** PUBLIC DISCLOSURE COPY **

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)

CMB No. 1545-0047

X Yes No

Form 990 (2016)

Department of the Treasury

> 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. and ending JUN 30, 2017 A For the 2016 calendar year, or tax year beginning JUL 1, 2016 D Employer identification number C Name of organization Check if THE WOMEN'S CENTER Name change 23-7456259 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final retury termin-ated 570-784-6632 111 NORTH MARKET STREET 956,491. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code BLOOMSBURG, PA 17815 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ZABRINA FINN for subordinates? Yes X No H(b) Are all subordinates included? Yes No SAME AS C ABOVE 1 Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.THEWOMENSCENTERING.ORG H(c) Group exemption number > Year of formation: 1974 M State of legal domicile: PA K Form of organization: X Corporation Trust Association Other > Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ABUSE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 33 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 293 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Current Year 822,885. 955,061. 8 Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 736. 605. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,670. 694. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 825,160. 956,491. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 38,986. 353. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 525,676. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, surger, 16a Professional fundraising fees (Part IX, column (A), line 11e) 2,846. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 242,768 354,206. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 968,106. 807,430 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,730 -11,615. 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year <u>536,431.</u> 562,930. 20 Total assets (Part X, line 16) 82,750. 121,539. 21 Total liabilities (Part X. line 26) 453,681. 441,391. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign ZABRINA FINN EXECUTIVE DIRECTOR Here Type or print name and title Date Print/Type preparer's name Preparer's signature NIKKI L. BARDIN, CPA NIKKI L. BARDIN, CPA12/19/17 P01256649 self-employed Paid Firm's name STAMBAUGH NESS, 23-2846715 Preparer Firm's EIN > Firm's address 2600 EASTERN BLVD. STE 101 Use Only Phone no. 717-757-6999 YORK, PA 17402-2916

May the IRS discuss this return with the preparer shown above? (see instructions)

	1 990 (2016) THE WOMEN'S CENTER	23-7456259 P	age 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		口
1	Briefly describe the organization's mission: TO PROVIDE DIRECT SERVICES FOR VICTIMS OF DOMESTIC VIOLES ABUSE, PREVENTION ACTIVITIES, ADVOCACY AND LEADERSHIP TO		
	COMMUNITY, AIMED AT ERADICATING DOMESTIC VIOLENCE AND SE		
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.	Yes X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	[]vac [\vec{x}	T _{Mo}
Ü	If "Yes," describe these changes on Schedule O.	L [23	5 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and	
	revenue, if any, for each program service reported.		
4a		ue s 69	$\frac{4}{\cdot}$
	TO PROVIDE SUPPORT SERVICES FOR VICTIMS OF DOMESTIC VIOL		<u>L</u>
	ASSAULT INCLUDING 24-HOUR HOTLINE, EMERGENCY SHELTER, CO		
	MEDICAL ADVOCACY AND ACCOMPANIMENT, LEGAL ADVOCACY AND A	CCOMPANIMENT,	
	EMOTIONAL AND PRACTICAL SUPPORT, AND EDUCATION.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	euo S	1
			······································

46	(Code:) (Expenses \$) (Rever	nue \$)

4d	Other program services (Describe in Schedule O.)		
	(Expanses S including grants of S) (Revenue S)	
<u>4e</u>	Total program service expenses ► 777 , 137 .		
		Form 990	(2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Α_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? /f "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	├-		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
_	Schedule D, Part III	<u> </u>	 	1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	"		1
10		10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	15000	-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	2304	21-46-70	\$550
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1110	<u> </u>	╁──
D	· ·	116		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	 	╁
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
м	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1.0	 	+
ū	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		+==
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	x	
125	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 	T-	†
12.0	Schedule D, Parts XI and XII	12a	x	1
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	·	 	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	A STATE OF THE STA	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	T
-	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		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		1	1
	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 assistance to		T	T
.•	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		T	T
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	T
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	T
	complete Schedule G. Part III	19		x
			n 990	(201

Form 990 (2016) THE WOMEN'S CENTER
Part IV Checklist of Required Schedules (continued)

