)					3,040,331	38,421,41
6	Public support. Subtract line 5 from line 4.	110					1,787,946
Sec	ction B. Total Support	Commencial Commencial Section (Commencial Sect		410 300 410 300 500	Maria III.		36,633,472
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(6) T-(-)
7	Amounts from line 4	4,496,745	16,123,421	7,699,553			(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,708	62,885	350,905	4,455,368 310,897	5,646,331	38,421,418 1,131,375
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,547	6,740		87,643	the second secon	99,930
12	Gross receipts from related activities, etc		\ \		The product of the same secondaria, it was the galler of		39,652,723
13	First five years. If the Form 990 is for th	e organization's)			12	559,444
-	organization, check this box and stop he	e organization s iii	si, secona, thira,	fourth, or fifth tax	year as a section	501(c)(3)	
Sec	tion C. Computation of Public S	unnort Perce	ntage			<u></u>	▶
14	Public support percentage for 2016 (line	6 solumn (f) divid	ad by the AA	(0)			
15	Public support percentage for 2016 (line Public support percentage from 2015 Sci	o, column (1) aividi	ed by line 11, coll	ımn (t))		14	92.39%
16a	33 1/3% support test—2016. If the arga	nedule A, Pail II, II	ne 14				90.38%
	33 1/3% support test—2016. If the orga box and stop here. The organization qua	difies as a publish	eck the box on lin	e 13, and line 14	is 33 1/3% or moi	e, check this	
ь	33 1/3% support test—2015. If the organization qua	nization did not ob	supported organi	zation			▶ X
	33 1/3% support test—2015. If the organization	qualifies as a pub	eck a box on line	13 or 16a, and lin	ie 15 is 33 1/3% o	r more, check	. —
17a	this box and stop here. The organization 10%-facts-and-circumstances test—20	16 If the organize	niciy supported of	ganization			▶ ∐
	10% or more, and if the organization mee	te the "facts and a	ilion did not checi	ca box on line 13	, 16a, or 16b, and	line 14 is	
	Part VI how the organization meets the "f	acts and circumst	ancomitant The	st, cneck this box	and stop here. E	xplain in	
	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization m	15. If the organiza meets the "facts- eets the "facts-and	ition did not check and-circumstance d-circumstances"	a a box on line 13, s" test, check this test. The organiza	, 16a, 16b, or 17a s box and stop he ation qualifies as a	, and line ere. I publicly	▶□
18	Private foundation. If the organization di instructions		on line 13, 16a, 1	6b, 17a, or 17b, c	check this box and	l see	▶ □

Schedule A (Form 990 or 990-EZ) 2016 The Center For Women & Families,

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.)

	ction A. Public Support				······································	······································	
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	T (=) 2010	T (5 = 1)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\/	(5) 2010	(0) 2014	(a) 2015	(e) 2016	(f) Total
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							
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	-A1.					
8	Public support. (Subtract line 7c from						
500	line 6.)		20 1, 19 1,				
Color	ction B. Total Support						
	ndar 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						
С	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 fi	ret second third	fourth or fifth to			
	organization, check this box and stop her	'e	ist, second, tillid,	iourin, or filth tax y	ear as a section	501(c)(3)	. —
Sect	tion C. Computation of Public S	upport Perce	ntage				<u> </u>
15	Public support percentage for 2016 (line 8	. column (f) divid	ed by line 13 col	ımn (fl)			
16	Public support percentage from 2015 Scho	edule A. Part III	line 15	······ (1))		15	%
Sect	ion D. Computation of Investme	ent Income Po	ercentage				%
17	Investment income percentage for 2016 (I	ine 10c column	f) divided by line	12 column (f)			
18	Investment income percentage from 2015	Schedule A Par	t III line 17				<u>%</u>
19a	33 1/3% support tests—2016. If the orga	nization did not o	heck the hav an I	ne 14 and line 15	io mana the con-	1/20/	%
	17 is not more than 33 1/3%, check this bo	x and ston here	The organization	ne 14, and line 15	is more than 33	ارد), and line	, ,
b	33 1/3% support tests—2015. If the orga	nization did not o	heck a hov on line	i quaimes as a pul	oncry supported o	rganization	▶ ∟
	t in the second	and not c	oon a box on life	, it of fine 19a, ar	in line to is more	:≀⊓an 33 1/3%, and	<u>_</u>
	line 18 is not more than 33 1/3%, check the	is box and ston I	here. The organiz	ation qualifies as a	nublick arms -	od orac=!==!	

Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2016

(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

- 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.
- 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).
- 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.
- 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).
- 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.*
- 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.)

11 10			
	Ye	. T	No
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3	iii.
3a		Ī	
300 100	i	1,	1
3c	10.0		
4a			
4b			
4c 加 加 加 数 数 5a			
5b		-	1.1
6			
7	1		
8			
9a			
9b			
9c			
10a			
000	200 5		

Schedule A (Form 990 or 990-EZ) 2016 The Center For Women & Far Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (mil:	ies,	Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of	orga	nizations	\
Check here if the organization satisfied the Integral Part Test as a qualifying trust o instructions. All other Type III non-functionally integrated supporting organizations.	in Nov	. 20, 1970 (explain in Part	VI). See
	must	Complete Sections A thro	· · · · · · · · · · · · · · · · · · ·
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)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		The second secon
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	200 Million 100 Commission of	A CHARLES OF THE SECOND OF THE SECOND
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,	<u> </u>		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		TOTAL CONTRACTOR OF THE CONTRA
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	1,		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	The Land Control of the State o	
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 integrat			ion (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

	dule A (Form 990 or 990-EZ) 2016 The Center For W int V Type III Non-Functionally Integrated 509(a)(omen & Famil	ies,	Page 7		
Sec	ction D - Distributions	of oupporting Orga	mzations (continued			
1	Amounts paid to supported organizations to accomplish exempt pu	Irnosas		Current Year		
2						
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of so	upported organizations				
4	Amounts paid to acquire exempt-use assets	<u> </u>				
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.		- W	1000		
8	Distributions to attentive supported organizations to which the orga	nization is responsive				
	(provide details in Part VI). See instructions.	<u>.</u>				
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount	741				
		(i)	(ii)	(iii)		
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable		
			Pre-2016	Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
•	Underdistributions, if any, for years prior to 2016					
2	(reasonable cause required-explain in Part VI). See instructions.		집 2 전			
3	Excess distributions carryover, if any, to 2016:	- Company of the Comp				
a						
b						
С	From 2013					
	From 2014	4 VISCOCIARDA CONCORDA CONTRACADA VISCOCIA				
	From 2015					
f	Total of lines 3a through e	Tomas and a second seco				
	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount	17 1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
j	Carryover from 2011 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	And the second section of the section of				
4	Distributions for 2016 from					
	Section D, line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
С	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 the second of the second s		
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
	Excess distributions carryover to 2017. Add lines 3j					
	and 4c.			this is the		
	STERNING OF THE CONTRACT OF TH					
		CAUTAN Enca				
	Excess from 2015					
e	Excess from 2016					

Schedule A (Form 990 or 990-EZ) 2016

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

▶ 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.

OMB No. 1545-0047

2016

Name of the organization The Center F Inc.	or Women & Families,	Employer identification number
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	\mathbf{X} 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	
Note: Only a section 501(c) instructions.	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Specia	l Rule. See
General Rule For an organization or more (in money or contributor's total co	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling reproperty) from any one contributor. Complete Parts I and II. See instructions for detentions.	ng \$5,000 ermining a
Special Rules		
regulations under se 13, 16a, or 16b, and	described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^{1/3}$ % supportations $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ) that received from any one contributor, during the year, total contributions of the greather amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Part of the amount on (ii) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.), Part II, line ater of (1)
contributor, during th	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, so al purposes, or for the prevention of cruelty to children or animals. Complete Parts I, I	ientific,
contributor, during th contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., copie during the year	received as the
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its F o certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ	orm 990-EZ or on its

Name of organization

The Center For Women & Families,

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies o	f 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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Louisville/Jefferson County Metro G 611 W. Jefferson St, Suite A Louisville KY 40202-2743	\$ 300,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 3	James Graham Brown Foundation 4350 Brownsboro Rd Ste 200 Louisville KY 40209	\$ 501,025	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number The Center For Women & Families, Inc 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. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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