20a bit the organization operate one or more hospital lacilities? If "Yes," complete Schedule H 20b bit "Yes" to Bit 20b, did the organization rates to a copy of its audied financial statements to this return? 21 bit the organization report more than 55,000 of grants or other assistance to any domestic organization or domestic poyerment on Part IX, column (N), line 17 ("Yes," complete Schedule I, Part I II 22 bit the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 12 ("Yes," complete Schedule I, Part I II				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic operations or domestic operations (T. Coultrum, (A.). Intel 17 (**Pes*, "complete Schedule (**). Parts I and III 2 (**). Country (A.). Intel 27 (**). Parts I and III 2 (**). Country (A.). Intel 27 (**). Parts I and III 2 (**). Country (A.). Intel 27 (**). Parts I and III 2 (**). Country (A.). Intel 27 (**). Parts I and III 2 (**). Country (A.). Intel 27 (**). Parts I and III 2 (**). Country (A.). Intel 27 (**). Parts I and III 2 (**). Country (A.). Intel 28 (**). Country (A.). Country	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 if Vres,* complete Schedule I, Parts I and II Part I is an incomplete Schedule I, Parts I and II Part I is an incomplete Schedule I, Parts I and III Part I is an incomplete Schedule I, Parts I and III Part I is an incomplete Schedule I, Parts I and III Part I is an incomplete Schedule I, Parts I and III Part I is an incomplete Schedule I, Parts I and III Part I is an incomplete Schedule I i	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
22 List the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, comment ("Yes" to "Part IVI, Section A, line 3, 4, or \$ about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IVI section A, line 3, 4, or \$ about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule IVI "No", go to line 25s	21	· · · · · · · · · · · · · · · · · · ·			
Part IX, column (A), line 27 if Yes,* complete Schedule I, Parts I and III. 22 X 23 Did the organization answer "Yes* to Part VIII, Section A, line 3, 4, or 6 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes,* complete Schedule I, Part III and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes,* answer lines 24b through 24d and complete Schedule III and 10 and		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines \$240 through \$24 and complete Schedule K. If "No", 9 to line 25s. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Did the organization across the terms action with a disqualified person during the year? 28 Did the organization across the terms action with a disqualified person of a principal amount of the organization spore of the year? 28 Did the organization across the exemption of the organization or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 29 Did the organization party to a business transaction with one of the following parties (see Schedule L, Part IV 29 A nemtry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 A nemtry of which a current or former officer, director, trustee, or key employee or laminy embers of a formy director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
Schedule J. 23 X. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds or behalf of "issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds at as an "on behalf of "issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds and the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I, "Yes," complete Schedule L, Part II, "Yes," complete Schedule L, Part IV, "Yes," complete Schedule L, Part IV	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization with a disqualified person during the year? bis the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? bis the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations behalf of the section of the s			23		X
Schedule K. (**I/*O**, go to line 25a bit Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to delease any tax-exempt bonds? 24d	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25S Section SO1((28), SO1((24), and SO1((24)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on the enreported on any of the organization from 590 or 990-627 // "Yes," complete Schedule L, Part I 25D Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes," complete Schedule L, Part II 27D Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 5 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29D Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29D Did the organization feedive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II 30D Did the organization of sect					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d 25a Section 501(c/i3), 501(c)(4), and 501(c)(29) organizations. Did the organization end as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c/i3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 #*Yes,** complete Schedule L, Part I 25b X 27b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? #*Yes,** complete Schedule L, Part I 27c 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 55% controlled entity or family member of any of these persons? #*Yes,** complete Schedule L, Part IV 28c Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee? if "Yes,** complete Schedule L, Part IV 28d A current or former officer, director, trustee, or key employee? if "Yes,** complete Schedule L, Part IV 28d A current or former officer, director, trustee, or key employee? if "Yes,** complete Schedule L, Part IV 28d A current or former officer, director, trustee, or key employee? if "Yes,** complete Schedule L, Part IV 28d A current or former officer, director, trustee, or key employee? if "Yes,** complete Schedule L, Part IV 29d Did			24a	ļ	X
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d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 55 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 55 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 56 Id 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, bighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 57 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 58 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 59 Was the organization flight flight presholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 50 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 50 Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II 51 Did the organization organization enable to any tax-exempt or taxable entity? If "Yes," complete Sch	С				
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 15 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26		any tax-exempt bonds?	24c	ļ	↓
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 2 10d the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 2 10d the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 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 2 A tamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 2 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 2 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 2 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M 30 X 3 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M 30 X 3 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M 30 X 3 Did the organization own 100% of an entity disregarded as separate from the organizati			24d	ļ	<u> </u>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II 25b X X X X X X X X X	25a				l
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // 1/*es, *complete Schedule L, Part I // 25b X 25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // 1/*es, *complete Schedule L, Part II // 26b X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // 1/*es, *complete Schedule L, Part III // 27			25a		X
Schedule L, Part I 25b X 1Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26	b				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? #/Yes,* complete Schedule L, Part II		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "yes," complete Schedule L, Part II			25b		<u>X</u>
Complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a	26	• • • • • • • • • • • • • • • • • • • •			
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 'If "Yes," complete Schedule L, Part III					
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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 b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M. 29			26	 	X
of any of these persons? If "Yes," complete Schedule L, Part III 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 b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an 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. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-2 if "Yes," complete Schedule R, Part I. 31 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 33 If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 51(b)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization conduct more than 5% of its activities through an entity that is not a rel	27				
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b A family member of a current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If *Yes,* complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If *Yes,* complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If *Yes,* complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If *Yes,* complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If *Yes,* complete Schedule N, Part II 31 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 32 Was the organization related to any tax-exempt or taxable entity? If *Yes,* complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If *Yes* to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If *Yes,* complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If *Yes,* complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If *Yes,* complete Schedule R, Part V, line 2 38 Did the organ			35(2)	1600	West S
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	38		1		
		Note. All Form 990 lifers are required to complete Schedule U			

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		-	age -							
	Check if Schedule O contains a response or note to any line in this Part V										
		22127324	Ves	No							
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 19		103	1							
b	Enter the number reported in Box 3 of Form 1095. Enter -0- if not applicable 15 Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 15	-									
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1									
·	(gambling) winnings to prize winners?	1c	X								
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	1,55	1							
2.0	filed for the calendar year ending with or within the year covered by this return 2a 33										
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х								
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	-	100							
2~	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	27.0	х							
		3b	 	+							
	If "Yes," has it filed a Form 990-1 for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	130	 	+							
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
h	If "Yes," enter the name of the foreign country:	40		1							
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
6.	AND THE STATE OF T	5a		X							
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c	┼──	X							
		36	+-	+							
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x							
	any contributions that were not tax deductible as charitable contributions?	6a	┼─	+^							
Ð	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
~	were not tax deductible?	6b	1.000	100							
7	Organizations that may receive deductible contributions under section 170(c).		1 434	X							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		+-	┼≏							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	 	+							
С		١,,	l	x							
	to file Form 8282?	7c	923	+^							
ď		┨		X							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	+	$+\frac{\Lambda}{X}$							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	┼	┿							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	┼─	+							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	0.857	8 850							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_	100	3 7 35							
9	sponsoring organization have excess business holdings at any time during the year?	8	100	100							
	Sponsoring organizations maintaining donor advised funds.		4.5	4 6.85							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	┼──	+							
- b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	96	9 -34 -34	al 65.							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	1.00									
a		-									
b		-									
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			18							
	\ 1	\dashv									
D	Gross income from other sources (Do not net amounts due or paid to other sources against		1								
40-	amounts due or received from them.)	+	9 4444	å -587.							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	3 -7.79	TI - 10637							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1480		7							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	0 3493	Se 1983/1							
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	-									
	Enter the amount of reserves on hand 13c	+::	<u> </u>	X							
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments?" If "No " convide an explanation in School to O	14a		+^							
•	TO THE USE I WAS I WAS A POTTE COLD THOSE DESCRIPTION OF A PROPERTY OF A	1 1/1									

	990 (2016) THE WOMEN'S CENTER 23-745 t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No" re		age 6
L	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		-,	
	Check if Schedule O contains a response or note to any line in this Part VI	****		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		1000
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		\$ 10 \$ 10	
b	Enter the number of voting members included in line 1a, above, who are independent	9	含题	を変数
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		453	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		 	X
6	Did the organization have members or stockholders?	6_		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			l
	persons other than the governing body?	7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10000		\$35W
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	86	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
Sec	organization's mailing address? If "Yes " provide the names and addresses in Schedule O	. 9	L	1~
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva	 	†
Ŭ	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1944	14.5
12a	The state of the s		X	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		1	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	4 12 0 1 13 0 0 0	73	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	100	939	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1386		
800	exempt status with respect to such arrangements?	16b	1	
17	List the states with which a copy of this Form 990 is required to be filed PA Section 5104 requires an expansion to make its Forms 1033 (or 1034 if applicable), 990, and 990.T (Section 501(a)/3)s poly	ا میرمنام ۱	la	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	, avanab	U	