360,421

148,522

Schedule D (Form 990) 2016

360,421

148,522

5,421,348

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

			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
I) Financial derivati			Market Control of the
2) Closely-held equ	***************************************		
Other Equit	*	8,808,250	
	and Government Notes	3,236,373	
(B) Mutual	Funds - Bond	997,958	
(C) Cash E	quivalents	37,364	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(D)			
(E)			
(F)			
(G)			
(H)	nust equal Form 990, Part X, col. (B) line 12.) ▶	13,079,945	
	estments—Program Related.	13,013,313	
	aplete if the organization answered "Yes" o	n 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)			
otal. (Column (b) m	nust equal Form 990, Part X, col. (B) line 13.)		
otal. (Column (b) m	er Assets.	n Form 000 Part IV	dimension of the part and the property of the street of th
otal. (Column (b) m	er Assets. oplete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15
otal. (Column (b) m Part IX Oth Con	er Assets.	n Form 990, Part IV,	dimension of the second state of the second st
otal. (Column (b) n Part IX Oth Con	er Assets. oplete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15
otal. (Column (b) m Part IX Oth Con 1)	er Assets. oplete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15
otal. (Column (b) n Part IX Oth Con (1) (2) (3)	er Assets. oplete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15
otal. (Column (b) m Part IX Othe Con (1) (2) (3)	er Assets. oplete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15
otal. (Column (b) m Part IX Othe Con (1) (2) (3) (4)	er Assets. oplete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15
otal. (Column (b) m Part IX Othe Con (1) (2) (3) (4) (5)	er Assets. oplete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15
otal. (Column (b) m Part IX Othe Com 1) 2) 3) 4) 5) 6)	er Assets. oplete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15
otal. (Column (b) m Part IX Oth Com 1) 2) 3) 4) 5) 6)	er Assets. oplete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15
otal. (Column (b) m Part IX Oth Com (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) m	er Assets. nplete if the organization answered "Yes" of (a) Description (a) Description nust equal Form 990, Part X, col. (B) line 15.)	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 15
otal. (Column (b) m Part IX Oth Con (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) m	er Assets. nplete if the organization answered "Yes" of (a) Description (a) Description nust equal Form 990, Part X, col. (B) line 15.) er Liabilities.		line 11d. See Form 990, Part X, line 15 (b) Book value
otal. (Column (b) m Part IX Oth Con (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) m Part X Oth Con	er Assets. nplete if the organization answered "Yes" of (a) Description nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. nplete if the organization answered "Yes" of		line 11d. See Form 990, Part X, line 15 (b) Book value
otal. (Column (b) m Part IX Oth Con (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) m	er Assets. nplete if the organization answered "Yes" of (a) Description nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. nplete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value
otal. (Column (b) m Part IX Oth Con 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b) m Part X Oth Con line	er Assets. aplete if the organization answered "Yes" of (a) Description aust equal Form 990, Part X, col. (B) line 15.) er Liabilities. aplete if the organization answered "Yes" of 25. (a) Description of liability		line 11d. See Form 990, Part X, line 15 (b) Book value
otal. (Column (b) m Part IX Oth Con 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b) m Part X Oth Con line	er Assets. aplete if the organization answered "Yes" of (a) Description aust equal Form 990, Part X, col. (B) line 15.) er Liabilities. aplete if the organization answered "Yes" of 25. (a) Description of liability the taxes	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value
otal. (Column (b) m Part IX Othe Com 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b) m Part X Oth Com line (1) Federal income (2) Accrued 6	er Assets. aplete if the organization answered "Yes" of (a) Description aust equal Form 990, Part X, col. (B) line 15.) er Liabilities. aplete if the organization answered "Yes" of 25. (a) Description of liability the taxes	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value
otal. (Column (b) m Part IX Oth Com 1) 2) 3) 4) 5) 6) 7) 88 9) otal. (Column (b) m Part X Oth Con line (1) Federal income (2) Accrued (3)	er Assets. aplete if the organization answered "Yes" of (a) Description aust equal Form 990, Part X, col. (B) line 15.) er Liabilities. aplete if the organization answered "Yes" of 25. (a) Description of liability the taxes	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value
otal. (Column (b) m Part IX Oth Com 1) 2) 3) 4) 5) 6) (7) (8) (9) otal. (Column (b) m Part X Oth Con line (1) Federal income (2) Accrued (c) (3) (4)	er Assets. aplete if the organization answered "Yes" of (a) Description aust equal Form 990, Part X, col. (B) line 15.) er Liabilities. aplete if the organization answered "Yes" of 25. (a) Description of liability the taxes	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value In 11e or 11f. See Form 990, Part X,
otal. (Column (b) m Part IX Oth Com 1) 2) 3) 4) 5) 6) 77) 8) 9) otal. (Column (b) m Part X Oth Com line (1) Federal income (2) Accrued 6 (3) (4) (5)	er Assets. aplete if the organization answered "Yes" of (a) Description aust equal Form 990, Part X, col. (B) line 15.) er Liabilities. aplete if the organization answered "Yes" of 25. (a) Description of liability the taxes	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value
otal. (Column (b) m Part IX Oth Com 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b) m Part X Oth Com line (1) Federal income (2) Accrued (c) (3) (4) (5) (6)	er Assets. aplete if the organization answered "Yes" of (a) Description aust equal Form 990, Part X, col. (B) line 15.) er Liabilities. aplete if the organization answered "Yes" of 25. (a) Description of liability the taxes	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value Interest Part Pa
otal. (Column (b) m Part IX Oth Com (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) m Part X Oth Con line (1) Federal income (2) Accrued (c) (3) (4) (5) (6) (7)	er Assets. aplete if the organization answered "Yes" of (a) Description aust equal Form 990, Part X, col. (B) line 15.) er Liabilities. aplete if the organization answered "Yes" of 25. (a) Description of liability the taxes	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value
otal. (Column (b) m Part IX Oth Com (1) (2) (3) (4) (5) (6) (7) (8) (1) Federal income (2) Accrued (c) (3) (4) (5) (6) (7) (8)	er Assets. aplete if the organization answered "Yes" of (a) Description aust equal Form 990, Part X, col. (B) line 15.) er Liabilities. aplete if the organization answered "Yes" of 25. (a) Description of liability the taxes	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value
otal. (Column (b) m Part IX Oth Com (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) m Part X Oth Con line (2) Accrued (c) (3) (4) (5) (6) (7) (8) (9)	er Assets. aplete if the organization answered "Yes" of (a) Description aust equal Form 990, Part X, col. (B) line 15.) er Liabilities. aplete if the organization answered "Yes" of 25. (a) Description of liability the taxes	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value

Schedule D (Form 990) 2016 The Center For Women &	Families,		Page 4
Part XI Reconciliation of Revenue per Audited Financ	ial Statements With Rev	enue per Retui	rn.
Complete if the organization answered "Yes" on F		a. 1	6,248,009
 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0/210/003
	2a		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities	· · · · · · · · · · · · 		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.) e Add lines 2a through 2d	L	1.000	
3 Subtract line 2e from line 1			6,248,009
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12.)	5	6,248,009
Part XII Reconciliation of Expenses per Audited Finance	cial Statements With Ex	penses per Re	turn.
Complete if the organization answered "Yes" on F	orm 990, Part IV, line 12	a.	
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	1.	
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d			6 166 260
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	·		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c 5	6 166 260
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.	and 4. Dort N/ lines 4h and 2h	· Bort V. lino 4: Bort	V line
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4, Part IV, lines to and 20	i, rait v, lille 4, rait formation	X, IIIIC
	art to provide any additional in	orriation.	
Part X - FIN 48 Footnote	************		
Management has concluded that any tax	r positions that	would no	t meet the
Management has concluded that any car	· Poblicions char		
more-likely-than-not criterion of FAS	SB ASC 740-10 wo	ould be im	material to
more-likely-chan-not criterion of 111	***.**********************************		
the financial statements taken as a v	whole. According	gly, the a	ccompanying
CHO LINGUOTAT DOGOSMONOS GANGES	***************************************	€ 4 . £	
financial statements do not include a	any provision fo	or uncerta	in tax
positions, and no related interest or	r penalties have	e been rec	orded in the
statements of activities or accrued :	in the statement	s of fina	ncial
position.			
.=			