for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

ZABRINA FINN, EXECUTIVE DIRECTOR - (570) 784-6632

111 NORTH MARKET STREET, BLOOMSBURG, PA 17815

Form 990 (2016) THE WOMEN'S CENTER 23-7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization		orga T	nizai			pen	sate			/=\	
(A)	(8)			(C Posi				(D)	(E)	(F)	
Name and Title	Average	(do	not cl	heck more than one				Reportable	Reportable	Estimated amount of	
	hours per	box offi	box, unless person officer and a direct			ector/trustee)		compensation	compensation from related	other	
	week (list any							from the	organizations	compensation	
	hours for	Ji G				_		organization	(W-2/1099-MISC)	from the	
	related	8	sats			15316		(W-2/1099-MISC)	(organization	
	organizations	individual trustee or director	Institutional truster		ye.	edw.		, ,		and related	
	below	dead	nton		Key employee	SSI CO	2			organizations	
	line)	hoo	loste	Officer	Key	Highest compensated employee	Former			_	
(1) DR ALANA B. ATCHINSON	2.00										
PRESIDENT (UNTIL FEB 2017)		X		X				0.	0.	0.	
(2) LAURINDA VOELCKER	2.00										
VICE PRESIDENT		X		X				0.	0.	0.	
(3) ERIC LESNESKIE	2.00]									
TREASURER		X		Х				0.	0.	0.	
(4) DAVID KOVACH	2.00]									
SECRETARY		X	<u> </u>	Х	<u> </u>			0.	0.	0.	
(5) TIM PELTON	2.00	1									
DIRECTOR		X					<u> </u>	0.	0.	0.	
(6) MICHAEL CURREY	2.00	1								_	
DIRECTOR		X				_		0.	0.	0.	
(7) ANNIE SEIF	2.00							_	_		
DIRECTOR		X	L		<u> </u>	L	<u> </u>	0.	0.	0.	
(8) TONI MATURANI BARRILE	2.00	1			1						
DIRECTOR		X	1_	_	<u> </u>	<u> </u>	_	0.	0.	0.	
(9) KAYLEIGH TAYLOR	2.00]									
DIRECTOR		X	<u> </u>	L	L	<u></u>	L	0.	0.	0.	
(10) RENEE FAWESS	2.00	1									
DIRECTOR		X	_	<u> </u>	L	_	_	0.	0.	0.	
(11) ZABRINA FINN	40.00										
EXECUTIVE DIRECTOR		_		X	L	<u></u>	<u>L</u>	53,230.	0.	8,474.	
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632007 11-11-16

Part VII Section A. Officers, Directors, Trus	ees, Key Emp	loy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Ida		Pos		than c	nne	Reportable	Reportable	Estimated
	hours per	box	unles	ss per	rson i	s both	ลก	compensation	compensation	1
	week		er an	u a d	recto	x/trust	19 0)	from	from related	other
	(list any hours for	individual frustee or director						the	organizations	compensation
	related	10	93			ated		organization	(W-2/1099-MISC	· 1
	organizations	uste	1 trus		2	npen		(W-2/1099-MISC)		organization and related
	below	dust	Institutional trustee	_	Se Se	SI COI	25			organizations
	line)	Indivi	hstill	Officer	1	Highest compensated employee	Former			
					Г					
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		1								
1b Sub-total	1	L	.L	ł	l	. <u>.</u>		53,230.		0. 8,474.
c Total from continuation sheets to Part VI								33,230.		0. $0.$
								53,230.		0. 8,474.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n									L	0.1 0,4/4.
	or minied to tr	1026	nste	o at	OOVE	s) WI	10 16	sceived more man \$100	000 oi reportable	0
compensation from the organization										Yes No
3 Did the organization list any former officer	disastar ar tn	icto	ماہ		mala		٠- ١	hishaat asmasaastad a	malausa an	Prof. 5 (18) (2.85)
				-	-	-		•		3 X
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the st										4 X
and related organizations greater than \$15										
5 Did any person listed on line 1a receive or	-							•		
rendered to the organization? If "Yes." con	nolete Schedul	e J	Or S	uch	per	son_				5 X
Section B. Independent Contractors			1						100.000 (
1 Complete this table for your five highest co	-	•							•	ensation from
the organization. Report compensation for	uie caiendar y	ear	enai	ng v	vnn	or w	imin		rear.	10'
(A) Name and business	address	ħT.	ON	.				(B) Description of:	services	(C) Compensation
THE TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		14	OIN	Ľ				20001101101		ounpuidant)
									1	
									1	
									1	
								and the same of th		
2 Total number of independent contractors		ot li	imite	d to		_	sted	I above) who received m	ore than	
\$100,000 of compensation from the organ	ization 🕨					0				
										Form 990 (2016)

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Form 990 (2016) THE WOMEN'S CENTER

Page 9 Part VIII | Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D) Revenue excluded from tax under (C) Unrelated Total revenue exempt function business revenue revenue 38,754. Gifts, Grants lar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c Gifts, d Related organizations 829,856. e Government grants (contributions) f All other contributions, gifts, grants, and 86,451. similar amounts not included above 48,728. g Noncash contributions included in lines 1a-1f; \$ 955,061 h Total. Add lines 1a-1f Business Code Program Service All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 736 736. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ ___ _ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a 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 **Business Code** 11 a MISCELLANEOUS INCOME 694. 694 900099 d All other revenue 694. e Total. Add lines 11a-11d

956,491.

632009 11-11-16

Total revenue. See instructions.

694

736.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns, All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 11,353. 11,353. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 62,112. 62,112. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 394,860. 346,011. 48,618. 231. 8 Pension plan accruals and contributions (include <u>1,839.</u> <u>1,839</u>. section 401(k) and 403(b) employer contributions) 85,454. 32,284. 57. Other employee benefits 102,068. 16,557. 10 Payroll taxes 41,668. 9,363. 11 Fees for services (non-employees): a Management 31. 31. b Legal 11,750. 11,750. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 21,212. 21,212. column (A) amount, list line 11g expenses on Sch O.) 6,029. 6,029. 12 Advertising and promotion _____ Office expenses 147,112. 118,434. 26,141. 13 Information technology 14 Royalties 77,620. 75,374. 2,246. Occupancy 16 7,765. 7,765. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 1,211. 1,211. 19 Interest Payments to affiliates 9,399. 15,209. 10,216. Depreciation, depletion, and amortization 817. 22 15,209. Insurance 23 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 0.) PROGRAM SUPPLIES 37,593. 37,593. 13,406. 2,887. b MISCELLANEOUS 10,519. c FOOD 5,052. 5,052. e All other expenses 968,106. 777,137. 188,123. 2,846. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here df following SOP 98-2 (ASC 958-720)

632010 11-11-16

Form 990 (2016)
Part X | Balance Sheet

					(A) Beginning of year		(B) End of year
							
1	1	Cash - non-interest-bearing	***************************************		12,188. 253,229.	1	6,264. 189,304.
2		Savings and temporary cash investments				2	
3		Pledges and grants receivable, net			5,037. 102,409.	3	4,513.
4		Accounts receivable, net			102,409.	4	202,134.
5		Loans and other receivables from current and for					
		trustees, key employees, and highest compensa					
6		Part II of Schedule L Loans and other receivables from other disqualif			15 april 1001876. Personal 9 7 f	5	
"		section 4958(f)(1)), persons described in section		1			
		employers and sponsoring organizations of section		- 1			
		employees' beneficiary organizations (see instr).					
Assets		Notes and loans receivable, net				7	
8 8 8		lovastoriae for cala or usa		·····		8	
9		Inventories for sale or use Prepaid expenses and deferred charges			19,176.	9	26,539
- 1		Land, buildings, and equipment: cost or other	1 1	·····		3	
"		basis. Complete Part VI of Schedule D	100	385,141.			
		Less: accumulated depreciation		250,965.	144,392.	10c	134,176
11		Investments - publicly traded securities		111,3721	11	134,110	
12		Investments - other securities. See Part IV, line 1			12		
13		Investments - program-related. See Part IV, line 1				13	
14		Intangible assets				14	
15		Other assets. See Part IV, line 11				15	
16		Total assets. Add lines 1 through 15 (must equa			536,431.	16	562,930
17		Accounts payable and accrued expenses		68,261.	17	121,539	
18		Grants payable			00,201.	18	101,333
19		Deferred revenue	14,489.	19	0		
20	0	Tax-exempt bond liabilities		20	i Time Time Time Time Time Time Time Tim		
21		Escrow or custodial account liability. Complete f			21		
00		Loans and other payables to current and former				3448	
ë		key employees, highest compensated employee		1			
Liabilities		Complete Part II of Schedule L			and he had been made to a give	22	version of the state of the sta
تّ ₂₃		Secured mortgages and notes payable to unrela				23	
24		Unsecured notes and loans payable to unrelated				24	<u> </u>
25		Other liabilities (including federal income tax, par		ſ			
		parties, and other liabilities not included on lines	17-24). Com	plete Part X of			
		Schedule D	**********			25	
26	6	Total liabilities. Add lines 17 through 25		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	82,750.	26	121,539
		Organizations that follow SFAS 117 (ASC 958), check here	▶ X and			
2		complete lines 27 through 29, and lines 33 an	d 34.				
ances 27	7	Unrestricted net assets	****************		440,144.	27	423,248
	8	Temporarily restricted net assets	********************		13,537.	28	18,143
D 29	9	Permanently restricted net assets	•••••			29	
Net Assets or Fund Ba		Organizations that do not follow SFAS 117 (A	SC 958), che	ck here 🕨 🗌			
6		and complete lines 30 through 34.				1888	
휪 30	0	Capital stock or trust principal, or current funds	***************************************			30	
š 31		Paid-in or capital surplus, or land, building, or ed				31	
₹ 32		Retained earnings, endowment, accumulated in				32	
Ž 33	3	Total net assets or fund balances			453,681.	33	441,391
1 34	4	Total liabilities and net assets/fund balances .			536,431.	34	562,930

Form	990 (2016) THE WOMEN'S CENTER	23-7456	259	Pag	_{le} 12			
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	***************			X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	956	,49) 1.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	968	3,10)6.			
3	Revenue less expenses. Subtract fine 2 from line 1	3	-11,615.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	453	, 68	31.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-67	75.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B)) 10							
Pai	t XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
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?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1000					
	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?		2b	X	Ĺ			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	335					
	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?		2c	X	L			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		養養				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		4345				
	Act and OMB Circular A-133?	***************************************	3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	411241111111111111111111111111111111111	3b					
			Form	990	(2016)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Inspection Employer identification number

Name of the organization						Employer	identification number					
	WOMEN'S CEN						3-7456259					
Part I Reason for Public C	harity Status (A	Il organizations must co	nplete this	part.) See	e instructions	S.						
The organization is not a private founda												
1 A church, convention of chu	•	-	-		KAYO.							
2 A school described in section												
3 A hospital or a cooperative l					1.							
4 A medical research organiza	•				-	Viii) Entert	he hospital's name					
city, and state:	anon operated in con-	pariodori mar a riospitar i	200011000	3001101		Дин.	ine mospital o manie,					
5 An organization operated fo	r the henefit of a coll	ana or university owned	or operate	d by a go	vermental u	nit describe	d in					
-		ege or aniversity owned	or operate	o by a go	remmemen u	int describe	u 111					
section 170(b)(1)(A)(iv). (C			47	O(C.V4V4V								
6 A federal, state, or local gov	-				•		. A.P A A.S.					
7 X An organization that normal		tial part of its support fro	om a gove	mmentai u	init or from ti	ne generai p	ublic described in					
	section 170(b)(1)(A)(vi). (Complete Part II.)											
	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
	An 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-g	rant college of agricu	ilture (see instructions). I	enter the r	iame, city,	and state of	the college	or					
university:												
0 Lan organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
activities related to its exem	pt functions - subjec	t to certain exceptions, a	ınd (2) no	more than	33 1/3% of i	ts support fi	rom gross investment					
income and unrelated busin	iess taxable income (less section 511 tax) from	m busines	ses acquir	ed by the or	ganization at	fter June 30, 1975.					
See section 509(a)(2). (Cor	mplete Part III.)											
11 An organization organized a	and operated exclusiv	ely to test for public saf	ety. See s	ection 50	9(a)(4).							
12 An organization organized a	and operated exclusiv	vely for the benefit of, to	perform ti	ne function	is of, or to ca	irry out the p	ourposes of one or					
more publicly supported or	ganizations described	d in section 509(a)(1) or	section 5	509(a)(2).	See section	509(a)(3). C	heck the box in					
lines 12a through 12d that of	describes the type of	supporting organization	and comp	olete lines	12e, 12f, and	i 12g.						
a Type I. A supporting orga	nization operated, si	pervised, or controlled t	y its supp	orted orga	anization(s), t	ypically by g	giving					
the supported organization	on(s) the power to reg	ularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	pporting					
organization. You must o	omplete Part IV, Se	ctions A and B.										
b Type II. A supporting org	anization supervised	or controlled in connect	ion with its	supporte	d organizatio	n(s), by hav	ing					
control or management o					-							
organization(s). You mus						•						
c Type III functionally inte	•		n connect	ion with, a	nd functiona	lly integrate	d with.					
its supported organization	•											
d Type III non-functionally						rted organiz	ation(s)					
that is not functionally int	•	- -				-	• •					
requirement (see instruct	= =	= -				o an attention	01033					
e Check this box if the orga	-	- ·				II Tuno III						
functionally integrated, or					Type I, Type	ii, type iii						
• • •	• •	, , , , , , , , , , , , , , , , , , , ,	• •									
f Enter the number of supported of	•			••••••			L					
g Provide the following information (i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) is lar org	nizabon ksted	(v) Amount o	of monetary	(vi) Amount of other					
organization	,,	(described on lines 1-10	in your govern	ng document? No	support (see	-	support (see instructions)					
		above (see instructions!)	165	140								
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Schedule A (Form 990 or 990-EZ) 2016 THE WOMEN'S CENTER