Schedule D (Form 990) 2016 The Center For Women & Families, Page 5

SCHEDULE G

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

OMB No. 1545-0047 2040

(FORM 990 OF 990-EZ)	organ				Form 990-EZ, line 6a.		2016
Department of the Treasury Internal Revenue Service	Information about Sci	Attach to F hedule G (Form 990 o			n 990-EZ. s instructions is at <i>www.irs.</i> ¿	gov/form990.	Open to Public
Name of the organization The	Center For Wo					Employer identific	ation number
	• g Activities. Complete Z filers are not require				wered "Yes" on Fo	orm 990, Part IV	, line 17.
	anization raised funds throu				es. Check all that appl	у.	
a Mail solicitations					vernment grants		
b Internet and email s	olicitations				ment grants		
c Phone solicitations		g Special f	_		_		
d In-person solicitation	ıs			J			
2a Did the organization have or key employees listed		tity in connection	with pro	ofess	ional fundraising servic	æs?	Yes No
compensated at least \$5	5,000 by the organization.	s (lundiaiseis) pu			reements under which	the fulldraiser is to	
(i) Name and add or entity (f		(ii) Activity	(iii) Di raiser custo conti contrib	have dy or ol of	(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
3600 MARKET			Yes	No			
1							
2							
	MANUSCOTT TO		ļ				
3							
4							
5							
6							
7							
8	* Contraction						
9							
10							
T-4-1		<u> </u>					
	e organization is registered		licit con	tribut	L Lions or has been notifie	ed it is exempt from	1

Page 2 Schedule G (Form 990 or 990-EZ) 2016 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 (add col. (a) through Celebration of None col. (c)) (total number) (event type) (event type) 311,243 311,243 1 Gross receipts 250,476 250,476 2 Less: Contributions 3 Gross income (line 1 minus 60,767 60,767 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 49,823 49,823 7 Food and beverages 8 Entertainment 64,304 64,304 9 Other direct expenses 114,127 10 Direct expense summary. Add lines 4 through 9 in column (d) -53,360 11 Net income summary. Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes 6 Volunteer labor 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) 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? 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:

Sche	edule G (Form 990 or 990-EZ) 2016 The Center For Women & Famili		Page 3
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:	اء	0/
а		3a	<u>%</u> %
b	All outside facility	3b	70
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 ▶\$		
С	If "Yes," enter name and address of the third party:		
	Name &		
	Name ▶		• •
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶	ē.	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Van 🗆 Na
	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		
Pai	sperit in the digalizations 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
AND THE RESERVE	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info See instructions	rmatio	on.
		• • • • • • •	

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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.

The Center For Women & Families

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

2016
Open to Public-Inspection

Name of the organization The Center For Wolff Inc.	en & ram	тттеѕ	,			I	Employer identification number	r
Part I General Information on Grants an	d Assistance						_	
Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for mart II Grants and Other Assistance to D	ance? onitoring the use	of grant fu	unds in the United Sta	ates.			on answered "Yes"	X No
990, Part IV, line 21, for any recipier								
(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 assistant	` ` ` ` . ` `	
(1)								
(2)								
(3)	***************************************							
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
2 Enter total number of section 501(c)(3) and government		listed in the	line 1 table					
3 Enter total number of other organizations listed in the I	ine 1 table						>	

Schedule I (Form 990) (2016) The Center .	For Women & F	amilies,			Page 2
Part III Grants and Other Assistance			e organization ans	wered "Yes" on Form 99	0, Part IV, line 22.
Part III can be duplicated if add	itional space is need			_	
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of		k, (f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 Basic necessities	6797	188,038		FMV	Various
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Pr	ovide the information	required in Part I, I	ine 2; Part III, colur	mn (b); and any other ad	ditional information.
See Schedule I Supplement	al Informatio	n Worksheet			
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