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

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

Ser	ction A. Public Support						
Cale	ndar 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.")	751,801.	758,534.	818,661.	822,885.	955,061.	4106942.
2	Tax revenues levied for the organ-						
	ization'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	751,801.	758,534.	818,661.	822,885.	955,061.	4106942.
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.					16 图 10 00 1816	4106942.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	751,801.	758,534.	818,661.	822,885.	955,061.	4106942.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	416.	639.	768.	605.	736.	3,164.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						1
	or loss from the sale of capital						
	assets (Explain in Part VI.)	11,158.	13,624.	13,151.	1,670.	694.	40,297.
11	Total support. Add lines 7 through 10				5.500000000000000000000000000000000000		4150403.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	5,792.
13	First five years. If the Form 990 is fo	r the organization's				n 501(c)(3)	
	organization, check this box and sto	p here	***************************************				>
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2016 (line 6, column (f) d	ivided by line 11, c	olumn (f))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14	98.95 %
15	Public support percentage from 2015	5 Schedule A, Part	II, line 14			15	98.73 %
16	a 33 1/3% support test - 2016. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
			adad araanisatian				►X
	stop here. The organization qualifies						
	stop here. The organization qualifies b 33 1/3% support test - 2015. If the						nis box
	b 33 1/3% support test - 2015. If the and stop here. The organization qua	organization did no difies as a publicly	ot check a box on supported organiz	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	▶□
	b 33 1/3% support test - 2015. If the	organization did no difies as a publicly	ot check a box on supported organiz	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	▶□
	b 33 1/3% support test - 2015. If the and stop here. The organization qua	organization did no diffes as a publicly t - 2016. If the org	ot check a box on supported organiza ganization did not o	line 13 or 16a, and ation check a box on line	l line 15 is 33 1/3% e 13, 16a, or 16b, a	or more, check the	or more,
	b 33 1/3% support test - 2015. If the and stop here. The organization qua a 10% -facts-and-circumstances tes	organization did no diffes as a publicly t - 2016. If the or cts-and-circumstan	ot check a box on supported organization did not observed the supported organization and not observed the support of the suppo	line 13 or 16a, and ation check a box on lin- nis box and stop	l line 15 is 33 1/3% e 13, 16a, or 16b, a here. Explain in Pa	or more, check the and line 14 is 10% art VI how the orga	or more,
17	b 33 1/3% support test - 2015. If the and stop here. The organization qua a 10% -facts-and-circumstances tes and if the organization meets the "fac	organization did no diffes as a publicly t - 2016. If the org cts-and-circumstan t test. The organiza	ot check a box on supported organization did not obces test, check that on qualifies as a	line 13 or 16a, and ation	e 13, 16a, or 16b, a here. Explain in Pa	or more, check the and line 14 is 10% art VI how the orga	or more,
17	b 33 1/3% support test - 2015. If the and stop here. The organization qua a 10% -facts-and-circumstances tes and if the organization meets the "fac meets the "facts-and-circumstances"	organization did no ulifies as a publicly t - 2016. If the org cts-and-circumstan test. The organiza t - 2015. If the org	ot check a box on supported organization did not occes test, check thation qualifies as a ganization did not of	line 13 or 16a, and ation	e 13, 16a, or 16b, and the re. Explain in Part or ganization	or more, check the and line 14 is 10% art VI how the orga 17a, and line 15 is	or more, inization
17	b 33 1/3% support test - 2015. If the and stop here. The organization qua a 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances" b 10% -facts-and-circumstances tes	organization did no ulifies as a publicly t - 2016. If the org cts-and-circumstant test. The organiza t - 2015. If the org the "facts-and-circu	ot check a box on supported organizaganization did not occes test, check thation qualifies as a ganization did not ounstances test, cl	line 13 or 16a, and ation	e 13, 16a, or 16b, a here. Explain in Pa d organization e 13, 16a, 16b, or stop here. Explai	or more, check the and line 14 is 10% art VI how the orga 17a, and line 15 is n in Part VI how th	or more, inization
17	b 33 1/3% support test - 2015. If the and stop here. The organization qua a 10% -facts-and-circumstances tes and if the organization meets the "fac meets the "facts-and-circumstances" b 10% -facts-and-circumstances tes more, and if the organization meets t	organization did no diffies as a publicly t - 2016. If the org cts-and-circumstant test. The organiza t - 2015. If the org the "facts-and-circumstances" test.	ot check a box on supported organizaganization did not occes test, check thation qualifies as a ganization did not omstances test, cl. The organization of	line 13 or 16a, and ation	e 13, 16a, or 16b, a here. Explain in Pa d organization e 13, 16a, 16b, or stop here. Explai cly supported orga	and line 14 is 10% Int VI how the orga 17a, and line 15 is n in Part VI how th	or more, nization 10% or lee

Schedule A (Form 990 or 990-EZ) 2016 THE WOMEN'S CENTER

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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(ь) 2013	(c) 2014	(d) 2015	(e	2016	(f) Total	_
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any *unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the						İ		
	organization's tax-exempt purpose								
3	Gross receipts from activities that						1		
	are not an unrelated trade or bus-	1					1		
	iness under section 513								
4	Tax revenues levied for the organ-						l		
	ization'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			ļ					
	Total. Add lines 1 through 5								
72	Amounts included on lines 1, 2, and	1							
	3 received from disqualified persons		<u> </u>	 		ļ			
ŧ) Amounts included on lines 2 and 3 received from other than disqualified persons that					1	1		
	exceed the greater of \$5,000 or 1% of the						1		
	amount on line 13 for the year				ļ	ļ			
	Add lines 7a and 7b	THE THE AMERICAN SPACE OF ST	AND THE RESIDENCE	FILE RESERVATION STREET	e las Mara Trada Del Trada North References	111 4500			
	Public support. (Subtract line 7c from line 6.)		Interview of typesoe			3/2000	SERVICE STATE		
		T	1	T	1 () 5045	.	10040	/a T	
	endar year (or fiscal year beginning in)	(a) 2012	(ь) 2013	(c) 2014	(d) 2015		e) 2016	(f) Total	
	Amounts from line 6	 	<u> </u>			 			
10:	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources				+	 			
	Unrelated business taxable income					1	l		
	(less section 511 taxes) from businesses acquired after June 30, 1975								
			 	 		├──			
	c Add lines 10a and 10b Net income from unrelated business		 	<u> </u>		 			
• •	activities not included in line 10b,						İ		
	whether or not the business is						I		
10	regularly carried on Other income. Do not include gain	-		 	 	 			
	or loss from the sale of capital						į		
12	assets (Explain in Part VI.)		 	 		 			
14		Lthe organization'	e first second thi	rd fourth or litth t	tay year as a section	501/	-\/3\ organiza:	lion	
	•	-			•				٦
Se	check this box and stop here ction C. Computation of Pub	ic Support Pe	rcentage				*****************		
	Public support percentage for 2016					15	***************************************		%
	Public support percentage from 201		-	00.0	**********************	16			%
	ction D. Computation of Inve			**********	444444444444444444444444444444444444444	1.01	***************************************	······································	<u></u>
17				ine 13. column (fi)		17			%
18						18			%
	a 33 1/3% support tests - 2016. If th						%, and line 17	' is not	
	more than 33 1/3%, check this box						.,	▶□	٦
	b 33 1/3% support tests - 2015. If th	•	-				n 33 1/3%. ai		
	line 18 is not more than 33 1/3%, ch	-							\neg
20	Private foundation. If the organizat								Ī
	023 09-21-16							or 990-EZ) 20	16

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

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

Yes	No
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Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 THE WOMEN'S CENTER	23-745625	9 Pa	ge 5
Par	t IV Supporting Organizations _(continued)		,,	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1000
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations		i	
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to	140-015-0	Apple (in	9843
1				
	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,	1000年		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	S/8,50	25,35	14
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	30.00	3
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,		禁電	BYSE.
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			200
	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).	1		
Sec	tion D. All Type III Supporting Organizations		<u></u>	-
		***************************************	Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	(Marketta)	163	140
1				
	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		13,543,53	al in the
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	2000	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		128.72	20172
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			S.S.
	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.	3	1	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions)		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government ent	ity (see instructions)	
່າ	Activities Test. Answer (a) and (b) below.	ny taon mandendris)		No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	144	133	1
a	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,			de la
	how the organization was responsive to those supported organizations, and how the organization determined	1938.1.	1 276	1000
	that these activities constituted substantially all of its activities.		1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	37.8		
	reasons for the organization's position that its supported organization(s) would have engaged in these		1335	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	5.000		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			I SASE
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
۲	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1886
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь	1	1
		le A (Form 990 or 9		1 2016
0320	Schedu	e with a sound a	,JU-CE	1 2010

	dule A (Form 990 or 990-EZ) 2016 THE WOMEN'S CENTER			3-7456259 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		rt VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion 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		!
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	14		
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3		3		
4		4	CERTIFICATION	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2016

23-7456259 Page 7 Schedule A (Form 990 or 990-EZ) 2016 THE WOMEN'S CENTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (iii) (ii) (i) Underdistributions Distributable **Excess Distributions** Pre-2016 Amount for 2016 Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder, Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: 8 b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	Form 990 or 990-EZ) 2016 THE WOMEN'S CENTER	23-7456259 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin 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; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	'a or 17b; Part III, line 12;
•		
<u> </u>		
······································		

** PUBLIC DISCLOSURE COPY **

Schedule B

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

Department of the Tressury 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. 1545-00-

Employer identification number

2016

ТН	THE WOMEN'S CENTER 23-7456259						
Organization type (check or							
Filers of:	Section:						
Form 990 or 990-EZ	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						
	General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of {1} \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from					
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contributions is checked, enter l purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer *No" or	caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ut it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

THE WO	OMEN'S CENTER	2:	3-7456259
Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s <u>473,464.</u>	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		s151,882.	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_		\$ 32,930.	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
4		s201,840.	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
		s	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		5	Person Payroll Noncash (Complete Part II for noncash contributions.)

10591219 134319 31172.000

Name of organization

Employer identification number

art II	Noncash Property (See instructions). Use duplicate copies of Pa	nt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		ss	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)		Page 4		
Name of organ	nization		Employer identification number		
THE WON	MEN'S CENTER Exclusively religious, charitable, etc., contribute year from any one contributor. Complete co- completing Part III, enter the total of exclusively religious.	lumns (a) through (e) and the following lin	23-7456259 in 501(c)(7), (8), or (10) that total more than \$1,000 for e entry. For organizations be ware. (Fatethis into noce) S		
	Use duplicate copies of Part III if additional	space is needed.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
-	Transferee's name, address, and	d ZIP + 4 F	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, an	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

Employer identification number

	23-7456259
THE WOMEN'S CENTER Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	
organization answered "Yes" on Form 990, Part IV, line 6.	Sompleto II ale
	inds and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line	7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or education)	ortant land area
Protection of natural habitat Preservation of a certified historic	c structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conserv	vation easement on the last
day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements 2b	•
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	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizatio	n during the tax
year ▶	
Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easeme	ents during the year
> \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	—
and section 170(h)(4)(B)(ii)?	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement,	
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ation's accounting for
conservation easements. [Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Simil	lar Assets
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	iai rissotsi
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and ba	Janca chaet works of art
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
the text of the footnote to its financial statements that describes these items.	io service, provide, it i art Am,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	ce cheet works of art historical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	
relating to these items:	, provide the lonowing amounts
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov 	
•	iue
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	. e
a Revenue included on Form 990, Part VIII, line 1	S
b Assets included in Form 990, Part X	▶ \$

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	Schedule D (Form 990) 2016 THE WOMEN'S CENTER 23-7456259 Page 2									
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Trea	asures, or	Other	Simila	Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the fo	ollowing that a	are a sig	nificant u	se of its co	ollection ite	ems
	(check all that apply):									
а	Public exhibition	d	i 🔲 L	oan or exch	nange progran	ns				
b	Scholarly research e Other									
C	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how the	y further the	e organization	's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, hist	orical treas	ures, or other	similar a	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the o	organization	n answered "Y	es" on	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi		•						_	
	on Form 990, Part X?					• • • • • • • • • • • • • • • • • • • •			Yes	No
ь	If "Yes," explain the arrangement in Part XIII									
									Amount	
c	Beginning balance	*****************					1c			
đ	Additions during the year	******************************			***************	····	1d			
e	Distributions during the year						1e			
f	Ending balance	***********					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or cu	stodial accou	nt liabilit	ty?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	if the organization ar	swered *	Yes" on Fo	rm 990, Part I	V, line 1	0.			4
		(a) Current year	(b) Pr	ior year	(c) Two years	back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
e	Other expenditures for facilities					- 1			ĺ	
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g.	, column (a)) held as:					
a	Board designated or quasi-endowment	***************************************	%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posses	ession of the organiz	ation that	are held ar	nd administere	ed for th	e organiz	ation		
	by:									Yes No
	(i) unrelated organizations	*************************			******************			••••	3a(i)	
	(ii) related organizations	***********************	*******			•••••			3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	ired on Sc	hedule R?		,			3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment fu	ınds.						
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV	, line 11a. S	ee Form 990,	Part X,	line 10.			
	Description of property	(a) Cost or	7		or other		ccumulat	ed	(d) Book	value
		basis (invest	ment)		(other)	de	preciation	1		
1a	Land			2	5,000.				25	,000.
	Buildings			24	9,160.		154,7	61.	94	,399.
c	Leasehold improvements									
	Equipment			6	1,162.		47,4	69.	13	,693.
	Other			4	9,819.		48,7	35.		.,084.
-	I. Add lines 1a through 1e. (Column (d) must		t X. colum	n (B), line 1	()c)			. ▶	134	,176.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 THE WOMEN 'S	CENTER		23-7	456259	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b, See Form 990, Pa	rt X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-	year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)			·············		
(E)					
(F)					
(G)					
(H)	 				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		SAAMAA BAARAA			
Part VIII Investments - Program Related.	1				
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11c. See Form 990. Pa	rt X, line 13.		
(a) Description of investment	(b) Book value		uation: Cost or end-of	-year market v	ralue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)	1				
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				aligh things	
Part IX Other Assets.	<u> </u>				
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	ne 11d. See Form 990. Pa	art X. line 15.		
XX) Description			(b) Book v	alue
(1)				·····	
(2)		***************************************		***********	
(3)					
(4)	***************************************				
(5)					***************************************
(6)					
(7)					····
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	20 15 1	***************************************	b		
Part X Other Liabilities.			T. I.		
Complete if the organization answered "Yes	" on Form 990. Part IV. li	ne 11e or 11f. See Form	990, Part X. line 25.		
1. (a) Description of liability		(b) Book value			38181 (141)
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(3)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) li 2. Liability for uncertain tax positions. In Part XIII, provid		to the granization's fi-	ancial statements the	t rangets the	- 2 5 6 1 Pt - 1 Pt - 1 Pt - 1
organization's liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions und					хш 🗓
organization's liability for uncertain tax positions und	ET THY 40 MOC 14UI, CHE	ick here if the fext of the	ioodiote nas been pri	ovided in raft	VIII 127