COUEDINE!	Supplemental Information	2016
SCHEDULE I (Form 990)	For calendar year 2016, or tax year beginning $07/01/16$, and ending $06/30/17$	2010
Name of the organization		tification number
Procedures assistance assistance kind gifts	ne 2 - Procedures for Monitoring the Use of Grant Further for monitoring the use of grant funds documentation qualification are kept in a file for each individua. Most of the assistance is funded by annual donation, but one federal grant supports housing assistance. may, at any time, choose to review these files.	for l receivir ons, and i
Part III,	Additional Information Line 1 - grant assistance - Basic necessities	
	ption of non-cash assistance - clothing vouchers, ga	s, medica

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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 Employer identification number

		er Fo	r Women & Fa	amilies,	Employer idea	ntification number	r	
	Inc. rt Types of Property							
Fä	Types of Property	(a) Check if	(b) Number of contributions or	(c) Noncash contribution	(d) Method of de			
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition amounts		
1	Art — Works of art							
	Art — Historical treasures							
3	Art — Fractional interests							
	Books and publications							
5	Clothing and household							
	goods	X		27,316				
6	Cars and other vehicles						<u> </u>	
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	1						
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles			F1 607				
19	Food inventory	X		51,687				
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens		<u> </u>					
24	Archeological artifacts			14 425				
25	Other (Gift cards	X		14,435				
26	Other ▶()						
27	Other (<u> </u>				10000		
28	Other ►(<u>) </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	for contributions for				
29	Number of Forms 8283 received by	by the orga	anization during the tax	year for continuutions for	29			
	which the organization completed	Form 828	33, Paπ IV, Donee Ackn	owiedgement	23		Yes	No
			- less acceptables tion once nor	onarty reported in Part I li	nes 1 through			
30a	During the year, did the organizat 28, that it must hold for at least th	ion receive	e by contribution any pro	ol contribution and which	isn't required			
							EH ERRIGIAN SPRIN	X
_	to be used for exempt purposes for							
b	If "Yes," describe the arrangemen	it in Part II	naligy that requires th	o roview of any nonstand	ard	l i		
31	Does the organization have a gift					31	antelialistica	X
•-		third na-ti	ion or related organization	one to solicit process or s	sell noncash			
32a	Does the organization hire or use	miru parti	es or related organization	ma to adnoit, process, or s		32a		x
b	If "Yes," describe in Part II. If the organization didn't report an	amount:	n column (a) for a type o	of property for which colum	nn (a) is checked		Ü	
33	if the organization didn't report an	(4) .0 0.100.001	10					

describe in Part II.

Schedule M (Form	990) (2016)	The Center	r For	Women 8	: Fami	lies,	_		Page Z
Part	the orga	The Center nental Informati nization is report abination of both.	ina in Pa	art I column	(b), the	number of	t contributions, i	ne number o	33, and whether fitems received,
									,
					. , , , , , , , , , , , , , , , , , , ,				
						,			
,									
								,	
						,			
					,				
					.,				
							,		
,									

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Denartment of the Treasury

Attach to Form 990 or 990-EZ.

Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Employer identification number Name of the organization The Center For Women & Families, Inc. 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 24hour 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

DAA

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	i
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 po	plicy
and financial statements available to the public upon request.	
Page 1 of 1	
1490 1 01 1	

SCHEDULE R (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

The Center For Women & Families, Inc.

Employer identification number

Part I	Identification of Disregarded Entities Complete if the	organization at	nswered Yes C	on Form	990, Pa	TIV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile or foreign co	e (state untry)	(c Total i	I) ncome E	(e) End-of-year assets	(f) Direct contr entity	rolling
(1)									
(2)									
(3)					<u></u>				

(5)					****				******
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during t	Complete if the	e organization a	nswered	l "Yes" o	n Form 990, I	Part IV, line 34 l	ecause it	had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	1 (0	d) ode section	(e) Public charity status (if section 501(c)(3))	1 (1)	Section 8 controlle Yes	g) 512(b)(13) ed entity? No
(1)									
(2)									
(3)									
(4)									
(5)									