Schedule D (Form 990) 2016

23-7456259 Page 3

Sche	dule D (Form 990) 2016 THE WOMEN'S CENTER				7456259 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With Reven	ue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				-tass 045 0
1	Total revenue, gains, and other support per audited financial statements	••••		1	925,847.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _ 1			Dlace ou DOGA
а	Net unrealized gains (losses) on investments	2a	E 420		Please su page
	Donated services and use of facilities	2b	5,430.		6 of the Audur
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			2 V3V
	Add lines 2a through 2d			2e 3	5,430. 920,417.
3	Subtract line 2e from line 1			3	720,417.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	اما			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	36,074.		
	Other (Describe in Part XIII.)	<u></u>		4	36,074.
	Add lines 4a and 4b			4c 5	956,491.
Da Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial Statemen	nts With Expe	nses per P		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				111/11/11/1/
1	Total expenses and losses per audited financial statements			1	7938,137.50
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************	*****************		(938,137.5)
a	Donated services and use of facilities	2a	5,430.		Please see page
b	Prior year adjustments	2b	•		
	Other losses	2c			6 of the Audi
d	Other (Describe in Part XIII.)	2d	675.		
e	Add lines 2a through 2d			2e	6,105.
3	Subtract line 2e from line 1			3	932,032.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	***************************************	*****************		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		36,074.	11.54	
	Add lines 4a and 4b			4c	36,074.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	968,106.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	/, lines 1b and 2b	; Part V, line 4	; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	onal information.			
	7 T T T T T T T T T T T T T T T T T T T				
PA	RT X, LINE 2:				
TH	E ORGANIZATION IS EXEMPT FROM FEDERAL AND S	TATE INCO	ME TAXE	S A	S A
NO	NPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE	INTERNA	L R	EVENUE
			· · · · · · · · · · · · · · · · · · ·		
CO	DE AND APPLICABLE STATE REGULATIONS. ACCOR	DINGLY, N	O PROVI	SIO	N FOR
FE	DERAL OR STATE INCOME TAXES HAS BEEN RECORD	ED IN THE	FINANC	IAL	
ST	ATEMENTS. ADJUSTMENTS, IF ANY, FOR UNCERTA	IN TAX PO	SITIONS	WO	ULD BE
RE	CORDED AS A LIABILITY. THE ORGANIZATION WO	ULD ALSO	RECOGNI	ZE	ACCRUALS
RΟ	R INTEREST AND PENALTIES RELATED TO UNCERTA	דאז ייצע פר	STOTOMS	: TN	פתד ז
ro	R INTEREST AND PENABLIBO RESERVED TO UNCHREEN	<u> </u>	<u>OTTTONE</u>		1 110
IN	TEREST EXPENSE.				
TH	E ORGANIZATION FILES FEDERAL AND VARIOUS ST	ATE INCOM	IE TAX F	RETU	IRNS. THE
					T#
OR	GANIZATION IS NO LONGER SUBJECT TO FEDERAL	AND STATE	INCOM		
6320	54 08-29-16			Sch	edule D (Form 990) 2016

Part XIII Supplemental Information (continued)	23-745	5259 Page 5
Supplemental information (continued)	····	
EXAMINATIONS BY TAX AUTHORITIES FOR TAX YEARS BEFORE JUNE 30	, 2014.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
NON-CASH CONTRIBUTIONS DONATED TO PROGRAM PARTICIPANTS		36,074.
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
BAD DEBT		675.
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
NON-CASH CONTRIBUTIONS DONATED TO PROGRAM PARTICIPANTS		36,074.

2016 OMB No. 1545-0047 Inspection Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ▼ Attach to Form 990. THE WOMEN'S CENTER Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

2 _ Schedule I (Form 990) (2016) Employer identification number 23-7456259 Open to Public (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part I General Information on Grants and Assistance (D) criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II

23-7456259

Page 2

Schedule I (Form 990) (2016) THE WOMEN 'S CENTER | Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RELOCATION FUNDS	11	9,440.	0.		
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	information required in Part I, line 2; Part III, column (b); and any other additional information.	b); and any other ad	Iditional information.	
PART I, LINE 2:		Anglia a da la descripción de principal de principal de la constitución de la constitución de la constitución			
THE CRITERION FOR THE PROGRAM IS SE	SET FORTH BY	THE	PENNSYLVANIA COALITION	COALITION	
AGAINST DOMESTIC VIOLENCE (PCADV).	THE FUNDS	FOR	THE PROGRAM ARE	RE PROVIDED	
TO THE WOMEN'S CENTER BY PCADV TO I	PROVIDE 1	PCADV TO PROVIDE THE ASSISTANCE.	l	APPLICANTS	
COMPLETE AN APPLICATION FOR FUNDS W	WITH ALL	WITH ALL REQUIRED DOCUMENTATION AS	OCUMENTATI	ON AS SET	
FORTH IN THE CRITERION BY PCADV. C	CHECKS ARE		DISBURSED TWO WAYS	- EITHER	
DIRECTLY TO THE APPLICANT, WHERE TH	HE APPLIC	ANT HAS PR	OVED THAT	WHERE THE APPLICANT HAS PROVED THAT THE ALLOWED	
EXPENSES WERE ALREADY MADE, OR TO T	THE VENDOR,	WHERE	THE APPLICANT HAS	NT HAS	
PROVED THAT THE EXPENSES ARE TO BE	MADE.				
632102 11-01-16		31			Schedule I (Form 990) (2016)