Schedule R (Form 990) 2016 The Center For W	omen & Fai	nilie	es,	5								Page 2
Part III ldentification of Related Organization because it had one or more related	atione Tayal	าเค วร	: a Pannersn	ip Complete if	the organiz	ation answered "Y ar	'es" on	Form 99	0, Part I	V, III	ne 34	}
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g)	(h) Dispro portiona alloc.1	code ate amoun of Sch (For	(i) V—UBi t in box 20 dedule K-1 m 1065)	(j) Gener mana partn	al or Peging O	(k) ercentage wnership
(1)Domestic Violence Housing Limited P.O. Box 2048 Louisville KY 40201								K	n/1	A X		
61-1315091	Housing	KY	N/A	Related				-		1		
(2)												
(3)												
(4)												
Part IV Identification of Related Organiz	ations Taxa	ble a	s a Corporat	ion or Trust C	omplete if the or trust du	he organization ar uring the tax year.	iswere	d "Yes" c	n Form	990,	Part	: IV,
(a) Name, address, and EIN of related organization	(b) Primary act		(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	Sha	g) are of ear assets	(h Percer owner	ntage	5	(i) Section 512(b)(13) controlled entity?
(1)							H 500					
	• • •											
(2)												
(3)												
(4)												

Schedule R (Form 990) 2016	The	Center	For	Women	&	Families

Part V	Transactions With Related Organizations Complete if the organizations	ation answered "Yes" o	n Form 990, Part IV,	line 34, 35b, or 36.			
Noto: Com	plete 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 I	isted in Parts II–IV?		150E		
- Duning	tof (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-			1a		X
a Receip	ant, or capital contribution to related organization(s)				1b		X
b Gilt, gi	ant, or capital contribution to related organization(s)				1c	ļ	X
c Girt, gr	or loan guarantees to or for related organization(s)				1d		X
	or loan guarantees to or for related organization(s)				1e		X
e Loans	or loan guarantees by related organization(s)						
f Divider	nds from related organization(s)		,		1f		X
	assets to related organization(s)				1g	<u> </u>	X
	se of assets from related organization(s)				1h		X
	nge of assets with related organization(s)				1i		X
i Lassa	of facilities, equipment, or other assets to related organization(s)				_1j_	ļ	X
j Lease	or radifices, equipment, or other assesses to research a 5						
k Loose	of facilities, equipment, or other assets from related organization(s)				1k		X
I Dorfor	mance of services or membership or fundraising solicitations for related organization(s)				11		X
m Perfor	mance of services or membership or fundraising solicitations by related organization(s)				1m		X
n Charin	g of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
o Sharin	g of paid employees with related organization(s)				10		X
U Stiaini	g of paid employees with rolated organization(o)				S Par		
n Poimh	ursement paid to related organization(s) for expenses				1p		X
	ursement paid by related organization(s) for expenses				1q		X
q Reinic	uisement paid by related organization(o) for expenses						
- Othor	transfer of cash or property to related organization(s)				1r		X
- Other	transfer of cash or property from related organization(s)				1s		X
s Other	answer to any of the above is "Yes," see the instructions for information on who must co	omplete this line, including cov	ered relationships and trai	nsaction thresholds.			
2 11 1110 6	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amo	unt invo	olved	
(1)				And the second s		- 44	
(0)							
(2)							
(3)							
(4)							
(4)							
(5)							
(6)							
(9)		· · · · · · · · · · · · · · · · · · ·		0 - 111 - 1) /Fa-		0) 204

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.

r gross revenue) that was not a related organization. See instructi (a) Name, address, and EIN of entily	(b) Primary activity	(c) Legal domicile	Predominant income (related, unrelated, excluded from tax under	Are all p sect	e) partners tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	n) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	ral or ging ier?	(k) Percentage ownership
!		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)		1											
(5)													
(6)													
(7)													
											<u> </u>		
(8)													
(9)													
(10)													
(11)													
										Sched			

Schedule R (F	(Form 990) 2016 The Center For Women & F	amilies, Page 5
Part VII	Supplemental Information Provide additional information for responses to ques	ions on Schedule R (See instructions).
		000) 2046

Indiana Statements

FYE: 6/30/2017

Statement 1 - IN Form NP-20, Line 3 - Current Officers

Officer Name Address	Title City	State Zip Code
Ann Bauer	Chair	
Marta Miranda P.O. Box 2048 Dana Lackey	President Louisville Chair Elect	KY 40203
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.