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treast Internal Revenue Service	*y >	Information a	bout					Form 990-EZ its instructions		t www.irs.gov/fo	m99	o.		en To specti	Publ on	ic	
Name of the organ		HE WOM	EN '	'S CENTE	₹						,	-	identi		on nur	nber	
	ess Bene	fit Transa	ctio	ns (section 50	1(c)(3)					29) organization:							
	olete if the o							ne 25a or 25b	, or	Form 990-EZ, Pa	art V, li	ne 401),	T			
(a) Name of d	isqualified p	erson	р) н	elationship betw person and org			itiea	(0	:) De	escription of tran	sactio	n		(a)	Correc	No No	
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2 Enter the am	nunt of tax is	ocurred by th	ae or	ganization mans	anare i	or disa	ualified	1 nersons duri	ina t	he vear under					i_		
section 4958				-	-			•	-			> \$					
3 Enter the am												▶ \$					
Part II Loa	ns to and	/or From	Inte	erested Pers	ons.											····	
Com	plete if the c	organization :	answ	rered "Yes" on F	orm 9	90-EZ,	, Part \	, line 38a or F	orn	990, Part IV, lin	e 26; (or if the	e organ	nizatic	n		
		· · · · · · · · · · · · · · · · · · ·		Part X, line 5, 6 (c) Purpose		an to or		1 Outstand			·		(h) Apr	proved		(_*aa	
(a) Name interested p		(b) Relations with organiza			1 Augustus 1			(e) Original principal amount		(f) Balance due		(g) In default?		by board or committee?		r (i) willen	
V						From					Yes	No	Yes	No	Yes	No	
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Total		J			1	L	L	> \$	<u> </u>		3 4 5		26882°	<u>. </u>		1 (1345)	
	nts or As	sistance	Ben	efiting Inter	este	d Per	sons						h				
	plete if the o		1	vered "Yes" on I			1	ine 27. c) Amount of		(4) To-		- 1		· · · · · ·			
(a) Name of	interested [person		(b) Relationship interested pers the organiza	son an		(assistance		(d) Type assistar				assist	ose of ance		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

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

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

	THE WOMEN'S	CENTER			43-	1456259
Par	t I Types of Property	(a)	(b)	(c)		d)
		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1q		determining ibution amounts
1	Art - Works of art		<u> </u>			
2	Art - Historical treasures		<u> </u>			
3	Art - Fractional interests					*******
4	Books and publications					
5	Clothing and household goods	X		37,978.	DONOR PROV	IDED
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					**************************************
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other				_	
18	Collectibles		<u> </u>		<u> </u>	
19	Food inventory	X	156	8.145.	DONOR PROV	/IDED
20	Drugs and medical supplies		1			
21	Taxidermy					
22	Historical artifacts		1			
23	Scientific specimens				<u> </u>	
24	Archeological artifacts					
25	Other (MISCELLANEOUS)	X	1 9	2,605.	DONOR PROV	/IDED
26	Other					
27	Other ()					
28	Other (
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	contributions	<u>. t</u>	
	for which the organization completed Form 82			1 1		
	io in the organization completes a con-	,		90		Yes No
30a	During the year, did the organization receive t	•		•		
	must hold for at least three years from the dat			· ·		
	exempt purposes for the entire holding period	j?			·····	. 30a X
	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance		•	•		31 X
32a	Does the organization hire or use third parties contributions?		•	• •		32a X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in	column (c) fo	or a type of proper	ty for which column (a) is che	cked,	
	describe in Part II.					
LHA	For Paperwork Reduction Act Notice, see	e the Instru	ctions for Form 99	90.	Schedule	M (Form 990) (2016

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	13-7456259	Page 2
Part II Supplemental Information, Provide the information required by Part I lines 30h, 32h, and 33, and	d whether the organizat	ion
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combinat	ion of both. Also comp	lete
this part for any additional information.		
SCHEDULE M, PART I, COLUMN (B):		
SCHEDONE M, TAKE I, CODGIN (D).		
THE NUMBER OF CONTRIBUTIONS REPORTED IN PART I, COLUMN (B) I	ומ ממטו או	
THE NUMBER OF CONTRIBUTIONS REPORTED IN PART 1, COLUMN (B) 1	IS BASED ON	
THE NUMBER OF INDIVIDUAL CONTRIBUTIONS.		
		
		·····
		·
	<u> </u>	***************************************
	······································	
	<u></u>	······································
	W	
632142 08-23-16	Schedule M (Form	990) (2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

THE WOMEN'S CENTER

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990, PART VI, SECTION B, LINE 12C:

Employer identification number 23-7456259

IT IS THE POLICY OF THE WOMEN'S CENTER, INC. TO HAVE OUR FORM 990, RETURN
OF ORGANIZATION EXEMPT FROM INCOME TAX, REVIEWED BY THE FINANCE COMMITTEE
OF THE BOARD OF DIRECTORS ANNUALLY FOR ACCURACY, AND APPROVED BY THE SAME
COMMITTEE FOR SUBMISSION TO THE FEDERAL GOVERNMENT.

EACH MEMBER OF THE BOARD OF DIRECTORS, STAFF MEMBER AND VOLUNTEERS OF THE
WOMEN'S CENTER MUST DISCLOSE, IN WRITING, TO THE BOARD ANY POSSIBLE
CONFLICT OF INTEREST. THIS DISCLOSURE MUST BE UPDATED ANNUALLY. WHEN SUCH
CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD
OF DIRECTORS, THE INTERESTED DIRECTOR SHALL BRING IT TO THE ATTENTION OF
THE BOARD. THE INTERESTED DIRECTOR WILL RETIRE FROM THE ROOM IN WHICH THE
BOARD IS MEETING AND WILL NOT PARTICIPATE IN ANY DISCUSSION OR VOTE ON SUCH
MATTER. WHEN SUCH CONFLICT OF INTEREST IS RELEVANT TO MORE THAN A SPECIFIC
ISSUE OR RELATED ISSUES OF THE BOARD OF DIRECTORS, UPON RECOMMENDATION OF
ANY MEMBER OF THE BOARD, MAY VOTE TO REQUIRE THE RESIGNATION OF THOSE

FORM 990, PART VI, SECTION B, LINE 15:

IT IS THE POLICY OF THE WOMEN'S CENTER, INC. ("TWC") TO HAVE THE

COMPENSATION PACKAGE OF THE EXECUTIVE DIRECTOR REVIEWED BY THE BOARD OF

DIRECTORS ON AN ANNUAL BASIS. THE REVIEW SHOULD INCLUDE CONSIDERATION OF

THE REASONABLENESS OF THE COMPENSATION PACKAGE WHEN COMPARED TO THAT OF

OTHER ORGANIZATIONS OF A SIMILAR SIZE, LOCATION, AND MISSION.

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

Schedule O (Form 990 or 990-EZ) (2016)

INVOLVED IN THE CONFLICT.